



# 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: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

DO SOLEMNLY AND SINCERELY DECLARE THAT:

- I am of Aboriginal descent:
- I am of Torres Strait Islander descent:
- I identify as a 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)

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) \_\_\_\_\_

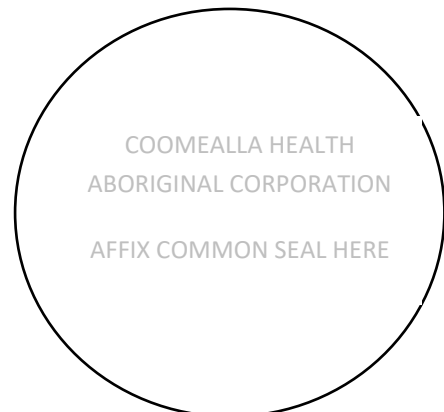
Signature: \_\_\_\_\_

Seconded by: (print name) \_\_\_\_\_

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

Resolution Number: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_



COOMEALLA HEALTH  
ABORIGINAL CORPORATION  
AFFIX COMMON SEAL HERE