

ENGLISH PROBATE SERVICE

Society of Australian Genealogists

ABN: 45 029 698 871

Member's Name: Mr/Mrs/Miss/Ms	SAG No.
Address:	Postcode:
	Day-time Phone:
HOLD or POST (ADD \$1.20)	
I do / do not agree to a copy of the certificate being lodged in the SAG Primary Records.	
Signature:	Date:
Office Use Only	Paid by CASH / CC / CHQ \$
Initials:	Rcpt:

Details of Will / Administration Requested

(an Administration gives very little detail)

FORENAMES:			
SURNAME:			
	Day	Month	Year
Date of Death:			
Date of Probate:			
Place of Probate:			

MEMBER'S RECEIPT - Please repeat details here for your records

DATE:		Receipt:
FORENAME:		SURNAME:
Date of Death:	Date of Probate:	Place of Probate:

**Copy information EXACTLY as shown on index.
Once lodged there will be NO changes, NO refunds, NO cancellations**