	Northern Territory Stolen Generations Aboriginal Corporation Providers of TOP END LINK UP SERVICE	
	PO Box 43372 CASUARINA, N.T. 0811 Shop 1, Malak Shopping Centre 16 Malak Crescent, Malak, N.T. 0812	Phone: (08) 8947 9171 Fax: (08) 8947 9173 Web: www.ntsgac.org.au ABN: 62 799 754 727

Confirmation of Aboriginality Forms (COA)

The Board will process the COA application at a Board meeting and will only approve confirmation for applicants who are Aboriginal and/or Torres Strait Islander, either born in the Northern Territory, or descendants, or related to Northern Territory Aboriginal and/or Torres Strait Islander peoples. **IT IS NOT AN AUTOMATIC CONFIRMATION.**

You are responsible for providing the necessary documentation to meet the Confirmation of Aboriginality criteria, for example your birth certificate, adoption documents if appropriate and any other documentation to verify your Aboriginality. If there is insufficient documentation, your application will not be considered by the Board and will be returned to you for completion.

The Board **will not** accept photo applications, scan ALL relevant documents and email to the organisation for processing.

Procedure:

- Fully complete Confirmation of Aboriginality application form in block print
- provide all required documentation
- provide a color photo (Passports, Licence, School Photo, General Photo)
- pay the required administration fee (non-refundable):

Cost

- Individual 18+ \$10.00
- Child 5 to 17 \$5.00
- Re-Issue \$5.00
- Child 0 to 4 Free

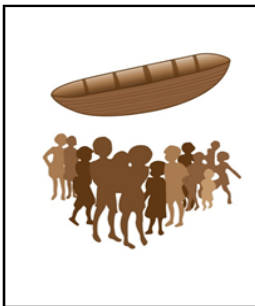
Payment may be made over the counter or into the following bank account:

Commonwealth Bank
Northern Territory Stolen Generations Aboriginal Corporation Foundation
BSB Number = 065901
Account Number = 10932389

Raelene Rosas
Chief Executive Officer



NTSGAC acknowledges all traditional owners of country throughout Australia, and their rights to continuing connection to land, sea and community. We also pay our respects to them, and their cultures, and to our Elders past, present and future.



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APPLICATION FOR CONFIRMATION OF ABORIGINALITY

Date Received: / /

Full Name: _____ M/F

Address: _____

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

Telephone: Home: _____ Work: _____ Mobile: _____

Mother's Name: _____ Mother's Maiden Name: _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____	Father's Name: _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____
Maternal grandmother's Name: _____ _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____	Paternal grandmother's Name: _____ _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____
Maternal grandfather's Name: _____ _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____	Paternal grandfather's Name: _____ _____ Place of Birth: _____ Clan/Language Group: _____ Institution (if applicable) _____

Please attach Photo ID:

Office Use Only:

**This Confirmation relates to Resolution No. _____ at the Board Directors Meeting
on _____/_____/_____.**

Moved by: _____ Seconded by: _____

Signature: _____ Signature: _____

Dated: _____ Dated: _____

