

# ORDER FORM - WEDDING ANNOUNCEMENT



To make your announcement as accurate as possible, please type or print all information. Fill in only those items you would like to include in your published announcement. Please use formal names, complete with middle initials. In case of servicemen and women, give the rank and branch of service. If any person mentioned is deceased, please indicate by writing "the late" in front of the name. Street addresses are not necessary. Send this along with your signed authorization form.

Ceremony Date \_\_\_\_\_ Location \_\_\_\_\_ (Church, temple or place)

City \_\_\_\_\_ State \_\_\_\_\_ Officiating Clergy \_\_\_\_\_

Type/Description of Ceremony \_\_\_\_\_

Reception Description/Location \_\_\_\_\_

## BRIDE'S INFORMATION

Full Maiden Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Parents \_\_\_\_\_

(Please indicate if divorced or deceased )

City \_\_\_\_\_ State \_\_\_\_\_

Maternal Grandparents \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Paternal Grandparents \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Schools attended by Bride \_\_\_\_\_

(Please indicate if attended or graduated)

Bride's Occupation \_\_\_\_\_

## WEDDING PARTY

Maid of Honor \_\_\_\_\_

Relationship \_\_\_\_\_

Matron of Honor \_\_\_\_\_

Relationship \_\_\_\_\_

Bridesmaids (Name, Relationship)


Best Man \_\_\_\_\_

Relationship \_\_\_\_\_

Groomsmen (Name, Relationship)


Flower Girl/Boy \_\_\_\_\_

Relationship \_\_\_\_\_

Ring Bearer \_\_\_\_\_

Relationship \_\_\_\_\_

Honeymoon Plans


The couple plans to reside in (City/State)

\_\_\_\_\_

## CHECK ONE

**Photo attached** (Note: photos will not be returned)

**Digital photo.** Send .jpg format not exceeding 1MB to [celebrations@syracuse.com](mailto:celebrations@syracuse.com). Use last name as subject.

**No photo.**

# ORDER FORM – AUTHORIZATION



This form authorizes the publication of your special occasion announcement in The Post-Standard and on [syracuse.com](http://syracuse.com). It must be completely filled out and submitted along with your copy and photo

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## ■ SUBMITTED BY

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email (for proofs) \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## ■ PAYMENT METHOD

Check (Advance Media New York)  
Please call for Credit Card Payment.

## ■ SEND US YOUR ORDER FORM

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# Of Keepsake Copies \_\_\_\_\_ \$ \_\_\_\_\_

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## ■ SEND US YOUR ORDER FORM

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**Mail:** Attn: Celebrations

Advance Media New York

220 South Warren St.

Syracuse, NY 13202

**Fax:** 315-470-2050

**Questions:** 315-470-2093