



## **CONFIRMATION OF ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT**

This form must be signed by an Aboriginal or Torres Strait Islander Corporation (within the meaning of the Commonwealth Act) or an Aboriginal land council (within in the meaning of the Aboriginal Land Rights Act 1983), or a body corporative which is controlled directly by Aboriginal people or Torres Strait Islander (or both).

It is hereby certified that:

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- (a) \*I am an applicant applying for confirmation of Aboriginality on my behalf; or  
(b) \*I am a guardian for a minor who is applying for confirmation of Aboriginality  
(Delete whichever is not applicable)

Is an Aboriginal person or Torres Strait Islander person and identifies as a member of the Aboriginal people of Australia;

\*Is recognized as such by the # \_\_\_\_\_ Community of birth where I formally lived for \_\_\_\_\_ years;

\*Is recognized as such by the # \_\_\_\_\_ Community where I currently live and where he/she has lived for \_\_\_\_\_ years.

(Delete whichever is not applicable)

\_\_\_\_\_  
Applicant's or Guardian's Signature and date

\_\_\_\_\_  
Parent/guardian name (if under 18 years)

\_\_\_\_\_  
Witness Signature and date

\_\_\_\_\_  
Full name and address of witness

### **Recognising Organisation Resolution**

It is hereby confirmed that the above named applicant has provided sufficient evidence to prove to this organisation that

\_\_\_\_\_  
(Insert Name)

Is an Aboriginal Person or Torres Strait Islander Person and identifies as a member of the Aboriginal people of Australia;

\*Is recognized as such by the # \_\_\_\_\_ Community of birth where I formally lived for \_\_\_\_\_ years;

\*Is recognized as such by the # \_\_\_\_\_ Community where I currently live and where he/she has lived for \_\_\_\_\_ years.

(Delete whichever is not applicable)

**Resolution Number:**

**Date of Meeting:**

**Affix Common Seal  
In this place**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

**Katungul Aboriginal Corporation Regional Health and Community Services**  
(ICN: 1816) ABN: 35 679 076 545

**Batemans Bay Branch**  
1-3 Old Princes Hwy  
PO Box 687  
Batemans Bay, NSW, 2536  
Ph: (02) 4488 4050  
Fax: (02) 4472 6955

**Narooma Branch**  
26 Princes Highway  
PO Box 296  
Narooma, NSW, 2546  
Ph: (02) 4476 2155  
Fax: (02) 4476 1963

**Bega Branch**  
25 Bega St  
PO Box 422  
Bega, NSW, 2550  
Ph: (02) 6492 0532  
Fax: (02) 6492 0526



**This form must be signed and completed by three Aboriginal/Torres Strait Islander Elders.**

I, \_\_\_\_\_ am recognised by the \_\_\_\_\_

**(Insert Name)**

Community as an Aboriginal/Torres Strait Islander elder, where I currently live.

I, herby confirm that \_\_\_\_\_ is of Aboriginal/Torres Strait Islander

**(Insert Applicant's Name)**

Descent and has lived in the \_\_\_\_\_ community for \_\_\_\_\_ years.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**(Elders Signature)**

Contact Number: \_\_\_\_\_

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I, \_\_\_\_\_ am recognised by the \_\_\_\_\_

**(Insert Name)**

Community as an Aboriginal/Torres Strait Islander elder, where I currently live.

I, herby confirm that \_\_\_\_\_ is of Aboriginal/Torres Strait Islander

**(Insert Applicant's Name)**

Descent and has lived in the \_\_\_\_\_ community for \_\_\_\_\_ years.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**(Elders Signature)**

Contact Number: \_\_\_\_\_

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I, \_\_\_\_\_ am recognised by the \_\_\_\_\_

**(Insert Name)**

Community as an Aboriginal/Torres Strait Islander elder, where I currently live.

I, herby confirm that \_\_\_\_\_ is of Aboriginal/Torres Strait Islander

**(Insert Applicant's Name)**

Descent and has lived in the \_\_\_\_\_ community for \_\_\_\_\_ years.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**(Elders Signature)**

Contact Number: \_ \_ \_ \_ \_

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