

WEDDING ANNOUNCEMENT

Publication Date: _____

Deadline is noon on Friday prior to the date of publication.

Wedding Photo

Publish in color, \$25 Publish in b/w, \$15

PLEASE READ BEFORE COMPLETING FORM

Please type or print and return with photograph, if desired, to The Erwin Record

Only information included on this form will be printed

The Erwin Record is not responsible for illegible and incorrect information on wedding forms and reserves the right to edit the text of stories according to the established policies.

Photographs, either color or black-and-white, can be used, but to reproduce well photographs should be sharply focused. Photographs shot with "soft" focus will not reproduce well in the newspaper. Photos will be held for three months after publication at The Erwin Record. For your convenience, attach a **self-addressed, stamped envelope** to the wedding form, and your photograph will be mailed back to you. The newspaper will take reasonable care to safeguard photographs, but will not be responsible for loss or damage.

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Full name of bride: _____

Address: _____

Daughter of: _____

Parent's Address: _____

Living grandparents of the bride w/city, state: _____

Deceased grandparents of the bride: _____

Full name of bridegroom: _____

Address: _____

Son of: _____

Parent's Address: _____

Living grandparents of the groom w/city, state: _____

Deceased grandparents of the groom: _____

Date of marriage: _____ Time: _____ Double Ring Single Ring

Location of ceremony: _____ Officiant: _____

Decorations: _____

Vocalist: _____ Organist: _____

Other musicians (name & instrument): _____

Who gave the bride away?: _____

Description of bride's gown: _____

Description of headdress and veil: _____

Description of flowers: _____

Matron of honor: _____

Gown and flowers: _____

Bridesmaids, gown and flowers: _____

Flower Girl: _____ Ring bearer: _____

Best man: _____

Groomsmen: _____

Ushers: _____

Place of reception: _____ Wedding trip to: _____

Where they live: _____

PLEASE SIGN BELOW AND LEAVE YOUR DAYTIME TELEPHONE NUMBER – THIS IS REQUIRED!

Signature of person authorizing release: _____

Daytime telephone: _____ Evening telephone: _____