# CONFIRMATION OF ABORIGINALITY INFORMATION ABOUT APPLYING

Thank you for submitting an application for your confirmation of Aboriginality. Please ensure you sign the form in the presence of a person who is qualified to witness your signature. (List attached). You may wish to ask one of our nurses in the Medical Clinic who are eligible to witness your signature. You may be asked to provide some identification.

The Board of Directors of BADAC has the responsibility of confirming Aboriginality for community members as part of its regular activities. The Board meets on the first Tuesday of each month. Please have your form lodged on the Friday prior to the Board meeting.

Upon receiving your application you will be contacted by one of our Stolen Generation workers. They are skilled in assisting people with tracing their family trees if you need advice. They can provide the board with your personal information and a recommendation for a confirmation, if you are not personally known by any of the directors. This information must include, where possible; birth certificates to prove who your parents are, and sometimes other evidence that links them to your Aboriginal ancestors. Remember that the more evidence you provide the faster we are able to process your application.

If you are unsure of what evidence will be needed please discuss with our staff from the Stolen Generation worker.

Once your application is presented to the Board of Directors you will receive a letter advising of the outcome.

Our current Board of Directors includes:

Larry Kanoa (Chairperson)

Brandon Green (Deputy Chairperson)

Deb Callister (Secretary)

Marjorie Pickford (Treasurer)

Pauline Scott (Director)

Kylie Laxton (Director)

Renee Bosworth (Director)

**CONFIRMATION OF ABORIGINALITY / TORRES STRAIT**

# ISLANDER

*(If applying for a child under 18 please add your name and then the child’s name I.e.* ***John Bob*** *(parent of)* ***Chris Bob*** *(Child applying for confirmation)*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FULL NAME)

(Are you known by any other name – i.e. maiden name, community or traditional name? If so, please include below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ADDRESS)

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make the following declaration under the Statutory Declaration Act 1959:

1. I am of Aboriginal / Torres Strait Islander descent\*.
2. I identify as an Aboriginal / Torres Strait Islander person\*.
3. I am accepted as such by the #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community in which I currently reside.
4. I am accepted as such by the #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community in which I formerly resided for \_\_\_\_\_\_\_\_\_\_ Years.
5. Have you previously requested confirmation from any other Aboriginal / Torres Strait Islander services?

YES  NO  (If not, please provide supporting documents, e.g. family history, letters of support)

1. I attach a statement of all relevant facts known to me in support of my application of Aboriginality and say that each and every matter contained in the statement is true and correct.

## (\* Delete whichever is not applicable / # Insert name of Community)

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under Section 11 of the Statutory Declaration Act 1959, and I believe that the statements in this declaration are true in every particular.

Signature of Applicant *(Parent or Guardian if applicant is under 18 years of age)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declared at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_

Before me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please refer to attached list for people eligible to sign as a witness*

(Signature of person before whom the declaration is made)

*(Here insert printed name, qualification, and address of person before whom the declaration is made)*

**NOTE:**

Such confirmation must be passed at a formal meeting of the Ballarat & District Aboriginal Co-operative Ltd, and be signed by the Chairperson and Secretary under the Common Seal of the organisation

Applicant Name:

Applicant Address:

It is hereby confirmed that the above Applicant is of Aboriginal / Torres Strait Islander descent, and is accepted as such by the community.

Organisation: BALLARAT & DISTRICT ABORIGINAL CO-OPERATIVE LTD

Address: 108 Armstrong Street, BALLARAT VIC 3350

Meeting Date: / /

Moved by:

(Signature) (Please print name next to signature)

Seconded by:

(Signature) (Please print name next to signature)

Signature:

(Chairperson) (Please print name next to signature)

Signature:

(Secretary) (Please print name next to signature)

# FAMILY TREE INFORMATION

This information will assist the

Board of Directors of the

Ballarat & District Aboriginal Co-operative Ltd With your application of Confirmation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Grandfather Grandmother |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Great Grandfather | Great Grandmother Great Grandfather Great Grandmother  (Please list Dates of Births & Deaths if known) |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Grandfather | Grandmother |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Great Grandfather | Great Grandmother | Great Grandfather Great Grandmother |

(Please list Dates of Births & Deaths if known)

**Please attach any other supporting documents, e.g. Birth, death, marriage certificates or documentation that will indicate your Aboriginal Descendance.**

**GENEALOGY RESEARCH CONSENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give permission for research to be conducted regarding the genealogies of (please state family names of persons).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All information researched shall be the property of Ballarat & District Aboriginal Co-operative Ltd; original documentation will be received by the client as named above.

Any copies requested from other family members shall only be given by permission of the person named above.

Signature:

Date: of 20

Signature of Witness:

Date: of 20

# PERSONS WHO CAN WITNESS STATUTORY DECLARATIONS

Section 107A of the Evidence (Miscellaneous Provisions) Act 1958 (as of 24 August 2011), (Previously Evidence Act 1958), reads:

1. Any of the following persons may witness the signing of a statutory declaration:
   1. A justice of the peace or a bail justice;
   2. A public notary;
   3. An Australian lawyer (within the meaning of the legal Profession Act 2004)
   4. A clerk to an Australian lawyer;
   5. The prothonotary or a deputy prothonotary of the Supreme Court, the registrar or a deputy registrar of the Country Court, the principal registrar of the Magistrates’ Court or a registrar or deputy registrar of the Magistrates ‘Court;
   6. The registrar of probates or an assistant registrar of probates;
   7. The associate to a judge of the Supreme Court or of the Country Court;
   8. The associate of an Associate Judge of the Supreme Court or of an associate judge of the Country Court;
   9. A person registered as a patent attorney under Chapter 20 of the Patents Act 1990 of the Commonwealth;
   10. A member of the police force;
   11. The sheriff or a deputy sheriff;
   12. A member or former member of either House of the Parliament of Victoria;
   13. A member or former member of either House of the Parliament of the Commonwealth;
   14. A councillor of a municipality;
   15. A senior officer of a Council as defined in the Local Government Act 1989;
   16. A person registered under the Health Practitioner Regulation National Law to practise in the medical profession (other than as a student);
   17. A person registered under the Health Practitioner Regulation National Law –
       1. To Practice in the dental profession as a dentist (other than as a student); and
       2. In the dentists division of that profession;
   18. A veterinary practitioner;
   19. A person registered under the Health Practitioner Regulation National Law to practise in the pharmacy profession (other than as a student); (t) A principal in the teaching service:
   20. The manager of an authorised deposit – taking institution;
   21. A member of the Institute of Charactered Accountants in Australia or the Australian Society of Accountants or the Institute of Public Accountants;
   22. The secretary of a building society;
   23. A minister of religion authorised to celebrate marriages;
   24. A person employed under Part 3 of the Public Administration Act 2004 with a classification that is prescribed as a classification to which this section applies or who holds office in a statutory authority with such a classification;
   25. A fellow of the Institute of Legal Executive (Victoria).
2. Despite anything to the contrary in any Act, a person referred to in paragraph (c) or (d) of subsection

(1) is not prevented from witnessing the signing of a statutory declaration only because he or she is –

* 1. Acting for any of the parties to the proceeding or matter in respect of which the declaration is made; or
  2. A clerk to a person so acting.

1. If the signing of a statutory declaration purports to have been witnessed by a person referred to in subsection (1), all persons to whom that declaration comes must take official notice of that declaration and of the qualifications of the person referred to in that subsection to witness that signing.