



FAMILY INFORMATION FORM

PLEASE READ: Yamatji Marlpa Aboriginal Corporation (YMAC) is not able to provide family trees. **Please ask our staff about other organisations you can contact for a family tree.** Completing this form will allow our Research Team to identify any claim groups you may belong to, and/or direct you to any relevant PBCs. **Please fill out as many sections as possible, noting only persons over 18 can complete the form, sign the declaration and email it to reception@ymac.org.au or post to PO Box 3072, 249 Hay Street, East Perth WA 6892.**

Please note it can take 4-6 weeks to process your request. A member of the YMAC Research Team will endeavour to contact you within a week of receiving your form.

YOUR DETAILS	
Surname: Maiden name:	Given names:
Date of birth:	Place of birth:
Email address:	Phone number:
Home address:	
Postal address:	

YOUR MOTHER'S FAMILY	
Mothers full name: Mother's maiden name:	Mother's birthplace and date:
Name of mother's mother: Place and date of birth if known:	Name of mother's father: Place and date of birth if known:

YOUR FATHER'S FAMILY	
Father's full name:	Father's birthplace and date:
Name of father's mother: Place and date of birth if known:	Name of father's father: Place and date of birth if known:

NAME OF YOUR PARTNER

YOUR CHILDREN AND THEIR DATE(S) OF BIRTH – please continue on back of sheet if more room is needed	

YOUR SIBLINGS AND THEIR DATE(S) OF BIRTH – please continue on back of sheet if more room is needed	

DECLARATION
I declare that the above information is true and correct to the best of my knowledge. I also agree that YMAC can add this information into their contact details database and their genealogical database(s).

Signature: _____ **Date:** _____

Privacy Statement

YMAC respects the privacy of all people that it works with and is committed to managing personal and sensitive information in accordance with the *Privacy Act 1998 (Cth)* and the Australian Privacy Principles (APPs) set out in the Privacy Act.

YOUR CHILDREN AND THEIR DATE(S) OF BIRTH – continued if required	
YOUR SIBLINGS AND THEIR DATE(S) OF BIRTH – continued if required	