



South West Aboriginal  
Land & Sea Council

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

**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.**

- 1. 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.**
- 2. You can also make an appointment with a researcher from the Land Council if you need help completing the form or if you wish to discuss any of the information you supply.**
- 3. To arrange an appointment, please contact the Research Unit, South West Aboriginal Land & Sea Council on Tel. 08-9358-7400 or toll free for country callers 1800 617 617.**
- 4. Before submitting the form, you must sign the declaration in Section D.**
- 5. Please forward your completed form to the Research Unit, South West Aboriginal Land & Sea Council, PO Box 585, Cannington WA, 6987**
- 6. Upon completion of the Research Unit entering your data, you will receive an ancestor genealogical chart.**

**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><i>Surname:</i></b>	<b><i>First Name:</i></b>	<b><i>Middle Names:</i></b>
<b><i>Noongar Name (if applicable):</i></b>		<b><i>Nick Names / Other Names (if applicable):</i></b>
<b><i>Date of Birth:</i></b>		<b><i>Place of Birth:</i></b>
<b><i>Traditional Country:</i></b>		<b><i>Totem (if applicable):</i></b>
<b><i>Please tick marital status:</i></b>		
<input type="checkbox"/> <b><i>Single</i></b> <input type="checkbox"/> <b><i>Married</i></b> <input type="checkbox"/> <b><i>Divorced</i></b> <input type="checkbox"/> <b><i>De facto</i></b>		
<b><i>If previously married or in a de facto relationship, partner's name:</i></b>		
<b><i>Spouse's full name:</i></b>		
<b><i>Place and date of marriage:</i></b>		
<b><i>Spouse's date of birth:</i></b>		<b><i>Spouse's place of birth:</i></b>
<b><i>Spouse's mother:</i></b>		<b><i>Spouse's mother's date of birth:</i></b>
<b><i>If deceased, spouse's mother's date and place of death:</i></b>		
<b><i>Spouse's father:</i></b>		<b><i>Spouse's father's date of birth:</i></b>
<b><i>If deceased, spouse's father's date and place of death:</i></b>		
<b><i>Additional Information:</i></b>		

***Your Children:***

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

***Please indicate by ticking box if children are from a previous relationship. Please write in the space below if children are from a previous relationship and indicate other parent. If any children are deceased please write in the space below the date and place of death.***

***Additional Information:***

***Your brothers and sisters:***

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

\_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Place of Birth:* \_\_\_\_\_ .

*Please indicate by ticking box if siblings are half brothers or half sisters. Please write in the space below if siblings are from a different relationship and indicate other parent. If any siblings are deceased please write in the space below the date and place of death.*

***Additional Information:***

**SECTION B: YOUR MOTHER'S FAMILY**

<i>Mother's Full Name:</i>	
<i>Place of Birth:</i>	<i>Date of Birth:</i>
<i>Noongar Name (if applicable):</i>	<i>Nick Names / Other Names:</i>
<i>If deceased, please indicate date and place of death:</i>	
<i>Full name of mother's mother (include date and place of birth):</i>	
<i>If deceased, please indicate date and place of death:</i>	
<i>Full name of mother's father (include date and place of birth):</i>	
<i>If deceased, please indicate date and place of death:</i>	
<i>Names of your great-grand parents on your mother's side (include dates and places of birth if known):</i>	
<i>Mother's mother's mother:</i> _____	
<i>Please indicate date and place of death if known:</i> _____	
<i>Mother's mother's father:</i> _____	
<i>Please indicate date and place of death if known:</i> _____	
<i>Mother's father's mother:</i> _____	
<i>Please indicate date and place of death if known:</i> _____	
<i>Mother's father's father:</i> _____	
<i>Please indicate date and place of death if known:</i> _____	

**SECTION C: YOUR FATHER'S FAMILY**

<i>Father's Full Name:</i>	
<i>Date of Birth:</i>	<i>Place of Birth:</i>
<i>Noongar name (if applicable):</i>	<i>Nick Names / Other Names:</i>
<i>If deceased, please indicate date and place of death:</i>	
<i>Full name of father's mother (include date and place of birth):</i>	
<i>If deceased, please indicate date and place of death:</i>	
<i>Full name of father's father (include date and place of birth):</i>	
<i>If deceased, please indicate date and place of death:</i>	
<i>Names of your great-grand parents on your father's side (include dates and places of birth if known):</i>	
<i>Father's mother's mother:</i> _____	
<i>Please indicate date and place of death if known:</i> _____	
<i>Father's mother's father:</i> _____	
<i>Please indicate date and place of death if known:</i> _____	
<i>Father's father's mother:</i> _____	
<i>Please indicate date and place of death if known:</i> _____	
<i>Father's father's father:</i> _____	
<i>Please indicate date and place of death if known:</i> _____	

**SECTION D: DECLARATION:**

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

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

**Residential 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:** \_\_\_\_\_