

The Bellevue Gazette — 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):

CHILDREN'S 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: OR CLICK BELOW TO SUBMIT VIA E-MAIL
THE BELLEVUE GAZETTE
PO BOX 309
BELLEVUE, OH 44811