OUR 2020 COVID-19 TIME CAPSULE
PREGNANCY EDITION

BY: ___________________
TAKE A MOMENT TO FILL IN THESE PAGES FOR YOU AND YOUR BABY TO LOOK BACK ON. AND HERE ARE SOME OTHER IDEAS OF THINGS TO INCLUDE:

- SOME PHOTOS FROM THIS TIME
- LOCAL NEWSPAPER PAGES OR CLIPPING
- A JOURNAL OF YOUR DAYS
- SPECIAL MEMORIES

LAST DAY

______ WEEKS PREGNANT

FIRST DAY

______ WEEKS PREGNANT

PLACE A 4X6 PICTURE HERE OF YOUR FIRST DAY IN ISOLATION

PLACE A 4X6 PICTURE HERE OF YOUR LAST DAY IN ISOLATION

PAGES BY LONG CREATIONS
**All About Mama**

**I am**

YEARS
OLD

**I stand**

INCHES
TALL

**I weigh**

POUNDS

**A Few of My Fav Things**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Food</td>
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<td>Show</td>
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<td>App</td>
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<tr>
<td>Part About Being Pregnant</td>
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**Today’s Date:**

**Pages by Long Creations**
HOW I'M FEELING

WORDS TO DESCRIBE HOW I FEEL:

MY BIGGEST FEARS RIGHT NOW:

WHAT I HAVE LEARNED:

HOW I'M PREPARING FOR BIRTH AND THE ARRIVAL OF BABY:
WE ARE NOT STUCK AT HOME, WE ARE SAFE AT HOME!

HOW WE PASSED THE TIME:
## Events We Missed

List of the occasions we missed celebrating during this time? (E.g. Easter, Birthdays, Anniversaries)

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>How We Celebrated</th>
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IDEAS FOR YOUR NAME:

BOY:

GIRL:
DEAR,

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LOVE, YOUR MAMA
INTERVIEW WITH PARTNER

**WHAT HAS BEEN THE BIGGEST CHANGE?**

**WHAT YOU LOVE ABOUT THE PREGNANCY?**

**HOW OLD ARE YOU?**

**YOUR TOP 3 MOMENTS FROM THE PREGNANCY:**

1. 
2. 
3. 

**WHAT ARE YOU MOST EXCITED FOR?**

**WHAT ARE YOU MOST THANKFUL FOR?**

**WHAT ARE YOU MOST EXCITED TO DO WITH BABY?**

**WHAT ARE YOUR FEARS?**

**HOW ARE YOU FEELING?**

PAGES BY LONG CREATIONS
I AM ___________ YEARS OLD

I LOVE ___________

I FEEL ___________

WHAT ARE YOU MOST EXCITED FOR WITH THE NEW BABY?

MESSAGE FROM ____________________

__________________________

__________________________

__________________________

__________________________

__________________________

__________________________
BORN IN THE MIDDLE OF A PANDEMIC

YOUR FULL NAME:

---

BIRTHDATE:   DUE DATE:   STAR SIGN:

WEIGHT:     LENGTH:     TIME:

LOCATION:

---

THE STORY OF YOUR BIRTH DAY....

PLACE A 2”x3.5” PICTURE HERE

---
SOME NOTES....

HOW WE HAD IMAGINED YOUR BIRTH:

________________________

________________________

________________________

________________________

MEMORIES & THINGS TO REMEMBER:

HOW WE ARE FEELING RIGHT NOW:

________________________

________________________

________________________

________________________

SOME PEOPLE YOU WOULD HAVE MET & THINGS WE WOULD HAVE DONE BY NOW:

________________________

________________________

________________________

________________________