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APPLICATION FOR CONGRATULATORY

## **BIRTHDAY MESSAGE**

Protocol Unit, GPO Box 2343, ADELAIDE SA 5001 Phone: (08) 8429 5135 or (08) 8429 5294 Email: <u>DPCprotocol@sa.gov.au</u>

## **IMPORTANT – PLEASE READ**

- Please complete all sections of this form, attach the necessary photocopies and post or email to the Protocol Unit.
- The Protocol Unit process messages to be sent by the Premier of South Australia as well as advises the offices of Her Majesty The Queen, the Governor-General, the Governor, Prime Minister, Federal and State Leaders of the Opposition, and Federal and State Members of Parliaments of the Birthdays.
- Please note that messages are not sent from Her Majesty to persons who are not citizens of a Commonwealth country.
- The Protocol Unit can only process applications for recipients who are residents of South Australia. Please contact the relevant state Department of the Premier for recipients residing in other states.
- Applications should be sent to the Protocol Unit no less than two (2) months and no more than six (6) months
  prior to the date of the birthday. Applications received with less than two (2) months notice will be processed
  but cannot be guaranteed to arrive by the date of the birthday.
- Unfortunately, applications received by our office later than four weeks after the birthday cannot be processed.

## PERSON REQUESTING MESSAGE

litle: Name:	Surname:
Street:	Suburb:
State: Post Code:	Daytime Phone:
Email:	
PERSON CELEBRATING A BIRTHDAY	
Title: Mr Mrs Ms Miss Dr Prof Other:	Post Nominals:
Name:	Surname:
Preferred Name:	Maiden Name:
Preferred name if different (Example – Given name is Rob	pert prefers to be known as Bob)
Date of Birth: / /	Birthday: 90 <sup>th</sup> 95 <sup>th</sup> 100 <sup>th</sup> 105 <sup>th</sup> 110 <sup>th</sup> (please circle one)
	py only) proving the year of birth <b>must</b> be attached to this atutory Declaration stating the year of birth is acceptable.
Residential Address (Not PO Box)	Postal Address
(of person celebrating birthday)	(for message to be sent, if different from residential address)
Retirement / Care Facility Name: (if applicable)	Name:
	Street:
Street:	Suburb:
Suburb:	State: Post Code:
State: Post Code:	