



GOVERNMENT OF
WESTERN AUSTRALIA

Department of
**Local Government,
Sport and Cultural
Industries**



Family History Request Form

Instructions

- Aboriginal History Research Services (AHRS) assists Aboriginal people to find Western Australian state government records about themselves and their families. Due to the personal and sensitive nature of information contained in these records, many are closed and not publicly available.
- Use this form to request copies of your own records and/or those of your direct ancestors. Further permission may be required for extended family research requests.
- All applicants are required to attach a copy of one of the following types of identification to this form: Current Drivers licence; Passport; Medicare card; Centrelink card; Health Care card.
- If you have a living grandparent(s) or parent(s) on the family side that you are researching, they will need to sign the consent form provided in this application.
- Third parties applying on behalf of the Applicant must obtain their permission using the attached Consent form.
- Return completed form by email to ahrs@wa.gov.au or alternatively by post or in person.
- All responses will be sent by registered mail to the address specified on this form unless alternative arrangements are made.
- Requests take up to 20 working days to process.
- Please provide as much detail as you can. If you are unsure, or if the question does not apply to you, please leave blank.

Research Request (please tick box / boxes)

I would like to request my family history on:

Mother's side

Father's side

My own personal records

Other information (be specific, e.g. names, dates, towns, missions):

Does your request relate to a legal adoption? (If Yes, this request will be referred to the Department of Communities)

Yes

No

Unsure

Your details

Title

Your First name(s)

Your Surname

Your Maiden name (if applicable)

Any other names you are known by

Date of birth

Place of birth

Your brothers' and sisters' names

Postal Address

Postcode

Contact phone number (mobile, home or work number)

Email

Spouse Details (optional)

Your spouse/partner full name

Date of birth

Spouse's mother

Spouse's father

Other

Does your application relate to any of the following (providing this information does not affect your right of access):

Redress or Civil Litigation claim?

Yes

No

Prefer not to say

Stolen Wages claim?

Yes

No

Prefer not to say

Your Mother's family details

Complete this section if you have requested information on your mother's side of the family. If your grandparents or alternatively your mother is still living, please have the eldest living generation person(s) sign the attached consent form.

Mother

Mother's full name living deceased

Other names your mother is/was known by

Mother's date of birth

Mother's place of birth

Mother's date of death (if applicable)

Mother's sisters and brothers

Mother's parents:

Mother's mother full name (your grandmother)

living deceased

Maiden name

Other names she is/was known by

Date of birth

Place of birth

Date of death (if applicable)

Mother's father full name (your grandfather)

living deceased

Other names he is/was known by

Date of birth

Place of birth

Date of death (if applicable)

Your Father's family details

Complete this section if you have requested information on your father's side of the family. If your grandparents or alternatively your father is still living, please have the eldest living generation person(s) sign the attached consent form.

Father's details:

Father's full name living deceased
Other names your father is/was known by
Father's date of birth
Father's place of birth
Father's date of death (if applicable)
Father's sisters and brothers

Father's parents:

Father's mother full name (your grandmother)
 living deceased

Maiden name
Other names she is/was known by
Date of birth
Place of birth
Date of death (if applicable)

Father's father full name (your grandfather)
 living deceased

Other names he is/was known by
Date of birth
Place of birth
Date of death (if applicable)

AHRS feedback and mailing list

Would you like to be added to the AHRS emailing list to receive updates and information?

Yes

No

Your feedback is important, do you consent to being contacted by the AHRS in future to provide feedback on its services?

Yes

No

Declaration

I declare that the information I have provided is correct and / or accords with what I have been told.

I consent to receiving my family history records by registered mail unless otherwise specified.

I understand that applications can take up to 20 days to be processed.

I understand that consent from living ancestors may be required before my application can be processed.

I understand that I am required to attach to this form a copy of one of the following types of personal identification (Current Drivers licence; Passport; Medicare card; Centrelink card; Health Care card)

Applicant's signature: _____

You may sign this document electronically or print and sign as a hard copy.

Date:

Please forward completed form to:

Email: ahrs@dlgsc.wa.gov.au

Or by post to:

Aboriginal History Research Services
PO Box 8349 Perth Business Centre, WA 6849

Contact Us

Aboriginal History Research Services

Freecall 1800 161 301

Email ahrs@dlgsc.wa.gov.au

Address Level 2, State Library of WA, 25 Francis Street, Perth
Post PO Box 8349, Perth Business Centre WA 6849

Consent Form to Receive Family History Records

To be completed by the eldest living generation person(s), or by the Applicant if they are releasing their family history records to a third party.

I (full name)

give consent to (full name or organisation name)

to receive by Registered Post copies of archived records held by the Department of Local Government, Sport and Cultural Industries (DLGSC) about me, or my ancestors whose records I have access rights to under the DLGSC Policy for Access to Restricted Information managed by Aboriginal History Research Services.

Applicant's signature: _____

You may sign this document electronically or print and sign as a hard copy.

Date:

Please forward completed form to:

Email: ahrs@dlgsc.wa.gov.au

Or by post to:

Aboriginal History Research Services
PO Box 8349 Perth Business Centre, WA 6849

If you have any further questions, please call the Aboriginal History Research Service on 1800 161 301.