

# Anniversary Announcement

COUPLE'S NAMES: (FIRST AND LAST)\_\_\_\_\_.

OF (CITY)\_\_\_\_\_ CELEBRATED THEIR (25TH, 50TH, ETC.)\_\_\_\_\_ ANNIVERSARY ON  
(DATE)\_\_\_\_\_.

IN WHAT MANNER DID THE COUPLE CELEBRATE?

A RECEPTION HELD IN THEIR HONOR. HOSTED BY\_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

AT (WHERE)\_\_\_\_\_ IN (CITY)\_\_\_\_\_.

A CRUISE TO \_\_\_\_\_ . GIVEN BY\_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

ARE THERE ANY BRIEF SENTIMENTAL MOMENTS CONCERNING THE COUPLE'S COURTSHIP, MARRIAGE,  
OR LIFE TOGETHER WHICH COULD BE SHARED WITH THE TIMES READERSHIP? (No more than one standard  
paragraph, please.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

THE COUPLE HAS (NUMBER OF)\_\_\_\_\_ CHILDREN, \_\_\_\_\_ GRANDCHILDREN, \_\_\_\_\_ GREAT-GRANDCHILDREN  
AND \_\_\_\_\_ GREAT-GREAT-GRANDCHILDREN.

(Required) ADDRESS OR FAX NUMBER WHERE WE CAN SEND THE  
PROOF\_\_\_\_\_

\_\_\_\_\_.

(Required) SIGNATURE\_\_\_\_\_

(Required) PHONE NUMBER\_(\_\_\_\_\_)\_\_\_\_\_

Return completed form to: Weddings / The Times, 345 Green St. NW, P.O. Box 838, Gainesville, GA 30503. (770)  
532-1234 Fax (770) 532-0457

**Pictures of the couple are welcome. Some guidelines:**

- Professional black and white photos come out best in the paper, but color photos may be used if clear and not dark.
- Be sure to write your names on the back.
- If you include a stamped, self-addressed envelope The Times will be happy to mail your photo back to you. Otherwise you may pick your photo up in the newsroom during regular working hours after your story has run.
- **After 90 days The Times will discard your photo.**

**PHOTO RELEASE**

If you would like your wedding, engagement or anniversary photo to run with your announcement, please read and sign the following:

By submitting the attached photograph and announcement information, you grant The Times the right to publish, distribute, archive and otherwise use the photograph and this information, in whole or in part, in print, electronic or any other media and for promotional purposes related to The Times' products and services. In addition, you represent that you have the right to authorize The Times to use the photograph and information you are submitting.

I agree to the terms outlined above:

Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_