

PLATE WORKSHEET

PARENT NAME: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

APT # _____

CITY: _____

STATE: _____

ZIP: _____

PRINT INSTRUCTIONS

- WE DO NOT NEED THE ORIGINAL PRINTS - JUST BLACK AND WHITE COPY
- THE PRINTS WILL BE THE SAME COLOR TONE YOU PROVIDE
- PRINTS MUST BE BLACK INK ON WHITE PAPER
- PLEASE PRINT YOUR NAME AND BABY'S NAME ON ALL PAPERS MAILED IN
- MAIL TO - 17200 CHENAL PKWY SUITE 300 #256 LITTLE ROCK, AR 72223

PLATE INFORMATION :

LIST CHILDS NAME ETC. AS YOU WANT THEM DISPLAYED ON THE PLATE

NAME: _____

BIRTH DATE: _____

TIME: _____

AM / PM

(EXAMPLE: JUNE 25, 2009)

WEIGH: _____

LBS / OZ.

LENGTH: _____

INCHES

PLATE DESIGN AND COLOR : CHECK THE BOXES BELOW TO SELECT DESIGN AND COLOR



DESIGN: (CHOOSE 1)

SOLID
(ONE COLOR)

POLKA DOT
(ONE OR TWO COLOR)

STRIPES
(ONE OR TWO COLOR)



COLOR: (CHOOSE 1 OR 2)

RED

LIGHT PINK

HOT PINK

ORANGE

YELLOW

GREEN

LIME GREEN

TEAL

LIGHT BLUE

DARK BLUE

GRAY

PURPLE

CHOCOLATE
BROWN

HOW DID YOU HEAR ABOUT US? _____

WHAT HOSPITAL DID YOU DELIVER AT? _____