

# 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>
<b>Natal Chart</b> – 60 minutes .....	125.00 .....	_____
<b>Transiting Planets</b> – 60 minutes .....	125.00 .....	_____
<b>Progressed Chart</b> – 60 minutes .....	125.00 .....	_____
<b>Relationship Compatibility</b> – 90 minutes .....	165.00 .....	_____
<b>Solar &amp; Lunar Eclipses</b> - 60 minutes .....	125.00 .....	_____
<b>Lunar Cycle</b> - 45minutes .....	95.00 .....	_____
<b>Solar Return</b> - 60 minutes .....	125.00 .....	_____
<b>Mercury Retrograde</b> - 45 minutes .....	95.00 .....	_____
<b>AstroLocation</b> - 45 minutes, 3 cities/regions .....	95.00 .....	_____
<b>Black Moon Lilith</b> - 45 minutes .....	95.00 .....	_____
<b>Chiron &amp; 4 Major Asteroids</b> - 90 minutes .....	150.00 .....	_____
<b>Cassette Tape Recording</b> .....	10.00 .....	_____
<b>Sub-total</b> .....		\$ _____
<b>New Jersey Resident Sales Tax (7%)</b> .....		_____
<b>TOTAL</b> (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](http://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	_____
<b>Sub-total</b> .....			<b>\$</b> _____
<b>New Jersey Residents Sales Tax (7%)</b> .....			_____
<b>Sub-Total</b> .....			<b>\$</b> _____
<b>Shipping &amp; Handling</b> (mail orders only) .....			_____
<b>Total Reports</b> .....			<b>\$</b> _____
<b>Amount carried from readings page</b> .....			<b>\$</b> _____
<b>TOTAL</b> .....			<b>\$</b> _____

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Celestial Affairs  
P.O. Box 3187  
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](http://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: \_\_\_

