

Request for details of personal information held by United Aborigines Mission

This form is for the use of a person who wishes to inquire about personal records which may be in the custody of UAM. Please supply as much of the following detail as possible to assist us in identifying the relevant information from our records:

Full name at birth:

Current name:

Date of birth:

Name of UAM Home:

Date of admission:

Date of discharge:

Names and birth dates of other family members who were in the UAM Home:

Any other information:

Terms Of Search

UAM agrees to search its records for this information at no cost to you subject to your agreement to the following provisions:

1. that UAM has no obligation to ensure that any information which it has in its records is found;
2. that you release UAM from any action, suit, claim or demand in respect of any act or omission of UAM and its servants and agents in respect of the subject of your inquiry.

I agree to these terms.

Signed: Dated:/...../.....

To be completed if you use an agent to collect this information for you:

I,, hereby authorise UAM to release personal information about me to.....who is acting on my behalf.

Signed: Dated: .../.../....

Address to which information is to be sent:

.....
.....
.....
.....

Completed forms should be sent to:

“Archives”
UAM
PO Box 1062
Williamstown VIC 3016