

TOOTH FAIRY

certificate

this is to certify that



Lost a tooth and was visited by the Tooth Fairy



Date

Tooth Fairy

Signature

Tooth Fairy

OFFICIAL RECEIPT

Name: _____

Age: _____ Date: _____

Tooth Condition:

Excellent

Good

Fair

Payment: _____

Received by: The Tooth Fairy

KEEP UP THE GOOD WORK!

Tooth Fairy

OFFICIAL RECEIPT

Name: _____

Age: _____ Date: _____

Tooth Condition:

Excellent

Good

Fair

Payment: _____

Received by: The Tooth Fairy

KEEP UP THE GOOD WORK!

Tooth Fairy

OFFICIAL RECEIPT

Name: _____

Age: _____ Date: _____

Tooth Condition:

Excellent

Good

Fair

Payment: _____

Received by: The Tooth Fairy

KEEP UP THE GOOD WORK!

Tooth Fairy

OFFICIAL RECEIPT

Name: _____

Age: _____ Date: _____

Tooth Condition:

Excellent

Good

Fair

Payment: _____

Received by: The Tooth Fairy

KEEP UP THE GOOD WORK!

Tooth Fairy

OFFICIAL RECEIPT

Name: _____

Age: _____ Date: _____

Tooth Condition:

Excellent

Good

Fair

Payment: _____

Received by: The Tooth Fairy

KEEP UP THE GOOD WORK!

Tooth Fairy

OFFICIAL RECEIPT

Name: _____

Age: _____ Date: _____

Tooth Condition:

Excellent

Good

Fair

Payment: _____

Received by: The Tooth Fairy

KEEP UP THE GOOD WORK!

Tooth Fairy

OFFICIAL RECEIPT

Name: _____

Age: _____ Date: _____

Tooth Condition:

Excellent

Good

Fair

Payment: _____

Received by: The Tooth Fairy

KEEP UP THE GOOD WORK!

Tooth Fairy

OFFICIAL RECEIPT

Name: _____

Age: _____ Date: _____

Tooth Condition:

Excellent

Good

Fair

Payment: _____

Received by: The Tooth Fairy

KEEP UP THE GOOD WORK!



tooth

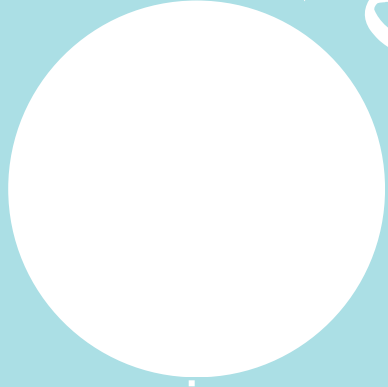
READY

FOR



pick up

Please stop here



tooth

READY

FOR



pick up

Please stop here