

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 _____ City/State _____

Father's Full Name _____ City/State _____

This form must be completed and signed before your special occasion announcement can be published. The information provided 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) _____ (date)

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

Stop Here for Free Announcement

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: _____