

United Fire Brigades' Association of New Zealand

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MERITORIOUS SERVICE CERTIFICATE FOR POSTHUMOUS PRESENTATION APPLICATION FORM

We the undersigned, Chief Fire Officer and Secretary of the			
hereby request the granting of a			
POSTHUMOUS CERTIFICATE FOR SERVICES			
	to		
(full name of deceased)			
CFO/ OIC/PRESIDENT:	Name:	Signature:	
Secretary:	Name:	Signature:	
Address: (for Delivery)	Street:		
	City:	Post Code:	
Date of Presentation:		Purchase Number (if applicable):	
Contact Person:	Name:	Phone:	
	Email:		
Description For The Certificate: (Print details clearly)			
Brigade/Association:			
Date of Service:			
Rank:			
Presenter:			

Application must reach the UFBA Office **1 month** prior to the presentation date.

Thank You

OFFICE USE ONLY			
Invoice			
Payment			
Order Finalised			
Presenter Confirmed			