

**Personalized Books by  
COPYLAND, INC.**

*Use separate order form  
for each book.*

**OPTIONS**

- My Baby Book**
- Single Mother Version**
- Single Father Version**

FIRST NAME: \_\_\_\_\_

NICKNAME: (optional) \_\_\_\_\_

MIDDLE NAME: (optional) \_\_\_\_\_

LAST NAME: \_\_\_\_\_  BOY  GIRL

HOMETOWN: \_\_\_\_\_

STATE / PROVINCE: \_\_\_\_\_

**Three** 1: \_\_\_\_\_  
**Friends** 2: \_\_\_\_\_  
**or Relatives** 3: \_\_\_\_\_

THIS BOOK IS FROM: \_\_\_\_\_

**Additional Information for My Baby Book (optional)**

DATE OF BIRTH: \_\_\_\_\_  
Month Day Year

TIME OF BIRTH: \_\_\_\_\_

BABY'S WEIGHT: \_\_\_\_\_  
Pounds Ounces

BABY'S LENGTH: \_\_\_\_\_

DELIVERED BY: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

MOM'S FIRST NAME: \_\_\_\_\_

DAD'S FIRST NAME: \_\_\_\_\_

**MAIL BOOK TO:**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**PRICE LIST**

EACH BOOK ..... **\$14.95** \_\_\_\_\_

PHOTO STICKER ..... **.50** \_\_\_\_\_

SUB TOTAL ..... \_\_\_\_\_

TAX ..... 5% ..... \_\_\_\_\_

SHIPPING \$2.95 PER BOOK ..... \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**MasterCard – VISA**

**Personal Check – Money Order**

**Call to Order Books or Free Brochure**

**Massachusetts Residence add 5% Sales Tax  
or Pick-up at Copyland in Acton, Massachusetts.**

**MAIL AND MAKE CHECK  
PAYABLE TO:**

**COPYLAND, INC.**

452 Great Road  
Acton, MA 01720  
Tel. (978) 264-0290  
Fax (978) 264-9934