

Aboriginality Checklist—

Please make sure everything on this list is completed before sending back

- **Provide a photo of yourself/applicant.**
- Statutory Declaration signed and witnessed by qualified witness.
- Include a brief family history to ensure better insight into your background and any information relevant to your aboriginality.
- All three papers to be completely filled out.

*If all paperwork is not completed they will be sent back to be completed.

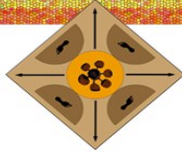
** Please note that more family information may be requested.

Listed below are people who are qualified to witness signature on the Statutory Declaration.

- Accountants
- Branch or lending manager of a bank, building society or credit union
- Commissioner of Declarations
- Commissioner of Oaths
- Commissioner for taking Affidavits
- Deputy registrar of titles
- Deputy registrar-general
- Headmaster or principal of a school
- Justice of the Peace
- Legal practitioner
- Licensed conveyancing agent
- Licensed real estate agent
- Licensed surveyor
- Medical practitioner
- Member or officer of a police force
- Notary Public
- Pharmacist
- Postmaster or manager of a post office
- Recorder of Titles
- Registrar of Titles
- Registrar-General
- Town clerk or chief executive officer of a local government council.

“Leaving Language Footprints across the Barkly Region”

Warumungu, Warlpiri, Alyawarr, Kaytetye, Warlmanpa, Wakaya, Mudburra, Wambaya,
Jingulu, Kudanji, Ngarnga Binbinga, Garrawa, Yanyuwa, Waanyi, Mara



APPLICATION OF DECLARATION

I, _____: (Full Name)

Date of birth: ____/____/____ Place of Birth: _____

Mother and fathers family surname: _____

Which family/ies are you related to in this region: _____

Family background/history relevant to your aboriginality:

(Please use another page if more information is needed to be written)

Family language/tribe: _____

Do you have a skin name: YES/NO

If yes please name: _____

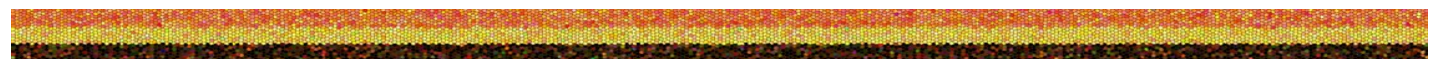
*Please include as much information as possible in this form. If not enough information is received, the application may be declined and sent back for more information to be added.

Signature: _____

Contact Number: _____

Email Address: _____

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APPLICANT DECLARATION



I, (Full Name)

Date of birth Place of birth

Are you also known by any other name? - i.e. maiden, community or traditional name

Make the following declaration under the *Statutory Declarations Act 1959*

(Please tick as appropriate)

1. ☐ I am of Aboriginal descent; or ☐ I am Torres Strait Islander descent.

2. ☐ I identify as an Aboriginal person; or ☐ I identify as a Torres Strait Islander.

AND

3. ☐ I am accepted as such by the
community in which I currently live;

OR ☐ I am accepted as such by the
community in which I formerly lived for years

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.

Signature of applicant

Declared at on of 20
(Place) (Day) (Month) (Year)

Before me
(Signature of person before whom the declaration is being made)

Insert here the printed name, qualification and address of person before whom the declaration is made.

Section 136 of the criminal Code ACT 1995 makes it an offence punishable by imprisonment for 12 months for a person to make a statement to a Commonwealth Entity in a document knowing that statement to be false or misleading.

PAPULU APPARR-KARI ABORIGINAL CORPORATION



CONFIRMATION OF ABORIGINALITY OR TORRES STRAIT ISLANDER DESCENT BY RECOGNISING ORGANISATION

A. Applicant details

Name of applicant

Address of applicant

Date of birth

Place of birth

It is hereby confirmed that the above named applicant has provided sufficient evidence to indicate he/she:

1. ☐ Is of aboriginal and / or Torres Strait Islander descent; and
2. ☐ Identifies as an Aboriginal and / or Torres Strait Islander person; and
3. ☐ Is recognised and accepted as an Aboriginal and / or Torres Strait Islander person by the community in which the applicant currently lives /formally lived; **OR** is recognised and accepted as an Aboriginal and / or Torres Strait Islander person by the community which is the applicant's traditional area or area where the applicant's family has lived.

B. Organisation details

Name of organisation

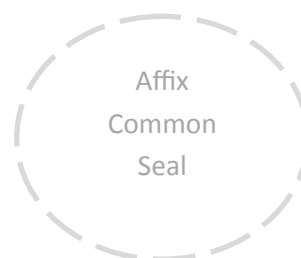
PAPULU APPARR-KARI ABORIGINAL CORPORATION

ICN or ACN number

Date of Meeting

Contact Phone Number

(08) 8962 3270



Affix
Common
Seal

Organisation's common seal

C. Authorised signatories

1. Signature

Print Name

Position / Title

Date _____

Contact Number _____

2. Signature

Print Name

Position / Title

Date _____

Contact Number _____