

Anniversary Announcement

Contact Information of person submitting form:

Name: _____ Phone: _____

Relationship: _____ Email: _____

Publication: _____ Marshall Advocate _____ Casey Westfield Reporter _____ West Vigo Times

NAME OF HUSBAND: _____

WIFE'S NAME: _____ (MAIDEN) _____

MARRIED ON: (MONTH) _____ (DAY) _____ (YEAR) _____

at (NAME OF LOCATION): _____, (CITY, ST) _____

NAME OF OFFICIANT: _____

CELEBRATION PLANS: _____

INVITATION ONLY: ___YES ___NO _____RELATIVES _____FRIENDS _____PUBLIC

CARDS REQUESTED? _____YES _____NO

ADDRESS TO SEND CARDS:

(STREET): _____

(STREET): _____

(CITY, ST) _____, _____ (ZIP) _____

Husband's Occupation: _____, _____ Retired

Wife's Occupation: _____, _____ Retired

Children: _____ Grandchildren _____ Great-grandchildren _____

Names of children (include spouse) _____

Bring this completed form and a photo to our office located at: **510 N Michigan, in Marshall, IL -- OR --**

Send this completed form and photo (optional) to: **strohmnewspapers@gmail.com**

OR mail to:

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P.O. Box 433

Marshall, IL 62441

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: **Please include a self-addressed, stamped envelope or indicate with your initials that** :
: **you _____ will pick up your photo at our office at 610 Archer Ave., Marshall, IL 62441** :
: **Strohm Newspapers, Inc. is not responsible for photos lost or damaged in the mail.** :
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