



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
 Daniel Knapp Trevor Prior Donald Whaleboat

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 pickup date)

Please tick one of the following to indicate your descent:

- Aboriginal Torres Strait Islander Aboriginal + Torres Strait Islander

I _____ affirm that the information provided
in this form is true.

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

To facilitate the Directors' efficient approval of your application, include a photo ID in the attachment area below:

Additionally, specify which of the following documents is attached:

- Photo Identification Card
 Driver's License
 QLD Blue Card (with photo)
 Passport

**If you are submitting an application for a child under 18 years of age, please include photo ID from the parents.*

Applicant family tree

Please complete this 'family tree' with your family heritage and clearly indicate 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

296 Ross River Road, Aitkenvale, Queensland, 4814
(07) 4759 4000 | ABN # 66 010 113 603

Business Hours

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