



Commonwealth Department of Social Services

**ADVICE OF DISCHARGE
OF CHILD
FROM INSTITUTION**

Advice
Serial No.

74.

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 WILL MEMORIAL HOME
308 W 23rd St. - DULLENN. 2580

Full Name of Child

Date of Birth

EW

REDACTED

EV

REDACTED

Date of Discharge

15-12-73

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

REDACTED

Signature of
Authorised Officer

REDACTED

Date

19/12/73

FOR USE BY DEPARTMENT OF SOCIAL SERVICES

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Endowment Number

Index Card Action by

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SC 52. Noted. Institution to be paid to

Inst. Cl.

/ /

Claim Form Forwarded

/ /

Remarks



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