

**LONGVIEW**  
**News-Journal**  
*We deliver. Every day.*

Longview News-Journal Birth Announcements

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**FREE BIRTH ANNOUNCEMENT LISTING IN LONGVIEW NEWS-JOURNAL**

To have your baby's birth included in a free published list in the Longview News-Journal, please do the following: **AFTER THE BIRTH AND BEFORE YOU LEAVE THE HOSPITAL**, fill out this TOP SECTION. Give it to a hospital employee, asking them to submit it to the Longview News-Journal. **NOTE THAT TO BE NAMED IN THE PAPER, A PARENT MUST PRINT HIS/HER NAME AND SIGN THE FORM.** This **FREE ANNOUNCEMENT** will publish as space is available (usually in the Lifestyle Section on Sundays). Free announcements will not be published after 30 days from date of birth.

Phone Number (will not be published): \_\_\_\_\_

Name of Hospital Where Baby was Born: \_\_\_\_\_

Baby's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz.

City of Residence: \_\_\_\_\_

Mother's Full Name (please print): \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Father's Full Name (please print): \_\_\_\_\_

Father's Signature: \_\_\_\_\_



**PAID BIRTH ANNOUNCEMENT**

**IF YOU WANT TO PUBLISH A PAID ANNOUNCEMENT WITH OR WITHOUT A PHOTO, PLEASE BRING THIS LOWER PORTION OF THE FORM (AND PHOTO) TO THE CLASSIFIED DEPT. OF THE LONGVIEW NEWS-JOURNAL, 320 E. Methvin St. DEADLINE:** The paid announcement must be submitted and purchased by or before a Friday 9 days prior to a given Sunday publish date.

Phone Number (will not be published): \_\_\_\_\_

Name of Hospital Where Baby was Born: \_\_\_\_\_

Name of Town Where Baby was Born: \_\_\_\_\_

Baby's Full Name: \_\_\_\_\_

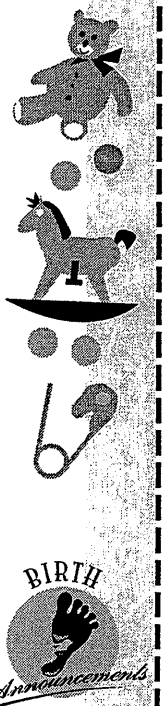
Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz.

Mother's Full Name & City of Residence (please print): \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Father's Full Name & City of Residence: (please print): \_\_\_\_\_

Father's Signature: \_\_\_\_\_



**SUGGESTED INFORMATION FOR A PAID ANNOUNCEMENT:**

Newborn's siblings & their ages: \_\_\_\_\_

Maternal Grandparents/City of Residence: \_\_\_\_\_

Paternal Grandparents/City of Residence: \_\_\_\_\_

Maternal Great-grandparents/City of Residence: \_\_\_\_\_

Paternal Great-grandparents/City of Residence: \_\_\_\_\_

Plus any other appropriate facts, circumstances or feelings: \_\_\_\_\_

Additional Information may be attached.

**THE COST OF THE PAID ANNOUNCEMENT (DUE AT THE TIME OF PURCHASE) IS \$2.25 PER LINE in a 1-column format; \$4.50 in a 2-column, etc.** Measurement of cost begins at the top of a photo & runs through the last line of copy.

Because you purchase a paid announcement, **A LONGVIEW NEWS-JOURNAL CARRIER WILL DELIVER TO YOUR HOME ADDRESS A PACKAGE CONTAINING 2 SEALED COPIES OF THE PUBLISHED BIRTH ANNOUNCEMENT AND 2 COPIES OF THE NEWS-JOURNAL EDITION THAT RAN ON THE BABY'S DAY OF BIRTH.**