

# Baby's First Birthday



PO BOX 100528  
Florence, SC 29501-0528

We at the Carolina Publishing Group want to present your good news to the community in the best possible way. To help us do this, we ask that you adhere to the following guidelines. The deadline for submitting your information is 10 days prior to the requested day you would like the announcement to appear. To avoid wait time and have information appear correctly you can use the outline below to type your announcement in a word document and send as an attachment to [abowman@florencenews.com](mailto:abowman@florencenews.com). Someone will contact you with cost. Completed form may also be mailed to Milestones, Morning News, P.O. Box 100528, Florence, SC 29501-

0528; or drop it off at our office, 310 S. Dargan St., in Florence between 8:30a.m. and 5:30 p.m. Monday through Friday. Please be sure to include a name on the back of the photograph. If you would like your photograph returned by mail, please include a self-addressed, stamped envelope, or it can be picked up at our office after it has been published. Photographs not picked up within one month of the publication date will not be kept on file. We will not include poems or Bible passages in announcements. If you have any questions, please call (843) 317-7230 or toll-free, (888) 317-NEWS (EXT. 230) or fax (843) 317-7292

Child's Last Name \_\_\_\_\_  
Requested Publication Date \_\_\_\_\_  
Requested Publication \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Received \_\_\_\_\_

### Publish photo in

Color \_\_\_\_\_ B&W \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_  
*Parent(s) full name City*

celebrated the FIRST/SECOND birthday of their SON/DAUGHTER \_\_\_\_\_ on  
*Circle one Circle one Type of celebration*

\_\_\_\_\_ was born on \_\_\_\_\_  
*Date of celebration Child's full name*

\_\_\_\_\_ at \_\_\_\_\_  
*Child's date of birth Hospital*

in \_\_\_\_\_, \_\_\_\_\_, the Son/Daughter of \_\_\_\_\_  
*Hometown State Parents*

The couple's other children are: \_\_\_\_\_  
*Siblings names and ages*

Grandparents are \_\_\_\_\_ of \_\_\_\_\_ and \_\_\_\_\_  
*Maternal grandparents*

\_\_\_\_\_ of \_\_\_\_\_  
*Paternal grandparents City*

Signature \_\_\_\_\_ Daytime phone: \_\_\_\_\_

# Photo Reproduction



PO BOX 100528  
Florence, SC 29501-0528

We at the Carolina Publishing Group want to present your announcement and photography to the community in the best possible way. While we always strive to do our best in reproducing your photo in the newspaper, a copy of a photograph never looks as good as the original. The photo that is published in the newspaper will not look as good as the original photo submitted. Therefore, we cannot be held responsible for the print quality of photos. Before we can accept your image for reproduction, we ask that you please sign below to acknowledge you have read and understand our photo reproduction policy. Thank you! We appreciate your business.

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

Type of Photo \_\_\_\_\_ Wedding \_\_\_\_\_ Engagement \_\_\_\_\_ Anniversary \_\_\_\_\_ Other \_\_\_\_\_

## emailing instructions

Files should be 200 dpi in a "tif" or "jpg" format. Email to [abowman@florencenews.com](mailto:abowman@florencenews.com).

## contact information

Fax Number (843) 317-7292 Phone Number (843) 317-7230 Email [abowman@florencenews.com](mailto:abowman@florencenews.com)

## permission to reprint

Studio Name \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Person(s) description of photograph: \_\_\_\_\_

Reference number of the negative submitted to the requested publication: \_\_\_\_\_

As a photographer, studio manager and copyright owner of the attached print or e-mailed digital file (or print reference number) I grant permission for Media General Carolina Publishing group to reprint the above referenced print in any of their papers for the purpose of a news release, publicity use, or announcement.

\_\_\_\_\_  
Signature of photographer / studio owner

\_\_\_\_\_  
Date

### SIGNATURE ON FILE

Studio owners and photographers, if you would like to grant PERMANENT reprint release/permission to Carolina Publishing for ALL OF YOUR PHOTOS IN THE FUTURE please sign your name on the line below to keep on file.

\_\_\_\_\_  
Signature of photographer / studio owner

\_\_\_\_\_  
Date