



Department of
Local Government,
Sport and Cultural
Industries

Artwork by Justin Martin, 'Beeliar Nyoon's'

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 if they are deceased.
- If you have a living parent(s) or grandparent(s) on the family side that you are researching, they will need to be the applicant for the records.
- If an applicant wishes to give permission for a third party to receive a copy of their records, they will need to complete the attached consent form and submit it with their completed application.
- 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.
- Your response can be sent by registered mail to the address specified on this form, collected or emailed.
- It may take longer than expected to receive information, as we are working hard to process a high number of requests. We apologise for the delay.
- 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 (if you were born prior to 1972)

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

We use the below contact details to provide you with your family history records.

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

If Yes, we are unable to assist with this enquiry. Please contact Shine Lawyers on 1800 976 150.

Your Mother's family details

Complete this section if you have requested information on your mother's side of the family.

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 and place of death (if applicable)

Mother's sisters and brothers

Your mother's parents:

Mother's mother (your grandmother)

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 and place of death (if applicable)

Mother's father (your grandfather)

Mother's father full name (your grandfather)

living deceased

Other names he is/was known by

Date of birth

Place of birth

Date and place of death (if applicable)

Your Father's family details

Complete this section if you have requested information about your father's side of the family.

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 and place of death (if applicable)

Father's sisters and brothers

Father's parents:

Father's mother (your grandmother)

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 and place of death (if applicable)

Father's father (your grandfather)

Father's father full name (your grandfather)

living deceased

Other names he is/was known by

Date of birth

Place of birth

Date and place 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

How you would like to receive your family history records?

Please let us know if you would like to receive family history records by email, post, or if you would like to arrange a time to come and collect?

Email

Receive phone call when ready for collection

Registered post

Declaration

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

I declare that I have no living ancestors on the side of the family that I have requested information for.

I understand that it may take longer than expected for a response as there is a delay in processing applications.

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:

ahrs@dlgsc.wa.gov.au:
Aboriginal History Research Services
PO Box 8349, Perth Business Centre, WA 6849

10.00am – 2.00pm Monday to Friday
Cultural Space, Level 3, State Library of WA, 25 Francis Street, Perth

Contact Us

If you have any questions or need further information, please contact the Aboriginal History Research Services team by calling Freecall 1800 161 301.

Consent Form to Receive Family History Records

To be completed 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 copies of my completed research, which includes 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:

Send

Please forward completed form to:

Email:

ahrs@dlgsc.wa.gov.au

Post:

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

In person:

10am to 2pm Monday to Friday
Cultural Space, Level 3, State Library of WA, 25 Francis Street, Perth

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