Townsville Aboriginal & Islander Health Service

Confirmation of Descent Declaration



Name			
Date of Birth			
Place of Birth			
Street Address:			
Suburb:		State:	Postcode:
Phone:			
Email:			
Please circle one of the fo	llowing to indicate your de	scent:	
Aboriginal	Torres Strait Islander	Aborig	rinal & Torres Strait Islander
Declaration Act (1959) a	s amended and subject to	the penalties b	tion of virtue of the Statutory by that Act for making false this statement to be true in ev
Signature of Applicant:			
Date:/			
Declared at:	0	n this date	
Signed before me:			(print name)
	ove a Justice of the Peace signa		

Created: May 2016

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APPLICANT FAMILY TREE

This 'family tree' is provided for you to complete to demonstrate your family heritage and clearly indicating which parent/s or grandparent/s are Indigenous

Applicant's name:						
Please write full names in the boxes below & circle the cultural descent for each family membe						
Grandmother			Grandfather			
Grandinother		Grandiather				
Aboriginal	Torres Strait Islander	Non Indigenous	<u>Aboriginal</u>	Torres Strait Islander	Non Indigenous	
Mother		Father				
Aboriginal	Torres Strait Islander	Non Indigenous	<u>Aboriginal</u>	Torres Strait Islander	Non Indigenous	
Siblings						

Created: May 2016

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Applicant's name:	
We the Board of Directors, whereby confirm the afore na	on behalf of the Townsville Aboriginal and Islander Health Service, amed applicant is:
☐ Identifies as an A	
Resolution Number :	
Meeting Date :	
Moved By :	
Seconded By:	
Chairperson Signature:	

Created: May 2016