

# ENGAGEMENT ANNOUNCEMENT

Her Name: \_\_\_\_\_

Daughter of: \_\_\_\_\_, of city: \_\_\_\_\_

Engaged to:

His Name: \_\_\_\_\_

Son of: \_\_\_\_\_, of city: \_\_\_\_\_

Date, Time and Place of Wedding:

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She is a graduate of: \_\_\_\_\_

Employed at: \_\_\_\_\_

He is a graduate of: \_\_\_\_\_

Employed at: \_\_\_\_\_

Return this form and photo to:

**Dodge County Pionier**

126 Bridge Street, Mayville WI 53050

Phone: 920-387-2211 Fax: 920-387-5515

Or email to [frontdesk@dodgecountypionier.com](mailto:frontdesk@dodgecountypionier.com)