



South West Aboriginal  
Land & Sea Council

# **SOUTH WEST ABORIGINAL LAND & SEA COUNCIL ABORIGINAL CORPORATION CLIENT FAMILY HISTORY FORM**

- 1. The information you provide on this form will assist researchers in preparing genealogies for use in native title claims. The information is confidential and subject to legal professional privilege.**
- 2. Please complete the form to the best of your knowledge. If you do not know some of the information, write 'Unknown' in the space provided.**
- 3. You can also make an appointment with a researcher from SWALSC if you need help completing the form or if you wish to discuss any of the information you supply.**
- 4. To arrange an appointment, please contact the Research Manager, South West Aboriginal Land & Sea Council on Tel. 08-9222 6200 or toll free for country callers 1800 617 617.**
- 5. Before submitting the form, you must sign the declaration in Section D.**
- 6. Please forward your completed form to the Research Manager, South West Aboriginal Land & Sea Council, PO Box 8432, Perth Business Centre, Perth WA 6849.**

**Privileged and Confidential**

**This document is subject to legal professional privilege. It has been produced in confidence for the purpose of advice and use in relation to current or contemplated legal proceedings**

SECTION A: YOUR DETAILS

<b>1. Surname:</b>	<b>2. Given Names:</b>
<b>3. Noongar Name (if applicable):</b>	<b>4. Nick Names / Other Names (if applicable):</b>
<b>5. Date of Birth:</b>	<b>6. Place of Birth:</b>
<b>7. Traditional Country:</b>	<b>8. Totem (if applicable):</b>
<b>9. Spouse's Full Name and Date of Birth:</b>	<b>10. Spouse's Mother:</b>  <b>Spouse's Father:</b>

**11. Your Children**

- a. \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth* \_\_\_\_\_.
- b. \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_.
- c. \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth* \_\_\_\_\_.
- d. \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_.
- e. \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_.
- f. \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_.
- g. \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_.

Attach a separate sheet if there is insufficient space. Please indicate if children are from a previous relationship.

**12. Your brothers and sisters**

- a. \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth* \_\_\_\_\_.
- b. \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_.
- c. \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth* \_\_\_\_\_.
- d. \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_.
- e. \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_.
- f. \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_.
- g. \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_.

Attach a separate sheet if there is insufficient space. Please indicate if siblings are half brothers or half sisters.

SECTION B: YOUR MOTHER'S FAMILY

<b>1. Mother's Full Name:</b>	
<b>3. Noongar Name (if applicable):</b>	<b>4. Nick Names / Other Names:</b>
<b>5. Date of Birth:</b>	<b>6. Place of Birth:</b>
<b>7. Full name of mother's mother (include date and place of birth):</b>	
<b>8. Full name of mother's father (include date and place of birth):</b>	
<b>9. Names of your great-grand parents on your mother's side (include dates and places of birth if known):</b>  <b>Mother's mother's mother:</b>  <b>Mother's mother's father:</b>  <b>Mother's father's mother:</b>  <b>Mother's father's father:</b>	

SECTION C: YOUR FATHER'S FAMILY

<b>1. Father's Full Name:</b>	
<b>3. Noongar name (if applicable):</b>	<b>4. Nick Names / Other Names:</b>
<b>5. Date of Birth:</b>	<b>6. Place of Birth:</b>
<b>7. Full name of father's mother (include date and place of birth):</b>	
<b>8. Full name of father's father (include date and place of birth):</b>	
<b>9. Names of your great-grand parents on your father's side (include dates and places of birth if known):</b>  <b>Father's mother's mother:</b>  <b>Father's mother's father:</b>  <b>Father's father's mother:</b>  <b>Father's father's father:</b>	

SECTION D: DECLARATION:

*I declare that the above information is true and correct to the best of my knowledge:*

*Signed:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Day-time Telephone Number:* \_\_\_\_\_

OFFICE USE ONLY

**Date received:** \_\_\_\_\_ **Date processed:** \_\_\_\_\_

**Further information required:** Yes  No

**Date client contacted:**  
\_\_\_\_\_

**Notes:**  
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**Signature of processing officer:** \_\_\_\_\_