

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 Creative Industries, Tourism and Sport (CITS) about me, or my ancestors whose records I have access rights to under the CITS 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@cits.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

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.