News Tribune Anniversary Anniversary

Anniversary notices must be received by 4:00 p.m. Tuesday for the following Sunday publication. We publish 25th, 30th, 35th, 40th, and 50th and over anniversary celebrations.

One photograph of the couple may be included. Couples celebrating a 50-year or over anniversary may submit both a recent picture and a wedding picture. Only vertical pictures will be accepted. The News Tribune reserves the right to reject photographs on the basis of content or reproduction quality. The submitted photograph(s) must be vertical in orientation, and the Tribune only accepts digitized (computerized) photos in the JPEG, JPG and GIF file format. Maximum accepted file size is 1000 kilobytes (1 megabyte) per photograph. Alternatively, you may print a printer-friendly version of this questionnaire, fill it out and submit your Announcement and photo to The News Tribune office, at 210 Monroe St., anytime during business hours (7:45 a.m. to 5:15 p.m. weekdays) or by mail to **News Tribune, P.O. Box 420, Jefferson City, MO 65102.** Photographs will be returned by mail only if a self-addressed stamped envelope is included.

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Work Phone or Cell:

E-mail Address:

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Free Package – Yellow Information Only (Add Photo for \$10.00)
Basic Package – Photo, Yellow and Orange Information - \$15.00

Champagne Package - Yellow, Orange & Green Information with Photo - \$20.00

Names (Include maiden name): Years Married: THE CELEBRATION Celebration Type (Dinner, Mass, Open House, etc.): Date & Location: Hosted By:	
Years Married: THE CELEBRATION Celebration Type (Dinner, Mass, Open House, etc.): Date & Location:	
THE CELEBRATION Celebration Type (Dinner, Mass, Open House, etc.): Date & Location:	
Celebration Type (Dinner, Mass, Open House, etc.): Date & Location:	
Date & Location:	
Hosted By:	
<u> </u>	
THE WEDDING	
Wedding Date:	
Church: City/State:	
Officiant:	
ATTENDANTS (Please note if deceased)	
Name: City/State:	
Name: City/State: City/State:	
Name: City/State:	
CHILDREN SPOUSE	
Name: City/State:	
Name: City/State:	
Name: Name: City/State:	
Name:Name:City/State:Name:Name:City/State:	
Name: Name: City/State: City/State:	
NUMBER OF GRANDCHILDREN & GREAT-GRANDCHILDREN: Please note if grandchild or great-grandchild	
Name: Name:	