



Commonwealth Department of Social Services
ADVICE OF ADMISSION OF A CHILD
TO AN INSTITUTION
AND CLAIM FOR ADDITIONAL
CHILD ENDOWMENT

Advice Serial No. 29.

Please type or print

Note: When a child is admitted this form should be completed and copies 1 & 2 forwarded immediately to the Director of Social Services

NAME OF INSTITUTION The Salvation Army
Gill Memorial Boys Home
P.O. Box 233, Goulburn, 2580

| | |
|---|---------------|
| Full Name of Child for whom Child Endowment is hereby claimed | Date of Birth |
| <u>Walker Mark Douglas</u> | REDACTED |

| | |
|--|--|
| Date of Admission to Institution <u>29. 8 71</u> | Probable Length of Stay <u>12 months</u> |
|--|--|

Full Name and Address of Person or Authority last receiving Endowment for the above child (i.e. Parent, Guardian or Institution)
 REDACTED

| | |
|--|----------------------|
| Signature of Authorised Officer <u>[Signature]</u> | Date <u>30. 8 71</u> |
|--|----------------------|

FOR USE BY DEPARTMENT OF SOCIAL SERVICES

| | | |
|--|-----------|------------------|
| Index Searched by | Checked | Endowment Number |
| Index Card Prepared by | Checked | |
| SC 52. Prepared. Institution to be paid from | Inst. Cl. | <u>/ /</u> |
| Endowment Adjusted from | Examiner | <u>/ /</u> |
| Remarks | | |



Commonwealth Department of Social Services
ADVICE OF DISCHARGE
OF CHILD
FROM INSTITUTION

Advice Serial No. 32

Please type or print

Note: When a child is discharged this form should be completed and copies 1 & 2 forwarded immediately to the Director of Social Services

NAME OF INSTITUTION SALVATION ARMY
GILL MEMORIAL HOME FOR BOYS
Box 233 P.O. GOULBURN 2580

| | |
|----------------------------|---------------|
| Full Name of Child | Date of Birth |
| <u>Mark Douglas WALKER</u> | REDACTED |

| | |
|-----------------------------------|--|
| Date of Discharge <u>15-12-72</u> | |
|-----------------------------------|--|

Full Name and Address of Person or Institution to whom Child was Discharged
 REDACTED

| | |
|---------------------------------|------|
| Signature of Authorised Officer | Date |
|---------------------------------|------|

FOR USE BY DEPARTMENT OF SOCIAL SERVICES

| | | |
|---|-----------|------------------|
| Index Searched by | Checked | Endowment Number |
| Index Card Action by | Checked | |
| SC 52. Noted. Institution to be paid to | Inst. Cl. | <u>/ /</u> |
| Claim Form Forwarded | | <u>/ /</u> |
| Remarks | | |