



Special Celebration Certificate

Number of Years Celebrating: _____

Please Circle: Anniversary Birthday Other: _____

Date of Anniversary/Birthday: Year: _____ Month: _____ Day: _____

Date of Celebration: Year: _____ Month: _____ Day: _____

Name on Certificate: _____
(Please Print)

Name of Contact Person: _____

Address: _____

Phone #: _____ Email: _____

Additional Information: _____

Please mail, fax or drop off this form to: **Municipality of Brockton**
100 Scott St.
P.O. Box 68
Walkerton, ON N0G 2V0

Fax: (519) 881-2991

Attention: *Genevieve Scharback*