

INTERNATIONAL ORGANIZATION OF TOOTH FAIRIES		FORM TF-71 CLAIM FOR MISPLACED TOOTH REMUNERATION
Instructions: Complete form TF-71 when applicant has inadvertently misplaced a primary tooth (also referred to as a baby tooth). Please be as complete and thorough in your answers as possible. When completed, insert form under pillow in place of lost tooth. The IOTF will review your request as soon as possible and rule on the validity of said claim. If approved, the appropriate remuneration will be placed in the location where claim was submitted.		
Assistance: If assistance is necessary in the completion of this form you may submit questions to ClaimHelp@toothfairy.com. Every effort will be made to respond to your question as soon as possible.		
Found Teeth: If a tooth that was remunerated via this claim form is subsequently found, please carefully wrap tooth in napkin, place in envelope, and mail to: International Organization of Tooth Fairies. ATTN: Tooth Replacement Department P.O. Box 7452179 Helsinki, Finland 78-00014 Note: Found teeth are not eligible for further rewards once claim has been paid. False claims are cause for revocation of remuneration privileges.		
Last Name:	First Name:	M.I.
Date Of Birth:		
Tooth Location (in mouth):		
Date and Time of Loss:		
Location of Loss:		
Description of Event causing Loss:		
Statement of Authenticity: I hereby certify under penalties of perjury that the above information is true and correct to the best of my knowledge.		
Signed:		Date:
OFFICE USE ONLY (Do not write below this line)		
Docket Number:	Fairy Number:	
Approved: Y N (circle one)	Remunerated: Y N (circle one)	