



Anniversary Form

801 Riverside Dr, Charles City IA 50616
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Date: _____

Husband Name: _____

Wife Name: _____ Maiden: _____

City/State: _____

Anniversary Date: _____ Years: _____

Where you got Married: _____

Type of Celebration: (circle) card shower Open House Family Dinner

Date: _____ Time: _____

Location: _____

Address for Card Shower: _____

Children's Name, example: Fred (Wilma) Flinstone, Greene : Fred being the Son of Celebrant

Grandchildren: # _____ Great-Grandchildren: # _____ Great- Great Grandchildren: # _____

Name of person completing form: _____

Phone Number: _____

Email: _____

Information on this form will be published one time in the Charles City Press for \$7.
Payment must be made first before Anniversary will be published.

Date paid: _____

CA/CK/CC: _____

Initial: _____