

ADDITION OF CHILD/CHILDREN FORM



PARENT/S DETAILS

MOTHERS FULL NAME: _____

DATE OF BIRTH: _____

FATHERS FULL NAME: _____

DATE OF BIRTH: _____

MOBILE: _____

CHILD 1

FIRST NAME: _____

MIDDLE NAME: _____

SURNAME: _____

DATE OF BIRTH: _____

CHILD 2

FIRST NAME: _____

MIDDLE NAME: _____

SURNAME: _____

DATE OF BIRTH: _____

CHILD 3

FIRST NAME: _____

MIDDLE NAME: _____

SURNAME: _____

DATE OF BIRTH: _____

REQUIREMENTS OF ADDING A CHILD/CHILDREN	TICK
One parent to be a registered member of Wajarri Yamaji Aboriginal Corporation	
Child's Birth Certificate	

Signature: _____ Date: _____

For any application enquiries please contact the office on 08 9997 3444 or email members@wajarri.com.au

Wajarri Yamaji Aboriginal Corporation (ICN 7878)