

**Fee: \$10. Anniversaries of 50 or more years are printed free of charge.** Payment may be made in person, via mail or fax.

**To submit:** Fax completed form & payment info to 717-285-8137.  
Email photo, if available, to [info@columbiaregister.com](mailto:info@columbiaregister.com) Please indicate "Anniversary Announcement Photo" in subject, and include name in email.

**Mail/bring to: Columbia Register**  
3912 Abel Drive, Columbia, PA 17512  
**Photos:** are encouraged. Include a SASE to have your photo returned to you.

**NOTE: PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY. FIELDS MARKED WITH ASTERISK\* ARE REQUIRED.  
(CONTACT NAME AND INFORMATION IS FOR VERIFICATION PURPOSES ONLY AND WILL NOT BE INCLUDED IN PUBLISHED VERSION)**

\*Anniversary (No. of Years) \_\_\_\_\_ (minimum 15 years and 5 year increments)

*Contact Name _____
Address _____
City _____ State _____ Zip _____
email: _____ *Daytime phone: _____

\*Anniversary Date (current year): \_\_\_\_\_

\*Husband's Full name: \_\_\_\_\_  
Occupation (if retired, list former job and # of years held): \_\_\_\_\_

\*Wife's full **maiden** name: \_\_\_\_\_  
Occupation (if retired, list former job and # of years held): \_\_\_\_\_

Couple's current address (city and state only): \_\_\_\_\_  
\_\_\_\_\_

Marriage Date: \_\_\_\_\_ Location: \_\_\_\_\_

Is a special celebration planned in honor of the anniversary? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Children (name and city/state for each): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of grandchildren: \_\_\_\_\_ Number of great grandchildren: \_\_\_\_\_

Is there any other special information you want published? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Payment information

Payment type: Check enclosed:  MasterCard:  Visa:  American Express:

CC #: \_\_\_\_\_ Exp.: \_\_\_\_\_

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

**Don't forget to include a self-addressed stamped envelope if you would like your photo returned.**