



## Application for a Plaque on Memorial Wall

Date of Demise (day/month/year)  AGE:

Service No:	
Initials & Surname	
Decorations	
Rank on Discharge	

**Representative's Details:**

Name	
Address	
Relationship to the Deceased:	
Phone No:	
e-mail:	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHARGES:**

Registration, Casting, Freight and Fixing to wall: ..... **\$275.**

On completion, please return to:

P A Furner

PO Box 59

TORONTO NSW 2283

Phone: 0438 194 611

Email: [pennyfurner@gmail.com](mailto:pennyfurner@gmail.com)

**Direct Banking Details:**

Rathmines Catalina Asscn

BSB 637 000

A/C 720 223 155

ABN: 38 215 922 527