
South Australian Museum Archives Family History Application Form

Personal Details

Family Name: (Mr/Ms/Mrs)

Maiden Name:

First Name:

Date of Birth: Place of Birth:

Address:

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Phone Home: Business:

Mobile:..... Fax:

Email:

Form continues on second page.

Applicant's Identification

To authenticate applicant, please provide A or B:

- A) Copy of one of the following must be attached:**
- Current Driver's Licence
 - Current Australian Passport
 - Current Secondary/Tertiary Student Card
 - Other Photo ID

- B) Copy of two of the following must be attached:**
- Medicare Card
 - Pension Card
 - Other Photo ID
 - Health Care Card
 - Birth/Death/Change of Name/Marriage Certificate

Consent

For information about relatives, please attach written consent from either:

- the living relative/s or Power of Attorney, or
- the relevant community or oldest surviving relative for non-living relatives.

For Office Use Only

Identification cited:

Date:

Written Consent cited:

Date:

Material Accessed:.....

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