



ANZAC Day Commemoration Committee
(Queensland) Incorporated

Honorary Memorials Officer: **Matthew Smith**

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Email: ADCC-Memorials@bigpond.com www.anzacday.org.au

1915

GRAVE MEM APPLIC 10

APPLICATION FOR GRAVE MEMORIAL GRANT

Organisation/Next of Kin:

Address:

..... Post Code:

Contact Person (Org): Position:

Phone Number: Fax Number:

Email:

Plaque Required: Headstone/Lawn Cemetery or Crematorium Niche or Bronze memorial badge
(Delete as applicable)

Amount Contributed: \$ Cheque enclosed

Claim for headstone subsidy (Copies of receipts required): YES/NO¹ of enclosures ____

Details of Deceased Veteran:

Regimental Number: Rank:

Full Name:

Unit:RAN/Army/RAAF (Delete as applicable)

Date of Death: Age at Time of Death:

Personal Inscription (headstone/lawn cemetery plaque only)

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Next of kin approval for project: Enclosure 1

Copy of Discharge Certificate or Record of Service.....¹ of enclosures ____

Copy of Death Certificate.....¹ of enclosures ____

Declaration of any other subsidies applicable to this project:.....¹ of enclosures ____

Has the veteran's death been accepted by DVA as due to war causes?..... YES/NO

Signature: Date:

Forward to: Honorary Memorials Officer at the above address