



COOMEALLA HEALTH ABORIGINAL CORPORATION

Working Together for a Healthy, Strong and Proud Aboriginal Community

CONFIRMATION OF ABORIGINALITY

DECLARATION (to be completed by the applicant)

I, (Enter Full Name) _____

Also known as: (enter any other names you are known by) _____

Of, (enter your address) _____

Date of Birth: _____ Place Of Birth: _____

Mobile number: _____

Email: _____

Occupation: _____

DO SOLEMNLY AND SINCERELY DECLARE THAT:

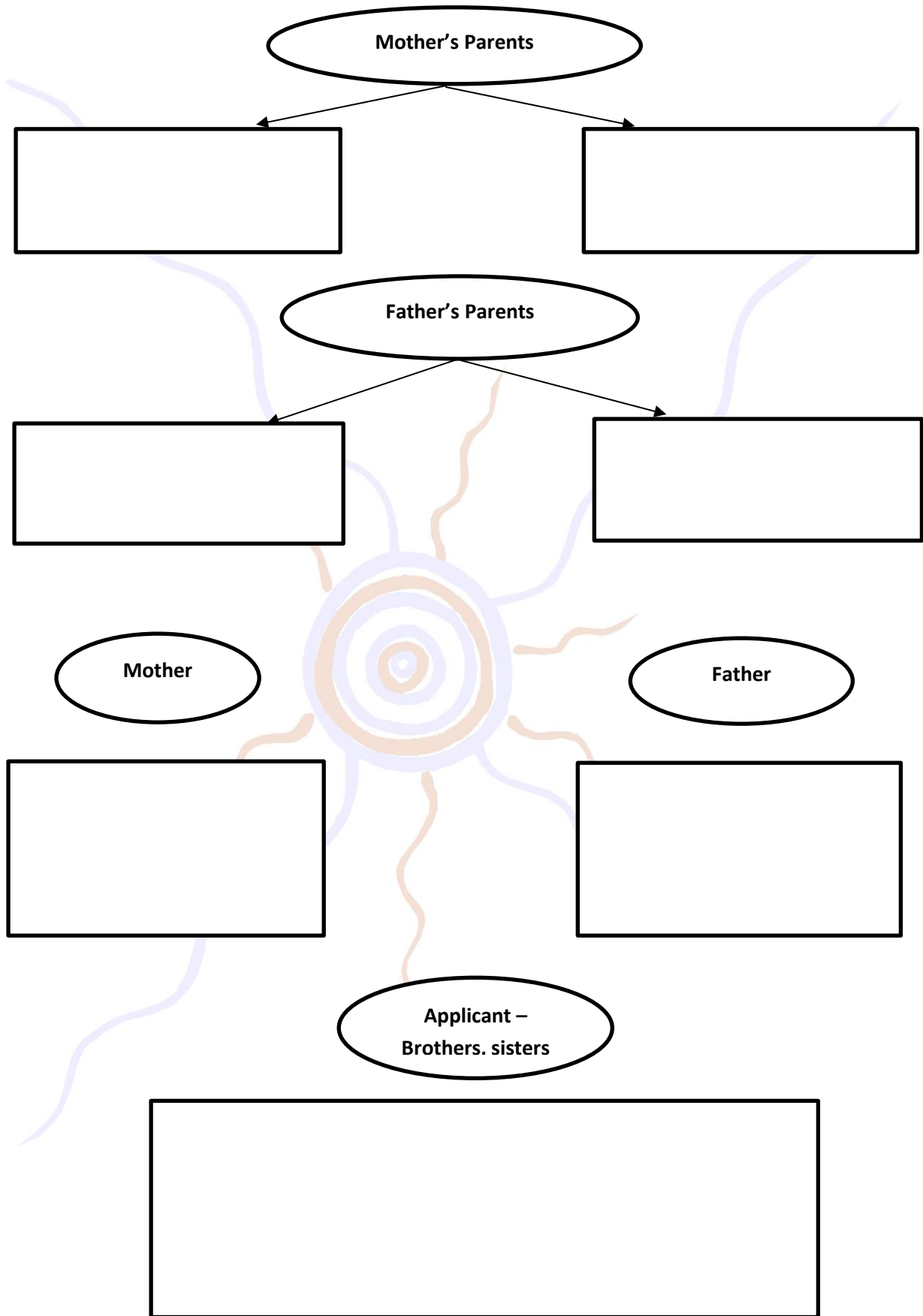
- I am of Aboriginal descent:
- I am of Torres Strait Islander descent:
- I identify as an Aboriginal person:
- I identify as a Torres Strait Islander:
- I am accepted as such by the _____ Community in which I currently live/formerly lived for _____ years (cross out as applicable)

Why do you need a Confirmation of Aboriginality?

Please provide your history, details and connection to the Dareton/Coomealla community:

- I have included my family tree demonstrating my family heritage and clearly indicated which parent(s) or grandparent(s) are Indigenous. **This is mandatory for all applicants.**
- I have attached a written reference confirming my descent and community recognition.
- I have attached Link-Up documentation (only for applicants who are from the Stolen Generation or who are disconnected from their family).

FAMILY TREE



I make this solemn declaration by virtue of the Statutory Declarations Act 1959 and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Signature of Applicant: _____

Declared at Dareton/Coomealla, this _____ day of _____ 20____

CONFIRMATION (to be completed by the CHAC Board of Directors)

Moved by: _____
PRINT NAME

Signature: _____

Seconded by: _____
PRINT NAME

Signature: _____

Resolution Number: _____

Date of Meeting: _____

