



Anglican Church of Australia

APPLICATION TO OBTAIN INFORMATION ABOUT YOURSELF ON THE NATIONAL REGISTER

Name of Applicant: _____

FIRST NAME(S)

SURNAME

Date of Birth: _____

Contact Details

Phone No: _____

Email Address: _____

Postal Address: _____

I am applying: (tick applicable)

- to ascertain the existence and if so obtain a copy of, any Information relating to myself
- to obtain details of any access, to any Information relating to myself, by an authorised person

Please send the results to me by : (tick applicable)

- Email Postal Mail

Identity Check:

Type of Photo ID: ⁽¹⁾ _____

⁽¹⁾ Please record the type and jurisdiction of the Photo ID (e.g. Drivers Licence, Queensland or Passport, Australia).

Identification No: ⁽²⁾ _____

⁽²⁾ the driver's licence number or passport number

Signed _____

Date _____

**Identity Verified
& Witnessed By** ⁽³⁾ _____

⁽³⁾ This form must be witnessed by a person authorised to witness statutory declarations. The witness is required to verify the identity of the applicant against the photographic identification recorded on the form.

Date _____

Mail completed form to:

The National Register Officer
Anglican Church of Australia – General Synod Office
Suite 4 Level 5 189 Kent Street Sydney NSW 2000