



**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** - [www.ccp parish.org.au](http://www.ccp parish.org.au) through the "Administration" menu.

**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](mailto:tuggeranongsouth@cg.org.au) Web: [www.ccp parish.org.au](http://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*

\*\*\*\*\*

**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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