



## CERTIFICATE REQUEST FORM

**Occasion:**  Business Anniversary       Wedding Anniversary       Birthday

**Celebrant's Name(s):** \_\_\_\_\_

\_\_\_\_\_

**Celebrant's Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Date of Birthday or Anniversary:** \_\_\_\_\_

**Date Required by:** \_\_\_\_\_

\*Please note that a minimum of three weeks' notice from the celebration date must be given in order for the certificate to be prepared in time for the occasion.

**What Birthday or Anniversary is being celebrated (i.e. 90<sup>th</sup>)** \_\_\_\_\_

### Requester's Information

**Requester's Name:** \_\_\_\_\_

**Requester's Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Delivery method:**       Pick-up       Mail

**Name:** \_\_\_\_\_

**Delivery address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

Please email completed request form to [officeofthemayor@brantford.ca](mailto:officeofthemayor@brantford.ca)

If mailing, please mail to the below address:

Office of the Mayor, City of Brantford  
P.O. Box 818  
Brantford, ON N3T 5R7

Personal information on this request form is collected under the authority of S.10(1) of the *Municipal Act*, and will be used by the Office of the Mayor to respond to or process your service request. Questions regarding this collection should be forwarded to the Chief of Staff, Robin Matthews-Osmond at 519-759-4150 ext. 5641 or mailed to the Office of the Mayor P.O. Box 818 Brantford, Ontario N3T 5R7