Celebrations of Life Birth Announcement

Please type or print all information. Spelling and legibility are the responsibility of the person submitting the announcement. Information may be edited due to space constraints. Supply only the information you want published in the paper. If the hospital does not collect this form from you, you may mail to: Celebrations, P.O. Box 1928, Augusta, GA 30903 or fax to: (706) 823-3420. Payment is due at time of submission. For more information, call 828-3844.

Baby’s Full Name Baby’s Sex

Date of Birth Place of Birth

(Hospital) (City) (State)

Mother’s Full Name

Father’s Full Name

City/State

City/State

This form must be completed and signed before your special occasion announcement can be published. The information pro- vided will serve as account information. The publisher reserves the right to revise, edit or reject any and all copy and photographs deemed unsuitable for publication.

Your Name Signature

Address City State

Zip Daytime/Work Phone Evening/ Home Phone

Desired publish date (if received by deadline\*): Sunday, (month)

\*Deadline is 10 business days before your desired date of publication.

Stop Here for Free Announcement

(date)

Time of Birth a.m./p.m. Weight Length

(circle one) (pounds/ounces) (inches)

Mother’s Parents’ Names \*

City/State

Father’s Parents’ Names\*

City/State

\* (If deceased, please include “the late” before grandparent’s name)

Name & Age of Siblings (optional)

Packages & Prices (check one)

* A1 – Basic Package No photo (1 column X 2.5 inches) – Free
* A2 – All about Me, no photo + 3 inches of copy - $15
* B – All about Me, 1⁄2 column photo

+ 3 inches of copy - $25

* C – All about Me, w/ 1 column photo 3 inches of copy - $35

If you are including a photo, you may submit it with this form or email image in jpg format to celebrations@ augustachronicle.com. Please use “Birth” and baby’s last name in subject line of the email.

Payment Method (circle one): Check/ Money Order Visa MasterCard American Express Discover

Credit Card # Exp. Date

Cardholder’s Name Signature

(please print)

Please proof-read your paid announcement prior to publication. If the announcement is not proofed, we can not be

responsible for errors. Please list a fax number or email address below along with the name of the person who will receive proof.

Attention: Fax/Email: