

# CENTENARIAN RECOGNITION REQUEST FORM

Please complete this form to request a special certificate and newsletter recognition for a Palatine Township Resident who will turn 100 or older within the next 4 months.

Submissions are due at least 45 days in advance of the honoree's birthday. Please provide an accurate email address and phone number in the event that additional information is necessary.

**We would like to include a photo of the person being honored. Please email your photo to [Imoran@palaitnetownship-il.gov](mailto:Imoran@palaitnetownship-il.gov) along with the name of the person being honored and the date you submitted your application to the Township.**

Note: Palatine Township will need the person being honored (or his/her legal representative) to sign a photo/video release agreement.

What is the name of the person to be honored? \*Enter the name of the centenarian as it should appear on the certificate

First \_\_\_\_\_ Last \_\_\_\_\_

When was the honoree born? \* \_\_\_\_\_

Palatine Township will request proof of age before issuing a recognition certificate.

What is the address of the honoree?

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number where the honoree or caregiver can be reached. (Leave blank if the contact person resides with the honoree.)\*

\_\_\_\_\_

Who is the Contact Person for this request?

First \_\_\_\_\_ Last \_\_\_\_\_

What is the contact person's relationship to the honoree? \*

\_\_\_\_\_

What is the contact person's address? \*

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What is the contact person's phone number? \_\_\_\_\_

What is the contact person's email address? \_\_\_\_\_

Was the honoree a veteran? If so, which branch of the Armed Forces and dates of service. (150 max characters)

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What is the secret to the longevity of the honoree? (200 max characters)

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What has been the most amazing event in the life of the honoree? (300 max characters)

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What is the honoree's favorite quote? (200 max characters)

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Provide information about the centenarian that you would like to share. (200 max characters)

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Will this presentation be a surprise to the honoree? \*

Yes or No

Will there be a birthday celebration? \*

Yes or No

Is the honoree able to easily carry on a short conversation with others? \*

Yes or No or With Assistance

Briefly tell us about the honoree's life and what makes him/her unique. \* (500 max characters)

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Name of individual completing this form. \*

First \_\_\_\_\_ Last \_\_\_\_\_

Email of the individual completing this form.

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