



Northern Territory Stolen Generations Aboriginal Corporation

PO Box 43372. CASUARINA, NT 0811
Suite A, Ground Floor, Building 3, Cascom Centre
13 - 17 Scaturchio Street, CASUARINA, NT 0811

ABN: 62 799 754 727

APPLICATION FOR CONFIRMATION OF ABORIGINALITY

Date Received: / /

Reason for Confirmation of Aboriginality

Sports Funding Abstudy Other

Full Name: _____

M/F

Address: _____

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

Phone: Home: _____ Work: _____ Mobile: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Mother Name : _____ Telephone: _____

Grandmother : _____ Clan/Group: _____

Grandfather : _____ Clan/Group: _____

Father Name : _____ Telephone: _____

Grandfather : _____ Clan/Group: _____

Grandmother : _____ Clan/Group: _____

Please Insert Photo ID:

Office Only:

This Confirmation relates to Resolution No _____ at the Board Members meeting of the NTSGAC on ____ / ____ / ____.

Moved By: _____

Seconded By: _____

Signature: _____

Signature: _____

Dated: _____

Dated: _____