

THE REGISTRY



Today's Date _____

First Name _____ Last Name _____

Maiden Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Birth Date _____ Birth Time _____

Are you the Good Sam Baby? _____

If not, what is your relationship with the Good Sam Baby? Choices: mother, father, sibling, son, daughter, relative, other _____

Your address, if different than above _____

City _____ State _____ Zip _____

Phone _____

Finish this sentence: Being a Good Sam Baby means _____

Tell us your story! What does being a Good Sam Baby mean to you? _____

Mail form to:
Good Samaritan Health Foundation
2222 Philadelphia Drive
Dayton, Ohio 45406-1891