



MAARI MA HEALTH REQUEST FOR CONFIRMATION OF ABORIGINALITY

Please allow up to three months for processing.

I _____ am seeking confirmation of my Aboriginality.

Full name

(Please tick as appropriate)

- 1. I am of Aboriginal descent
- 2. I identify as an Aboriginal person
- 3. I am accepted as such by the _____

Community

In which I currently live;

My current address is

_____ *Street*

_____ *Town*

My date of birth is _____

**My maiden name was
(if applicable)** _____

I have spent _____

living in the Maari Ma region.

No. of years

Name of my biological mother is:

Names of my mother's biological parents are:

Name of my biological father is:

Names of my father's biological parents are:

Names of family members who may be known to the Maari Ma board members, are listed below

Name

Relationship to me

Signature of family member

.....
.....
.....
.....

I can be contacted on

.....
Telephone Numbers

.....
Signature

.....
Date

Please forward completed form to
PO Box 339
Phone 08) 8082 9888 - Fax 08) 8082 9889