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CONFIRMATION OF ABORIGINALITY/COMMUNITY AFFILIATION

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

Born on ____/____/____ at _____

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 name is / was: _____

My language group and /or home community is: _____

Connection with this community: _____

Culturally I identify as: _____

I have lived or formally lived in this community for _____ years.

Contact email address: _____

Contact phone #: _____

Signature: _____ Date ____/____/____
(Signature of person or guardian if person is under 18 years of age before whom the declaration is made)

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: ____/____/____