

# 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: \_\_\_\_\_

Please Circle:      Mr. & Mrs.      Mr.      Mrs.      Ms.      Miss

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

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

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

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

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

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

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

Please mail, fax or drop this form to:

Connie Cox, Administrative Assistant  
Corporation of the Town of Erin  
5684 Trafalgar Rd. (WCR #24)  
R. R. # 2  
Hillsburgh, ON N0B 1Z0  
Fax: (519) 855-4821  
Email: [connie.cox@erin.ca](mailto:connie.cox@erin.ca)