



CORPUS CHRISTI PARISH

SOUTH TUGGERANONG

BOOK OF REMEMBRANCE

Single name

Name of person requesting the entry:

Contact Details: (h) _____ (m) _____

Email: _____

Today's Date: _____

How to Pay: **\$20 per name**

By Mastercard/Visa Card - Card No.: _____ / _____ / _____ / _____

Expiry: ____ / ____

Name on card: _____

Signature: _____

Qkr! app



Receipt: _____

By Online Payment <https://www.bpoint.com.au/payments/corpuschristiparish>

Or By Cash

A receipt will not be issued. The entry in the Book of Remembrance will be your receipt.

Office Use Only:

Form & payment received by: Date: Banked

Address: **167 Bugden Ave., Gowrie ACT 2904**

Tel: **(02) 6291 6688**

Email: tuggeranongsouth@cg.org.au

Web: www.ccp parish.org.au



CORPUS CHRISTI PARISH

SOUTH TUGGERANONG

BOOK OF REMEMBRANCE

Name of deceased person

Please print – First and Surname only

Date of their Birth: _____ / _____ / _____

Date

Month – spelled out

Year

Date of their Death: _____ / _____ / _____

Date

Month – spelled out

Year
