Pathfinders National Aboriginal Birth Certificate Program Application(s)

I _____hereby authorise Pathfinders to lodge applications for a birth certificate, and/or commence birth registration as indicated below, for the following people:

SURNAME	Given Names	DOB (dd/mm/yy)	Age (Yrs)	Place of Birth (inc. State if Known)	Application Type (Please tick))		Do you Identify as ATSI?		
					Cert.	Registrat[n]	A	TS	No

Please forward birth certificate(s) and/or birth registration forms to:

Name: Street: Town: Postcode: State:	☐ OR TICK THIS BOX TO SEND TO THE FOLLOWING, for subsequent delivery at the nominated address opposite: (Please Insert Address Here)

I hereby authorise Pathfinders NABC to forward all personal details required to either the NSW, Victorian, ACT and/or QLD Registry of Births, Deaths and Marriages (as per birth place(s) indicated above), and liaise on my behalf regarding administration of Birth Certificate(s) and/or Birth Registration(s) for the individual(s) indicated above. I also authorise Pathfinders to contact me regarding these administrations as required.

Yours Sincerely,

Printed Name:_____

Signature:_____ Date: _____ Mobile: _____