

# THE REPUBLIC

## ANNIVERSARY POLICY

### - PLEASE READ CAREFULLY -

Wedding anniversary announcements received by The Republic by noon Monday will be published without charge the following Sunday, as space permits. Announcements for 25th, 30th, 35th, 40th, 45th and 50th or more anniversaries will be accepted.

Anniversary announcement forms are required and are available at The Republic, 333 Second St. from 8 a.m. to 5 p.m. Photos, with a copy of this form, may be dropped off or mailed to The Republic, Attn: Sheila Snively, 333 Second St., Columbus, IN 47201. To download a copy of this form in Adobe Acrobat format, visit [www.therepublic.com](http://www.therepublic.com) and click on Contact, then Submissions. Please include a return address on mailed forms.

Forms will be mailed to out-of-town addresses only. **Any form submitted without a contact name and phone number will not be published.**

Because of space limitations, only the information specifically requested in the anniversary form will be published. Forms from other newspapers will not be accepted. If a handwritten account is submitted without a complete form, The Republic will not be responsible for information that might be inadvertently omitted or for misspelled names.

Current photographs and/or original wedding photos may be submitted. Color or black-and-white photos will be accepted. The Republic reserves the right to refuse publication of any poor-quality photo.

Further information is available by calling 812-379-5635 or toll-free 1-800-876-7811, ext. 635.

# THE REPUBLIC ANNIVERSARY FORM

First and last names of couple: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Number of years married: \_\_\_\_\_

Will there be an open house? \_\_\_\_\_ Date, time and place of open house: \_\_\_\_\_

\_\_\_\_\_

Open house to be hosted by: (Example: family, children) \_\_\_\_\_

Wife's first and maiden name: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

\_\_\_\_\_

Full name of person who performed the ceremony (indicate liturgical title): \_\_\_\_\_

Husband's employment: \_\_\_\_\_ Retired? \_\_\_\_\_

Wife's employment: \_\_\_\_\_ Retired? \_\_\_\_\_

Children - how many: \_\_\_\_\_ Their names and cities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Grandchildren: \_\_\_\_\_ Great-grandchildren: \_\_\_\_\_

Is a photo submitted? \_\_\_\_\_ Photographer or studio name: \_\_\_\_\_

Name and address, including ZIP code for return of photo: \_\_\_\_\_

\_\_\_\_\_

Date submitted: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

**Information: 379-5635 or toll-free: 1-800-876-7811 ext. 635**