

## The Guttenberg Press Engagement Form

Check one:  photo enclosed  no photo \_\_\_\_\_  
Bride to be's name \_\_\_\_\_ Groom to be's name \_\_\_\_\_

Please indicate if parents are deceased, separated or divorced and give full names and addresses of each.

Woman's parents names \_\_\_\_\_

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

Woman's address if different from parents: \_\_\_\_\_

Man's name: \_\_\_\_\_

Address if different from parents: \_\_\_\_\_

Man's parents names: \_\_\_\_\_

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

### WOMAN'S EDUCATION

(Last school attended)

Full name of school (City, state): \_\_\_\_\_

Check one:  Attends  Attended  Graduated

Other schools attended: \_\_\_\_\_

### WOMAN'S PLACE OF EMPLOYMENT

Full name: \_\_\_\_\_

Position: \_\_\_\_\_

Location of employer (City, state): \_\_\_\_\_

### MAN'S EDUCATION

(Last school attended)

Full name of school (City, state): \_\_\_\_\_

Check one:  Attends  Attended  Graduated

Other schools attended: \_\_\_\_\_

### MAN'S PLACE OF EMPLOYMENT

Full name: \_\_\_\_\_

Position: \_\_\_\_\_

Location of employer (City, state): \_\_\_\_\_

### WEDDING PLANS

Time: \_\_\_\_\_ Date: \_\_\_\_\_

Church: \_\_\_\_\_ City and state: \_\_\_\_\_

Reception (time) from \_\_\_\_\_ to \_\_\_\_\_

Place (full name): \_\_\_\_\_ City: \_\_\_\_\_

No Wedding date has been set.

Signature of person submitting: \_\_\_\_\_

Please list two daytime telephone numbers in case of question:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_