

OFFICIAL DOCUMENT FROM



THE TOOTH FAIRY OFFICE

# FIRST LOST TOOTH CERTIFICATE

THIS CERTIFICATE IS AWARDED TO:

NAME: \_\_\_\_\_

*In Recognition of*  
LOSING YOUR FIRST BABY TOOTH ON:

DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

The Tooth Fairy



**Westtown Dental®**



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