

NEWBORN QUESTIONNAIRE

Please fill out this form as it will help me to meet your needs and ensure that you have a happy and satisfying experience.

Parents' Full Name: _____ Babys' Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Due date: _____ Birth date: _____

Are you having a boy or a girl? Boy Girl It's a surprise

Which types of images below would you like? (check all that apply)

- Baby alone Baby with siblings Baby & grandparents
 Baby with whole family Baby with parents Other

List the names and ages of siblings, if any, that will be photographed during the session.

List any props that you might be bringing to the session (eg. blankets, hats, clothing etc.)

Is there a particular style you would like your images to reflect?

Any specific colors you would like included in your session?

Additional comments (anything you'd like us to know):