

Commitment Ceremony

A N N O U N C E M E N T

CONGRATULATIONS! The Wisconsin State Journal would like to publish your story while it is still news: therefore, forms should be received within eight weeks of the date. Information received after eight weeks will be published in abbreviated form. We will not print any information received after six months.

PHOTOS: If you wish to have a photo accompany your story, we will accept color or black-and-white photos of the couple. You don't have to wait for a formal portrait from a professional photographer; any

photo will do as long as it is clear and the couple's faces are unobstructed. Keep in mind that pictures taken from a distance will become fuzzy when enlarged; we recommend close-ups. Remember to write names on the back of the photo.

Please do not send proofs, framed photos or any photo that is irreplaceable. We take great care with photos, but cannot be responsible for their replacement should they become damaged or lost.

A week after your picture has appeared in the paper, you may pick it up at the front

counter, 1901 Fish Hatchery Road, Madison. Photos will be kept for 3 months. If you prefer that we return your photo by mail, include a self-addressed, stamped envelope.

If it is not possible to type, please print legibly. Do not use abbreviations. Be sure to sign the form and leave a daytime phone number in case we have any questions. There is no charge for this service.

PLEASE NOTE: The Capital Times is a separate newspaper. Separate forms and photos are needed for each newspaper.

■ PARTNER'S INFORMATION

First name: _____

Last name: _____

Name changed? If so, please note: _____

Son/Daughter of: _____

Please list partner's first & last names and addresses clearly so we know how to list if divorced, deceased or step-parents.

Occupation: _____

Employer or School: _____

Please list City & State:

■ PARTNER'S INFORMATION

First name: _____

Last name: _____

Name changed? If so, please note: _____

Son/Daughter of: _____

Please list partner's first & last names and addresses clearly so we know how to list if divorced, deceased or step-parents.

Occupation: _____

Employer or School: _____

Please list City & State:

■ GENERAL INFORMATION

Ceremony date: _____
Please include date & day of the week

Location: _____
Please include City, State & Denomination

Wisconsin State Journal

ARE YOU READY FOR TODAY?

■ YOUR STORY *(For those submitting within eight weeks)*

We would like to write a personal, individualized story about your ceremony based on your answers to the following questions. Feel free to answer some, none or all of the questions, but remember that any information you give us may be used in the story. We will not print names of the members of the party and will rarely print names of people other than the couple. Please be specific. If you name an establishment in any of the answers, please indicate whether it is a restaurant, bar, theater, park, etc., and include the city and state in which it is located. Writing the year in which certain events occurred helps to establish your story's chronology.

Where, when and how did you meet? _____

Describe your first date and how you reacted _____

Tell us about a funny or unusual incident that happened while you were dating, or write about your most offbeat date

Who proposed? How? _____

What are your favorite activities together? _____

What kind of ceremony or reception did you have? Please note any unusual or particularly interesting aspect of your special day (*keepsakes, family traditions, etc.*)

Were there any funny or embarrassing moments during the reception?

What are your honeymoon plans? Where? When? Is there any special reason for your choice?

If we missed something interesting about you, your relationship or your ceremony, please comment here.

■ PLEASE COMPLETE THIS INFORMATION

In case we need to contact you to verify any information

Partner daytime phone _____

Partner evening phone _____

Partner daytime phone _____

Partner evening phone _____

Couple's address _____

PLEASE SIGN THIS FORM (one or both)

Partner signature _____

Partner signature _____

QUESTIONS? Please call Couples desk (608) 252-6060

MAIL the complete form to: Couples

Wisconsin State Journal

P.O. Box 8058

Madison, WI 53708

Or E-MAIL the form, and photos, if you wish (JPEG, 300 DPI) to:

wsjcouples@madison.com