



TAIHS
Townsville Aboriginal &
Islander Health Service

Confirmation of *Descent Declaration*

Please indicate which Directors are personally known to you and / or your family:

Dorothy Smith

Topsy Mola

Michael Illin

Simeon Duffy

Name: _____

Date of Birth: _____

Place of Birth: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____

Email: _____

If your application is approved please tick how you would like to receive/collect your certificate

Posted (Form will be posted to the address submitted on form)

Emailed (Form will be emailed to the email address submitted on form)

Collect in Person (If this box is ticked you will be contacted by a TAIHS staff member to arrange a pick up date)

Please tick one of the following to indicate your descent:

Aboriginal

Torres Strait Islander

Aboriginal + Torres Strait Islander

I _____ make this solemn declaration of virtue of the Statutory Declaration Act (1959) as amended and subject to the penalties by that Act for making false statement conscientiously believing the statements contained in this statement to be true in every particular.

Signature of Applicant: _____ Date: ____ / ____ / ____

Declared at: _____ on this date: _____

Signed before me: _____ *(print name)*

Signed: _____ Justice of the peace

Applicant family tree

This 'family tree' is provided for you to complete to demonstrate your family heritage and clearly indicating which parent/s or grandparent/s are Indigenous

Applicant's name: _____

Please write or type full names in the boxes below & tick the cultural descent for each family member

GRAND PARENTS (FATHERS SIDE)

Grandfather: _____

Aboriginal

Torres Strait Islander

Aboriginal + Torres Strait Islander

Grandmother: _____

Aboriginal

Torres Strait Islander

Aboriginal + Torres Strait Islander

GRAND PARENTS (MOTHERS SIDE)

Grandfather: _____

Aboriginal

Torres Strait Islander

Aboriginal + Torres Strait Islander

Grandmother: _____

Aboriginal

Torres Strait Islander

Aboriginal + Torres Strait Islander

PARENTS

Father: _____

Aboriginal

Torres Strait Islander

Aboriginal + Torres Strait Islander

Mother: _____

Aboriginal

Torres Strait Islander

Aboriginal + Torres Strait Islander

Name: _____

Date of Birth: _____

Address: _____

We the Board of Directors, on behalf of the Townsville Aboriginal and Islander Health Service,
Hereby confirm that the above named is:

Is of Aboriginal descent

Is of Torres Strait Islander descent

Is of Aboriginal & Torres Strait Islander descent

Identifies as an Aboriginal / and or Torres Strait Islander

Is accepted as such by the community in which they live

Applicant Signature: _____

Resolution Number: _____

Meeting Date: _____

Moved By: _____

Seconded By: _____

Chairperson Signature: _____



TAIHS
Townsville Aboriginal &
Islander Health Service

Townsville Aboriginal & Islander Health Service

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Business Hours

8:00am-5:00pm Monday-Friday
Closed Saturday-Sunday