



Friends of The Nurses' Memorial Chapel

Commemoration's Order Form

Applicant Details

Name.....

Address.....

EmailTelephone.....

Relationship to Nurse.....

Nurse Details

Full Name.....(Maiden name)

Married Name.....(If appropriate)

Date of Graduation.....

Nursing Status on Retirement.....

Nursing or any other Decorations.....

Date of Death.....

Fees (Responsibility of Applicant)

Pews, Garden & Garden Seat Plaques \$150 (Incl GST)

Memorial Book (cost per entry) \$40 (Incl GST)

Friend/Relatives signature.....

Bank Deposit for direct credit:03-1707-0017417-000 Friends of Nurses' Memorial Chapel

Please complete this form on line or email to chapelfoc@gmail.com or post to:

The Secretary
The Nurses' Memorial Chapel
P O Box 33357
Christchurch 8224

Office Use Only

Date application received.....

Date applicant informed of acceptance.....