# Baby Registry Application

**Date of Event: / /20**

**Registry No.**

Recipient: _____

*First* *Last* *Maiden/Alternate*

Co-recipient: _____

*First* *Last*

Expected Date of Arrival: / /20

*Please circle:*

It's a Boy It's a Girl *Shh..* It's a Surprise

***To be completed by person responsible for registry: (person giving shower, mother-to-be, etc.)***

Name:

Home Phone:

Work Phone:

Mobile:

E-Mail Address:

Name:

Home Phone:

Work Phone:

Mobile:

E-Mail Address:

Special Comments / Theme:

**Registry items may be placed aside for two weeks prior to event (not date of arrival)**
**Return Policy: All registry items may be exchanged within 14 days of event for items of equal value or store credit.**

**Signature:** **Date: / / 20**

People's Pharmacy
P.O. Box HM 2098
Hamilton HM JX, Bermuda
www.peoplespharmacy.bm
(441) 292-7527