



Northern Territory Stolen Generations Aboriginal Corporation

Providers of TOP END LINK UP SERVICE

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ABN: 62 799 754 727

APPLICATION FOR CONFIRMATION OF ABORIGINALITY

Date Received: / /

Full Name: _____ M/F

Address: _____

Date of Birth: _____ Place of Birth: _____ Clan/Group: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Mother's Name: _____ Mother's Maiden Name: _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____	Father's Name: _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____
Maternal grandmother's Name: _____ _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____	Paternal grandmother's Name: _____ _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____
Maternal grandfather's Name: _____ _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____	Paternal grandfather's Name: _____ _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____

Please attach Photo ID:

Office Use Only:

**This Confirmation relates to Resolution No. _____ at the Board Directors Meeting
on _____ / _____ / _____.**

Moved by: _____ Seconded by: _____

Signature: _____ Signature: _____

Dated: _____ Dated: _____



