



THE TOWNSHIP OF GUELPH/ERAMOSIA  
SPECIAL CELEBRATION CERTIFICATE

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

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

Personal information on this form is collected under the legal authority of the Municipal Act, S.O. 2001, c.25 as amended. The information is collected and maintained for the purpose of creating a record pursuant to Section 27 of the Municipal Freedom of Information and Protection of Privacy Act. Questions about this collection should be directed to the Clerk's Office. 519-856-9596 ext. 125.

***Alternate formats of this form are available upon request***