



Centenarian Application

**Centenarian must be a resident or longtime resident of Pinole*

Centenarian Information

Full Name: _____

Date of Birth: _____

Place of Birth: _____

Age: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____

Email: _____

Accomplishments:

Would you like to be honored at a City Council Meeting:

_____ Yes _____ No

If yes, would you be available to attend the Council Meeting in-person?

Yes _____ No _____

Responsible Relative/Family Member (if applicable)

Responsible Relative/Family: _____

Phone Number: _____

Email: _____