

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.