

Application for Family Research

Thank you for your enquiry regarding the Aborigines Welfare Board and Aborigines Protection Board records held by State Records.

If you wish to access the NSW State Archives you will need to complete the research declaration, family history research request and the permission form, which are included in this package. These forms need to be completed and returned to this Department with copies of two forms of documents as proof of your identity: Examples of proof of identity documents include

- Birth Certificate
- Motor Vehicle Registration
- Health Care Card
- License
- Pension Card
- Medicare Card

In the event that the person you wish to research is deceased, the oldest living relative must provide written approval to access the record. The Department will accept a Statutory Declaration stating that you are unaware of any older living relatives.

As well as State Records, you may wish to contact the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) in Canberra and the Mitchell Library (part of the State Library) in Sydney for further information on Aboriginal history, records and articles.

AIATSIS Family History Unit
Lawson Crescent
Acton, ACT

PO Box 553
CANBERRA ACT 2601

Telephone: 1800 730 129
Fax: (02) 6261 4287
Email: family@aiatsis.gov.au

Mitchell Library
State Library of NSW
Macquarie Street
SYDNEY NSW 2000

Telephone: (02) 92301467

If you have any further enquiries, please do not hesitate to contact the Archives Officer at the NSW Department of Aboriginal Affairs on (02) 9219 0718.

Department Of Aboriginal Affairs Research Declaration Form

This declaration is to be signed by person/s wishing to view the records and copy the photographs of the Aborigines Protection Board and the Aborigines Welfare Board.

I _____
(Full Name of Researcher)

of _____
(Address of Researcher)

declare that in my use of the records and photographs of the Aborigines Protection Board and the Aborigines Welfare Board;

1. Should I find among the records any details which could cause pain and embarrassment to any persons, living or deceased, I will keep them strictly confidential, and not make use of them without the written approval of the individual or of the Director-General, Department of Aboriginal Affairs;
2. I will not disclose the contents of a personal file to other person/s without the written consent of the subject of the file or where deceased, the oldest living relative of the individual, or the Department of Aboriginal Affairs;
3. If I am undertaking a formal research project, I will provide the Department of Aboriginal Affairs with a copy of my research report upon completion of the research project. This report will not be published, exhibited or shown in video form unless the Department of Aboriginal Affairs is satisfied that it does not identify individual recorded subjects;
4. I will comply with all of the administrative guidelines in respect of access to archival records, as stipulated by the Department of Aboriginal Affairs.

Signature: _____
(Signature of Researcher)

Date: _____

Telephone Number: _____
(work, home, or mobile)

Department Of Aboriginal Affairs Family History Research Request

On the attached Family History Research Request Form please provide as much detail as possible on the person(s) you are researching. Below is a list of type of information you are asked to provide:

First Name	The first name of the person being researched
Family Name	The family name / surname of the person being researched
Other Known Names	This includes maiden name if the person was married and any other names that the person may have been known as.
Relationship	This is the relationship to the applicant; mother, father, auntie, uncle, grandfather, grandmother, brother, sister etc.
Date of Birth and/or Location	This includes the approximate date of birth and the location of the birth if known
Date of Death and/or Location	This includes the approximate date of death and the location of the birth if known
Address / Places of Interest	This includes any / all known addresses where the person may have lived or places they may have been to.

You may also include any other information or comments you think may be of use to conducting searches of these records.

**Department Of Aboriginal Affairs
Family History Research Request Form**

**Applicants
Name:** _____

Address _____

First Name	Family Name	Other Known Names	Relationship	Date of Birth and/or Location	Date of Death and/or Location	Address / Places of Interest

**Permission to Access AWB & APB Records
of *Deceased* Person/s by the
Eldest Living Relative**

I _____
(Name of eldest living relative)

of _____
(Address of eldest living relative)

am the oldest living relative of
(Clearly state name and Relationship)

1. _____

2. _____

3. _____

4. _____

5. _____
(Person/s being researched)*

I hereby give my permission for

(Researchers name)

to research their records in the custody of the Department of
Aboriginal Affairs and held by NSW State Records.

Signature: _____ Date: _____
(Signature of eldest living relative)

I can be contacted by telephone on: _____

* This form may be photocopied for different family members, ie mother's family
and father's family, so that different elders can grant permission.

**Granting Permission to Researcher
To Access Your AWB & APB Records**

I _____
(Person being researched)

of _____
(Address of person being researched)

I hereby give my permission for

(Researcher's name)

to research my records in the custody of the Department of
Aboriginal Affairs and held by NSW State Records.

Signature: _____
(Person being researched) Date: _____