E N G A G E M E N T  I N F O R M A T I O N
T H E  D E L P H O S  H E R A L D
405 North Main Street, Delphos, OH 45833

Bride-elect’s full name and address ____________________________________________

Her parents’ name and address ______________________________________________

Fiancé’s full name and address ______________________________________________

His parents’ name and address ______________________________________________

Wedding date and place (if set) ______________________________________________

Bride-elect’s school and sorority (attended or graduated?) ________________________

__________________________________________

Bride-elect’s business affiliation/employment ____________________________________

Fiancé’s school and fraternity (attended or graduated?) __________________________

__________________________________________

Fiancé’s business affiliation/employment ________________________________________

__________________________________________

Signature of bride-elect or contact person _______________________________________

Telephone Number to call if we have any questions ______________________________

***A $25.00 fee will be charged at the time of submission. Please state full mailing address and name of the person who the photo is to be returned to: ____________________________

__________________________________________

Email digital picture to: nspencer@delphosherald.com

Form Revised October 2011