




 Fold sides inward to create an envelope for the letter! Use a sticker or tape to close.

OFFICIAL
TOOTH RECEIPT



DATE: _____ NAME: _____ AGE: _____

NUMBER OF TEETH: _____

PAYMENT TOTAL: _____

CONDITION: excellent sparkling
 very good clean
 good dirty

Tooth Fairy





CERTIFICATE

THIS CERTIFICATE IS AWARDED TO

who lost their first tooth on

DATE



Tooth Fairy
SIGNED BY