

Keizertimes

———— We've got you covered



Anniversary Questionnaire

Please print or type

Wife's full maiden name _____

Husbands's full name _____

Street address _____ City _____ Day Telephone _____

Date of ceremony _____

Wedding location _____ City _____

First meeting _____

Reception date and location _____

Occupation of wife _____

School Affiliate _____

Prior place of residence _____

Occupation of husband _____

School Affiliate _____

Prior place of residence _____

Family information:

Additional information:

Signature of member of the family _____

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Anniversaries turned in by 5pm Monday will be printed in the next available edition, space permitting.
Call 503-390-1051 for more information.