



Birth Announcement Form

Direct questions to News Assistant at 661/267-4206 or e-mail questions to newsassistant@avpress.com

Please read & complete this form. Return form (and photo if applicable) with payment to Antelope Valley Press News Assistant, P.O. Box 4050, Palmdale, CA 93590-4050 or drop off at our Palmdale office, 37404 Sierra Hwy. You may also fax your information to 947-4870. Engagement announcements appear every Sunday in the Antelope Valley Press and will also run for one week on the Antelope Valley Press Web site — www.avpress.com

Deadline: Monday prior to Sunday publication. **Date Announcement to be published:** _____

Ad Size: Price is based on one time publication in the Antelope Valley Press

Check One: \$99 (2 col.x 7") \$75 (2 col.x 5") \$50 (2 col.x 3")

Payment: All ads must be prepaid. Check desired payment method.



Credit Card Number: _____ Credit Card Expiration Date _____

Signature (required if using credit card): _____ Work Phone _____

Name: _____ Home Phone: _____

Address: _____ State: _____ Zip Code: _____

Required Information:

Person Submitting: _____

Telephone Numbers

Address: _____

Daytime: (____) - ____ - ____

City: _____ State: _____ Zip Code: _____

Evening: (____) - ____ - ____

Sign here: _____

Photographs: The submission of good quality color photographs will insure the best reproduction of your photograph in the newspaper.

Check One: Picture enclosed* E-mailed Picture** No Picture

*Write name & return address on back of picture to have photo returned. Enclose self addressed stamped envelope.

** You may e-mail your photograph to newsassistant@avpress.com

Parents

Father's Name: _____

Mother's Name: _____

Mother's Maiden name: _____

Parent's Address (not for publication): _____

City: _____ State: _____ Zip Code: _____

Maternal Grandparent's Names _____

City: _____ State: _____

Paternal Grandparent's Names _____

City: _____ State: _____

Maternal Great-Grandparent's Names _____

City: _____ State: _____

Paternal Great-Grandparent's Names _____

City: _____ State: _____

Baby

Baby's full name _____

Baby's Date & Time of birth _____

Baby's full name _____

Weight & Length _____

Baby's full name _____

Name of hospital and Doctor _____

City: _____ State: _____

Baby's full name _____

Name of Baby's siblings & ages _____

If you have more information or would like to write your own announcement, use the space below. Please attach separate sheet if necessary.
