

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
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Email: connie.cox@erin.ca