

**POLISH NATIONAL UNION OF AMERICA
NOTICE OF BIRTH
FOR PARTICIPATION IN NEWBORN PROGRAM**

- 1) Child's Name: _____
- 2) Child's Birth Date: _____
- 3) Gender of Child: _____
- 4) Parent(s) Name: _____

- 5) Parent(s) Address: _____

- 6) Parent(s) Phone Number : ____ (____) _____
- 7) Notification

*I/we hereby send formal notice to the Polish National Union of America that
_____ is to be entered in the Polish National Union of
(child's name)
America's Newborn Coverage Program.*

Witnessed by Branch Secretary or
Parish Priest

Signature of Parent

OR

Signature of Parent

Notary Public