Victorian Truck Drivers Memorial Application Form

Uniting GriefWork

This form nominates a new name to be added to the memorial wall

Details of person nominated:							
First name:				Last name:			
Nickname: (optional)							
Date of D birth:	ay:	Month:	Year:	Date of death:	Day:	Month:	Year:
Details of applicant:							
First name:				Last name:	<u> </u>		
Tilst name.				Last Haine.			
Street				Home phone:			
address: Suburb:				Work phone:			
State:	<u> </u>	Postcode:		Mobile phone:			
Relationship				Email:			
to nominee:				Email:			
I,have permission to provide details of							
I,have permission to provide details of(Nominee) for listing on the Victorian Truck Drivers Memorial, located in Alexandra, Victoria.							
Signed:	Date:						

Please mail this form to:

Victorian Truck Drivers Memorial Inc.

P.O. Box 68 Prahran

Vic 3181

For phone enquiries, please contact:
Office - Uniting Prahran, GriefWork service (03) 9692 9500
Directly - Bette Phillips 0409 788 883

Bette.Phillips-Campbell@vt.uniting.org
If you would like to have a banner on a truck in the convoy, to support the nomination, please contact Bette Phillips.