

# 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).

# Celestial Affairs

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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: \_\_\_

## Adult/Youth Daily Forecast

### INDIVIDUAL #1

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Male: \_\_ Female: \_\_

DOB: Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Time of Birth: \_\_\_\_\_ AM: \_\_ PM: \_\_

City/Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Start Forecast Report as of Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

End Forecast Report on Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Must end on last day of month

No. of Months: \_\_\_\_\_ ADULT DAILY FORECAST: \_\_\_\_\_ YOUTH DAILY FORECAST: \_\_\_\_\_

### INDIVIDUAL #2

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Male: \_\_ Female: \_\_

DOB: Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Time of Birth: \_\_\_\_\_ AM: \_\_ PM: \_\_

City/Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Start Forecast Report as of Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

End Forecast Report on Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Must end on last day of month

No. of Months: \_\_\_\_\_ ADULT DAILY FORECAST: \_\_\_\_\_ YOUTH DAILY FORECAST: \_\_\_\_\_

## AstroLocation Report – for travel & relocation

### INDIVIDUAL #1

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Male: \_\_ Female: \_\_

DOB: Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Time of Birth: \_\_\_\_\_ AM: \_\_ PM: \_\_

Please provide the names of the places (city, state, country) where you will visit, relocate, travel to for vacation or other purposes for which you need AstroLocation reports that explains what your experience will be in those locations. Check Yes or No should you need an AstroMap for that location as well.

1. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ AstroMap: YES\_\_ NO\_\_
2. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ AstroMap: YES\_\_ NO\_\_
3. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ AstroMap: YES\_\_ NO\_\_
4. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ AstroMap: YES\_\_ NO\_\_
5. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ AstroMap: YES\_\_ NO\_\_
6. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ AstroMap: YES\_\_ NO\_\_
7. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ AstroMap: YES\_\_ NO\_\_
8. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ AstroMap: YES\_\_ NO\_\_

Number of Towns/Cities: \_\_\_\_\_

## AstroLocation Report - Continued

### INDIVIDUAL #2

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Male: \_\_ Female: \_\_

DOB: Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Time of Birth: \_\_\_\_\_ AM: \_\_ PM: \_\_

Please provide the names of the places (city, state, country) where you will visit, relocate, travel to for vacation or other purposes for which you need Astrological reports that explains what your experience will be in those locations. Check Yes or No should you need an AstroMap for that location as well.

1. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ AstroMap: YES\_\_ NO\_\_
2. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ AstroMap: YES\_\_ NO\_\_
3. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ AstroMap: YES\_\_ NO\_\_
4. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ AstroMap: YES\_\_ NO\_\_
5. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ AstroMap: YES\_\_ NO\_\_
6. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ AstroMap: YES\_\_ NO\_\_
7. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ AstroMap: YES\_\_ NO\_\_
8. City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ AstroMap: YES\_\_ NO\_\_

Number of Towns/Cities: \_\_\_\_\_

### Numerology Reports

Please provide the FULL NAME given at birth as well as date, time, city, state and country of birth:

#### INDIVIDUAL #1

FULL NAME AT BIRTH: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

NAME AT MARRIAGE: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Male: \_\_ Female: \_\_

DOB: Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Time of Birth: \_\_\_\_\_ AM: \_\_ PM: \_\_

City/Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

#### INDIVIDUAL #2

FULL NAME AT BIRTH: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

NAME AT MARRIAGE: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Male: \_\_ Female: \_\_

DOB: Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Time of Birth: \_\_\_\_\_ AM: \_\_ PM: \_\_

City/Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

#### INDIVIDUAL #3

FULL NAME AT BIRTH: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

NAME AT MARRIAGE: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Male: \_\_ Female: \_\_

DOB: Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Time of Birth: \_\_\_\_\_ AM: \_\_ PM: \_\_

City/Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

## Career & Vocation 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: \_\_\_\_\_

## Cayce Past Life 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: \_\_\_\_\_

## Merlin Natal 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: \_\_\_\_\_

## Native American Indian Natal 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: \_\_\_\_\_

## Naughty Natal 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: \_\_\_\_\_

## Artistic Natal Chart

Artistic natal charts are colorful designer charts that you may frame and hang on a wall. For style and offerings, see Gallery of artistic natal charts on the Reports page of our website. Enter the style name and code for the chart you desire.

### INDIVIDUAL #1

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

**Style Name:** \_\_\_\_\_ **Style Code:** \_\_\_\_\_

### INDIVIDUAL #2

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

**Style Name:** \_\_\_\_\_ **Style Code:** \_\_\_\_\_