

# Request for Confirmation of Aboriginality Child/Grandchild/Descendant of a LALC member.

## Applicant Details

Name:		
Date of Birth:	Place of Birth:	Phone:
Current Address:		
Town:	State:	Post Code:

## Applicants Mother Details

Name of mother:			
Mothers maiden name:			
Address:			
Town:	State:	Post Code:	Phone:
Date of Birth:	Place of Birth:		
Mothers Name:			
Fathers Name:			

## Applicants Father Details

Name of father:			
Address:			
Town:	State:	Post Code:	Phone:
Date of Birth:	Place of Birth:		
Mothers Name:			
Fathers Name:			

## Details of Aboriginality

Please set out the basis of applicants Aboriginality (Please tick  one):

Mothers Aboriginality (  )    Fathers Aboriginality (  )    Mother & Fathers Aboriginality (  )

Other – please describe ( \_\_\_\_\_ )

## Documentation supporting application – please attached only photocopies

Type of documentation:	Date of documentation:	Reference No.:
Applicants full Birth Certificate <b>(required)</b>		
Parent/s Membership transcript.		
Parent/s Membership transcript.		

## Consent to Verify Information

I authorise the verification of the information provided on this form as to my Aboriginality and/or identity. I have received a copy of this application. By signing this application, I solemnly declared the information contained in it to be true to the best of my knowledge.  
If child is under 18 yrs of age, please have parent/guardian sign.

Signature of Applicant or Parent/Guardian:	Date:
Signature of Issuing Officer:	Date: