Anniversary Message Request Form

What kind	of Anniversary N	1essage are y	ou requesting?		IMPORTANT:
Birthday:	90 years	100 years	Other (p	lease provide details):	COMPLETED REQUEST FORMS AND SUPPORTING DOCUMENTATION
Wedding:	50 years Other (please	60 years provide details):	65 years	70 years	MUST BE VERIFIED AND SUBMITTED AT AN ELECTORATE OFFICE.
What is the	e date of the birt	hday or anni	versary:		Please ensure you have read the eligibility information and instructions prior to completing this form.
Do you need to receive the Anniversary Message by a certain date? (if earlier than the anniversary date. Please note, receipt by this date is not guaranteed)					Where possible, please type responses. If completing the form by hand, please ensure you use
	No Yes	S (please specify t	the date)		black pen and PRINT CLEARLY.
Who is the recipient of the Anniversary Message? (full name of person(s) celebrating birthday/anniversary)					Any incomplete or un-verified request forms will be returned to the requesto
Title:	Mr & Mrs Other (please	Mr provide details):	Mrs Ms	Miss	For more information visit www.vic.gov.au/request-anniversary message-from-premier
Person 1	First name:				OFFICE HEE ONLY
	Last name:				OFFICE USE ONLY ELECTORATE OFFICE VERIFIED
Person 2	First name:				This section is to be completed by the electorate office prior to the form and
Last name: Preferred names (if different to above):					supporting documentation being submitted to congratulatory.messages@dpc.vic.gov.au
	Tarries (il aillei elli te	dbove).			Electorate Office:
Residentia	l address:				
Postal add	ress for Anniverso	ary Message (if different to above or k	peing sent c/o a third party):	Electorate Officer Name:
		_			Tel:
Type of ver Birthday:	rification provide Birth certific Drivers licer Other (please	cate	Statutory declard Passport	ation	Email:
Wedding:	Marriage ce Other (please	ertificate provide details):	Statutory declard	ation	I confirm that I have reviewed this request, sighted and verified the supporting documentation, and all information is correct and complete (please check box)
Requestor	details (person sub	mitting request fo	or message, if not the re	ecipient)	Date verified:
Name:					Date submitted:
Relationsh	ip to the recipien	t(s):			
Telephone: Email:					

Premier and Cabinet