

Celebrations

BE SURE TO INCLUDE PAYMENT AND PHOTO WITH YOUR FORMS

(Photo sizes available on separate form)

Publication date desired _____
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Name _____ Address _____
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(Deadline for submitting form is noon on Friday, nine days before the desired Sunday publication. Forms submitted after the deadline will be published the following Sunday.)

Birth Announcement Form

PLEASE FILL OUT FORM BELOW (LEGIBLY) OR FEEL FREE TO WRITE YOUR OWN.

Signature below states that customer agrees to all guidelines, terms and conditions.

Information submitted by _____

Relationship to child _____ Daytime Phone _____

Baby's full name _____

Name of parents _____

City, state of residence _____

Date and time of birth _____

Weight and length _____

Name of hospital and doctor _____

City, state _____

Name of baby's siblings _____

First name

middle initial

last name

Maternal grandparents (name, city, state) _____

Paternal grandparents (name, city, state) _____

The Madison  Eagle

CELEBRATIONS COORDINATOR

685 W. Rio Road; (P.O. Box 9030), Charlottesville, VA 22901 (22906)

Phone: 434-978-7288, Fax: 434-978-7204

Monday-Friday 9 a.m. until 5 p.m., dhubbard@dailyprogress.com