



*Special Celebration Certificate*

Number of Years Celebrating: \_\_\_\_\_

(Please circle): WEDDING ANNIVERSARY BIRTHDAY OTHER: \_\_\_\_\_

Date Request Received: \_\_\_\_\_

Date of Anniversary/ Birthday: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Date of Celebration: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Mr. & Mrs.            Mr.            Mrs.            Miss.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact/Mail in care of: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Please mail, fax or drop off this form to: Deputy Clerk  
Township of Guelph/Eramosa  
8348 Wellington Road 124  
Box 700  
Rockwood, ON  
N0B 2K0

Fax: (519) 856-2240