Anglican Church of Australia

National Register

APPLICATION TO OBTAIN INFORMATION ABOUT YOURSELF ON THE NATIONAL REGISTER

STRICTLY CONFIDENTIAL

NAME OF APPLICANT	
First Name(s)	
Surname	
Date of Birth	

CONTACT DETAILS	
Phone Number	
Email Address	
Postal Address	
Suburb	
State	
Post Code	
Country	

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 _____

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

Identification No: _____

The driver's licence number or passport number

Signed _____

Date _____

Suite 5.02, Level 5, 323 Castlereagh Street , Sydney NSW 2000
Tel: +61 2 8267 2700 ● anglican.org.au
Email: nationalregister@anglican.org.au

IDENTITY VERIFIED AND WITNESSED BY

Name _____

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: _____

RETURN COMPLETED FORM

Email: National Register Officer
nationalregister@anglican.org.au

Mail: National Register Officer
Anglican Church of Australia
General Synod Office
Suite 5.02, Level 5
323 Castlereagh Street
Sydney NSW 2000