

Phone: (07) 4056 9120
Fax: (07) 4056 9016
Email: council@yarrabah.qld.gov.au

56 Sawmill Road, YARRABAH
C/- Post Office YARRABAH 4871

CONFIRMATION OF ABORIGINALITY/COMMUNITY AFFILIATION

I, _____
(First Name) (Other Name) (Last Name)

Born on ___ / ___ / ___ at _____
(Location of Birth)

And now living at _____
(Your Full Address)

Declare that I am Aboriginal and/or Torres Strait Islander
(Cross Out Whichever Does Not Refer To You)

My mother's name is/was _____

My father's name is/was _____

The language group and/or home community are _____

Culturally I identify as _____

I have lived in this community for _____ Years

Signature: _____ Date: ___ / ___ / ___

To be completed by an incorporate Aboriginal and/or Torres Strait Islander organisation or association within the applicant's community.

The above person is accepted and recognised as a member or was a member of the Yarrabah Aboriginal Shire.

Name of the Organisation: YARRABAH ABORIGINAL SHIRE COUNCIL

Name: _____ **Position:** _____

Signature: _____ **Date:** ___ / ___ / ___

Name: _____ **Position:** _____

Signature: _____ **Date:** ___ / ___ / ___

**These Signatures must not be members of the Applicant's family*