

c/- Post Office YARRABAH 4871
56 Sawmill Road YARABAH
www.yarrabah.qld.gov.au



Phone (07) 4056 9120
Fax (07) 4056 9167
Email: council@yarrabah.qld.gov.au

ABN 30 977 526 871

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 whichever refers to you)

My mother's name is /was _____

My father's names is/was _____

The language group and/or home community is _____

Culturally I identify as _____

I have lived in this community for _____ years

Signature: _____ Date: ____/____/____

To be completed by an incorporated Aboriginal and/or Torres Strait Islander Organisation or association within the applicants community.

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

Name of Organisation: Yarrabah Aboriginal Shire Council	
Name: _____	Position: _____
Signature: _____	Date: ____/____/____
Name: _____	Position: _____
Signature: _____	Date: ____/____/____