Newborn Questionnaire

Please complete this form before your session. Your answers will better help us to meet your needs and ensure that you have a happy and satisfying experience.

Parents' Full Name:		Babys' Name:	
Address:			
City:	_ State: _		
Email:		Phone:	
ls your baby a boy or a girl?	Воу	Girl	
Baby's birth information for birth anno	ouncement: Bi	rth date	
Birth TimeBirth weig			
Have you chosen a birth announceme	ent style?		
Which types of images below would	you like? (ched	ck all that apply)	
Baby alone Baby with siblings			
Baby with whole family	Baby with I	parents	
List the names and ages of siblings, if	[:] any, that will b	e photographed during the s	ession.
List any props that you might be bring	ging to the sessi	ion (eg. blankets, hats, clothiı	ng etc.)
Is there a particular style you would I	ike your images	s to reflect or or colors to be in	icluded?
Are there any props you have seen o	on our website y	ou would like for us to provide	÷;
Additional comments (anything you	'd like us to kno	w):	