

New Baby Welcome Form



Mother's Name _____

Father's Name _____

Baby's Name _____

Baby's Gender _____

Address _____

City _____

State _____ Zip _____

Phone Number _____

Email Address _____

Preferred Method of Contact

(phone, mail or email) _____

Please mail in enclosed envelope to:
DSACK, P.O. Box 910516, Lexington, KY 40591

Please note that due to privacy laws, we will not know your baby has been born unless you contact us. We look forward to hearing from you!