

Mail Tribune

Discover Life Daily

Engagement Information Form

(Return completed form to: Mail Tribune, P.O. Box, Medford, OR 97501)

PLEASE PRINT

Date of Wedding: _____

Place (Church, Town & State): _____

FUTURE BRIDE

Name (first & last), Town & State: _____

Parents' Names (first & last), Town & State: _____

Parents' Names (first & last), Town & State: _____

Schools attended (include town & state):

High School: _____ Graduated: Yes__ No__ Year _____

College: _____ Graduated: Yes__ No__ Year _____

Technical: _____ Graduated: Yes__ No__ Year _____

College Degree (s): _____

Occupation: _____

Employer (town & state): _____

FUTURE GROOM

Name (first & last), Town & State: _____

Parents' Names (first & last), Town & State: _____

Parents' Names (first & last), Town & State: _____

Schools attended (include town & state):

High School: _____ Graduated: Yes__ No__ Year _____

College: _____ Graduated: Yes__ No__ Year _____

Technical: _____ Graduated: Yes__ No__ Year _____

College Degree(s): _____

Occupation: _____

Employer (town & state): _____

CONTACT INFORMATION:

Name: _____ Home/Cell/Work Phone: _____