



Baby's Create-A-Book Order Form

This treasured keepsake tells a story about your child's birth

(Please note: Max 20 means total number of characters/spaces allowed per line)

Education through personalization

Clearly Print All Required Information

Use a separate form for each book ordered

Your Information:

Name: _____
Address: _____
City: _____
Province: _____ Postal Code: _____
Phone: (____) _____
E-mail: _____

Ship Book To: (Please fill out if different from customer information.)

Name: _____
Address: _____
City: _____
Province: _____ Postal Code: _____
Phone: (____) _____
E-mail: _____

Who the book is for:

First Name: _____ (max 20)
Hometown (City): _____ (max 35)
Doctor's Name: _____ (max 35)
Mother's First Name: _____ (max 35)

Middle Name (opt): _____ (max 20) **Last Name:** _____ (max 20)
Gender Boy _____ Girl _____ Date of Birth: _____
Length: _____ Weight: _____ Time of Birth: _____ a.m/ p.m.
Hospital Name: _____ (max 40)
Father's First Name: _____ (max 35)

First 3 or 4 visitors (Grandma, Aunt Linda, Timmy, etc.): total max space 35

1. _____
3. _____

2. _____
4. _____

Dedication (With love from, etc.) _____ (max 35)

From (Mom & Dad, etc.) _____ (max 35) Date of gift printed in book (opt) _____ (max 18)

Please select one: (use a separate sheet of paper if spaces are too small)

- Standard Version (both parents)
- Christian Version
- Adopted Baby Version
- Twins Version

Second Name _____
Weight: _____ Length _____
Time of Birth _____

- Single Parent Version (fill in one below)

Mother _____
Father _____

Each Book...\$20.00 \$ _____
Shipping (\$2.50/book) \$ _____
TOTAL COST (no GST) \$ _____

* Allow up to 2 weeks for delivery *

To pay by credit card, complete the following:

Card Number: _____
Card Type _____ Exp. Date _____
Name as shown on card _____
Signature _____

Mail and make cheque payable to:

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"Creating Unique Keepsakes for All Ages & Occasions"