



CORPUS CHRISTI PARISH

SOUTH TUGGERANONG

BOOK OF REMEMBRANCE

Multiple names

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



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

Name of deceased person

Please print – First Name and Surname only

Date of their Birth: _____ / _____ / _____

Date

Month – spelled out

Year

Date of their Death: _____ / _____ / _____

Date

Month – spelled out

Year

Name of deceased person

Please print – First Name and Surname only

Date of their Birth: _____ / _____ / _____

Date

Month – spelled out

Year

Date of their Death: _____ / _____ / _____

Date

Month – spelled out

Year

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