

The Wellington Enterprise — Anniversary Information

NAME OF COUPLE: _____

WIFE'S MAIDEN NAME: _____

CURRENT STREET ADDRESS: _____

CITY, STATE: _____

TELEPHONE NO.: _____

DATE OF MARRIAGE: _____

PLACE OF MARRIAGE: _____

ATTENDANTS (if desired):

CHILDRENS FULL NAMES and CITIES OF RESIDENCE:

NUMBER OF GRANDCHILDREN: _____

NUMBER OF GREAT-GRANDCHILDREN: _____

HUSBAND'S OCCUPATION (Place, position, years of service, retirement, etc.):

WIFE'S OCCUPATION (Place, position, years of service, retirement, etc.):

PLANS FOR CELEBRATING(Where, when, how — open house, private dinner, hosts/hostesses, etc.):

GIFTS: OKAY _____ **OMIT** _____ **PHOTO TO BE USED: YES** _____ **NO** _____

PLEASE MAIL THIS FORM TO: