

# Celebrations

**BE SURE TO INCLUDE PAYMENT AND PHOTO WITH YOUR FORMS**

(Photo sizes available on separate form)

Publication date desired \_\_\_\_\_  
\$3.00 per column inch To request copies: \$2.00 per copy Number of copies \_\_\_\_\_ Price \_\_\_\_\_  
Amount Enclosed \$ \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cash: \_\_\_ Check: \_\_\_ CC: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(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) \_\_\_\_\_

## ORANGE COUNTY REVIEW

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