\$25 charge for placing your Anniversary in the paper



HIVEDCARV VEAR.

□ PAID

* Please print or type the information about your anniversary. A photograph may accompany this report (b/w or color photos accepted) *

ANNIVERDAKI IEAK: (circle one) 25	30	35	40	45	50	55	60	65	70
NAME OF COUPLE: Husband:									
Wife w/maiden name:									
If not resident of Logan County, who (i.eformer resident, etc.) – Be specific.	at is	the d	conn	ectio	n:				
Date married:									
Where:									
Minister's name:									
Occupation of husband:									
Occupation of wife:									
Name and addresses of children:									
Number of Grandchildren:			_Gre	at Gr	andc	hildr	en: _		
What type of event is planned? (oper Date:								,	
Time:									
Location:									
Daytime phone:									

BELLEFONTAINE EXAMINER

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