Confirmation of Aboriginality or Torres Strait Islander Descent

Dhauwurd-Wurrung Elderly & Community Health Services Inc.

STATUTORY DECLARATION

The DWECH Board of Directors complete Confirmations of Aboriginality <u>for Gunditjmara mob only</u>. If you're from different tribe, please go to your local Traditional Owner Group.

I _____

was born at _____

Date of Birth: _____

X **I confirm that I am of Gunditjmara descent, identify as such, and am accepted by the community in which I live**.

I make this solemn declaration by virtue of the statutory Declaration Act 1959 as amended, and the Aboriginal and Torres Strait Islanders Commission Act 1989 and subject to the penalties provided by those Acts for making false statements, conscientiously believing the statements contained in this declaration to be true in every particular.

Signature of Applicant: _____

Declared at: _____

On this date: _____

<u>Internal Use Only</u>

CONFIRMED BY BOARD OF DIRECTORS

ACCEPTED / NOT ACCEPTED BY DWECH BOARD OF DIRECTORS

Common Seal

Date of Meeting: _____

Name: _____

Signature: _____

Name: _____

Signature _____

Family History Information

MOTHER'S SIDE

MOTHER

MOTHER'S PARENTS

MOTHER'S GRANDPARENTS

MOTHER'S GREAT-GRANDPARENTS

FATHER'S SIDE

FATHER

FATHER'S PARENTS

FATHER'S GRANDPARENTS

FATHER'S GREAT-GRANDPARENTS

Dhauwurd-Wurrung
Elderly & Community
Health Services Inc.

Applicant Contact Details

Full Name: _____

Postal Address: _____

Email Address: _____

Contact Number: _____

How would you like to receive your certificate?

☐ Email (PDF copy)

☐ Postal mail (printed copy)

X Both email and postal mail

Please ensure your contact details are correct to avoid delays