

573-682-2133
(PHONE)
573-682-3361
(FAX)



Anniversary Form

PLEASE TYPE
OR PRINT
LEGIBLY

By submitting this form you are authorizing the *Centralia Fireside Guard* to print this information in our style.

_____ and _____
(Husband's name) (Wife's name - include maiden name)

of _____ will celebrate / have celebrated,
(City, State) (Circle one)

their _____ wedding anniversary with a _____ to be held / that was held,
(Number of Years) (Type of function) (Circle one)

at _____ in _____
(Name of location) (City, State)

from _____ on _____, _____
(Time) (Day of Week) (Date)

Invited to attend / Attended by: _____
(Circle one) (List names and cities of residence)

(List names and cities of residence; attach separate sheet if needed)

Hosting the _____ function / reception will be be / was / were
(Circle one) (Circle one)

the couple's _____ children / friends / other: _____
(Circle one)

(List names and cities of residence; attach separate sheet if needed)

The _____, who were married _____ at _____
(Couple's last name) (Month, Day and Year)

_____ by _____ in, _____ have
(Place of marriage) (Name of officiator) (City, State)

_____ children, _____ grandchildren, and _____ great-grandchildren.
(Number) (Number) (Number)

Any additional information should be attached on a separate piece of paper. Please do not write on the back of this form.

Information below will not be published.

Fax 573-682-3361 or
Mail or return to:
Centralia Fireside Guard
123 N. Allen St., P.O. Box 7
Centralia, MO 65240

Date _____ Submitted by: _____
Telephone # _____