



Local Aboriginal Land Council DARKINJUNG

| 168 Pacific Highway Watanobbi, NSW 2259 | PH: 02 4351-2930 | FX: 02 4351-2946 | EMAIL: darkinjung@dlalc.org.au |

I APPLICATION FOR (COA) – CONFIRMATION OF ABORIGINALITY I

TITLE:	MR	MRS	MS	DR
FIRST NAME				
SURNAME:				
DATE OF BIRTH:				
ADDRESS:			POSTCODE	
TELEPHONE NUMBER:				
EMAIL:				

- I am a member of Darkinjung LALC**
(if you are a current Darkinjung LALC member you do not need to provide any further information)
- I am a Non-Member of Darkinjung LALC**
- I am under 18 years of age**
- I have provided a copy of my Birth Certificate**

Name of Member I am related to

My relationship with the member is

SIGNATURE

DATE