

The Sentinel-Record

Anniversary Form

Name, City & State of couple (incl. maiden name): _____

Number of years married: _____

Date & Place of Wedding: _____

Who Officiated: _____

Does photo accompany this form? Yes No

Will there be a reception or open house? Yes No

Date & Time _____

Place _____

Hosts _____

Background Information(optional):

Working or Retired: _____

Husband: _____

Wife: _____

Members of what church, clubs, or organization (if any): _____

Names of Children/City, State: _____

Names of Grandchildren(8 or less names will be printed): _____

Greatgrandchildren(8 or less names will be printed): _____

Phone Number

The Sentinel-Record, 300 Spring St., P.O. Box 580,
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Contact Name

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