

Celestial Affairs

P.O. Box 3187, Fort Lee, NJ 07024 Phone: (201) 224-4248; email: order@celestialaffairs.com

CLIENT INFORMATION

Name: First: _____ Middle: _____ Last: _____ Male: ___ Female: ___

Address: _____

City/Town: _____ State: _____ County: _____ Zip Code: _____ Country: _____

Phone: (____) _____ Mobile: (____) _____ Email: _____

Do you wish to be included on our mailing list? YES: ___ NO: ___ You may unsubscribe at anytime.
We respect your privacy. Your information will not be transferred or sold.

BIRTH INFORMATION

Date of Birth: Month: _____ Day: _____ Year: _____ Time of Birth: _____:_____ AM: ___ PM: ___

City or Town of Birth: _____ County: _____ State: _____ Country: _____

Please Check One:

Time of Birth is: 1) Taken from Birth Certificate: ___ 2) Told by Parent/Guardian: ___ 3) Unknown: ___

If unknown, would like to learn about natal chart rectification services? Yes ___ No ___

TYPE OF READING

Natal Chart: ___ Transit: ___ Progressed: ___ Relationship Compatibility: _____

Solar & Lunar Eclipses: ___ Lunar Cycle: ___ Solar Return: ___ AstroLocation: _____

Mercury Retrograde: ___ Black Moon Lilith: ___ Chiron & 4 major asteroids: _____

Business & company astrological analysis: ___ Other: _____

REQUESTED READING APPOINTMENT

Date: Month: _____ Day: _____ Year: _____ Time: _____:_____ AM: ___ PM: ___

Reconfirmed: ___ Date & Time: _____ By: _____ Other Info: _____

Customer No. (Office use only): _____

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READINGS

<u>READINGS</u>	<u>PRICE</u>	<u>TOTAL</u>
Natal Chart – 60 minutes	125.00	_____
Transiting Planets – 60 minutes	125.00	_____
Progressed Chart – 60 minutes	125.00	_____
Relationship Compatibility – 90 minutes	165.00	_____
Solar & Lunar Eclipses - 60 minutes	125.00	_____
Lunar Cycle - 45minutes	95.00	_____
Solar Return - 60 minutes	125.00	_____
Mercury Retrograde - 45 minutes	95.00	_____
AstroLocation - 45 minutes, 3 cities/regions	95.00	_____
Black Moon Lilith - 45 minutes	95.00	_____
Chiron & 4 Major Asteroids - 90 minutes	150.00	_____
Cassette Tape Recording	10.00	_____
Sub-total		\$ _____
New Jersey Resident Sales Tax (7%)		_____
TOTAL (To order reports, place this amount on blue line on next page)		\$ _____>>

MAIL ORDERS: Make checks and money orders payable to E. A. Shields. Mail check with order form to:

Celestial Affairs
P.O. Box 3187
Fort Lee, NJ 07024
U.S.A.

Customer No. (Office use only): _____

Please see privacy and refund policy on website at celestialaffairs.com.

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REPORTS

<u>REPORTS</u>	<u>QTY</u>	<u>PRICE</u>	<u>TOTAL</u>
Merlin Natal Report	___	25.00	_____
Native American Indian Natal Report	___	15.00	_____
Relationship Compatibility Report	___	30.00	_____
Career & Vocation Report	___	25.00	_____
Child Guidance Report	___	25.00	_____
Cayce Past Life Report	___	30.00	_____
Personal Numerology Report	___	25.00	_____
Athena Numerology Report	___	10.00	_____
AstroLocation Report No. of cities:	___	10.00	_____
AstroMaps No. of maps:	___	10.00	_____
Adult Daily Forecast No. of months:	___	10.00	_____
Youth Daily Forecast No. of months:	___	10.00	_____
Naughty Natal Report	___	10.00	_____
Artistic Natal Charts	___	10.00	_____
Sub-total			\$ _____
New Jersey Residents Sales Tax (7%)			_____
Sub-Total			\$ _____
Shipping & Handling (mail orders only)			_____
Total Reports			\$ _____
Amount carried from readings page			\$ _____
TOTAL			\$ _____

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Fort Lee, NJ 07024
U.S.A.

Please deliver astrology reports by: Regular Mail* Email

Name: _____ Email: _____ Phone: _____

Please see privacy and refund policy on website at celestialaffairs.com. * - Shipping & handling charges apply.

ADDITIONAL INFORMATION

Relationship Compatibility Report

Please complete for both individuals that you wish to have an astrological compatibility report.

INDIVIDUAL #1

Name: First: _____ Middle: _____ Last: _____ Male: ___ Female: ___
DOB: Month: _____ Day _____ Year _____ Time of Birth: _____ AM: ___ PM: ___
City/Town: _____ County: _____ State: _____ Country: _____

INDIVIDUAL #2

Name: First: _____ Middle: _____ Last: _____ Male: ___ Female: ___
DOB: Month: _____ Day _____ Year _____ Time of Birth: _____ AM: ___ PM: ___
City/Town: _____ County: _____ State: _____ Country: _____
Nature of Relationship: Romantic: ___ Marriage: ___ Business Partner: ___ Supervisor: ___ Employee: ___
Parents: ___ Brother/Sister: ___ Son/Daughter: ___

Child Guidance

CHILD 1

Name of Child: First _____ Middle: _____ Last: _____
DOB: Month: _____ Day _____ Year _____ Time of Birth: _____ AM/PM
City/Town: _____ County: _____ State: _____ Country: _____

Please Check One:

Time of Birth is: 1) Taken from Birth Certificate: ___ 2) Told by Parent/Guardian: ___ 3) Unknown: ___

CHILD 2

Name of Child: First _____ Middle: _____ Last: _____
DOB: Month: _____ Day _____ Year _____ Time of Birth: _____ AM: ___ PM: ___
City/Town: _____ County: _____ State: _____ Country: _____

Please Check One:

Time of Birth is: 1) Taken from Birth Certificate: ___ 2) Told by Parent/Guardian: ___ 3) Unknown: ___

CHILD 3

Name of Child: First _____ Middle: _____ Last: _____
DOB: Month: _____ Day _____ Year _____ Time of Birth: _____ AM: ___ PM: ___
City/Town: _____ County: _____ State: _____ Country: _____

Please Check One:

Time of Birth is: 1) Taken from Birth Certificate: ___ 2) Told by Parent/Guardian: ___ 3) Unknown: ___

