

**RETURNED AND SERVICES LEAGUE OF AUSTRALIA**

**KIAMA / JAMBEROO SUB – BRANCH**

**PO BOX 34 KIAMA 2533**

**GORDON GRELLMAN WALL OF REMEMBRANCE APPLICATION FORM**

**APPLICANT’S NAME:**  ……………………………………………………………………………………….

**APPLICANT’S ADDRESS and phone: ………………………………………………………………………………..**

**………………………………………………………………………………………………………………………………………….**

**Email adDress…………………………………………………………………………………………………………………**

**DEceased veteran’s details:**

**Full name: …………………………………………………………………………………………………………………….**

**date of birth: ……………………………………**

**DATE OF DEATH: …………………………………….**

**MILITARY SERVICE NUMBER: ………………………….**

**SERVICE (NAVY/ARMY/AIRFORCE) IN WHICH SERVED: ………………………………………………………**

**PLACE/S OF MILITARY SERVICE: …………………………………………………………………………………………**

**………………………………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………………………………….**

**DATE SUBMITTED**: …………………………………………. **SIGNATURE**……………………………………………….

Please send details and form to:

**Gary McKay**

**Curator**

**Kiama-Jamberoo RSL Sub-Branch**

**PO Box 34**

**KIAMA NSW 2533**

**garymckay@bigpond.com**