

Wedding Announcement Form

IMPORTANT: Please include name and phone number of person to call in case of questions.

Name _____ Daytime Phone # _____

To have a wedding announced in The Janesville Gazette, information can be brought, mailed or e-mailed to Brenda Schmittinger at bschmittinger@gazettextra.com. Color photos must be in the j-peg format if they are e-mailed. Forms can be picked up at the Gazette's front desk or downloaded at www.gazettextra.com/contact. Announcements appear in Sunday editions on the Celebrations page. Announcement will publish in approximately 4 to 6 weeks.

PLEASE PRINT CLEARLY AND CORRECTLY

Photo included: Yes No

Please provide address for photo return _____

Maiden Name of Bride _____ Groom's Name _____

Name of Bride's Mother _____ City/State _____

Name of Bride's Father _____ City/State _____

Check if parents are married If parents are not married, list spouse above

Name of Groom's Mother _____ City/State _____

Name of Groom's Father _____ City/State _____

Check if parents are married If parents are not married, list spouse above

Wedding: Date _____

Church _____ City/State _____

Maid of Honor Matron of Honor _____ Relation to couple _____

Best Man _____ Relation to couple _____

Bride graduated/attended _____ High School _____

City/State _____ Year graduated _____

Bride attending/attended/graduated _____ Univ./College _____

City/State _____ Year graduated _____

Major _____

Branch of military service _____

Bride employed by _____ City/State _____

Groom graduated/attended _____ High School _____

City/State _____ Year graduated _____

Groom attending/attended/graduated _____ Univ./College _____

City/State _____ Year graduated _____

Major _____

Branch of military service _____

Groom employed by _____ City/State _____

Newlyweds reside in (City/State) _____

Wedding Announcement Form

Name _____ Gazette Subscriber? Yes No

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Method of Payment: Cash Check Visa MasterCard

Credit Card # _____ Exp. Date _____

Authorized Signature _____

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