



**Aboriginal  
Legal  
Rights  
Movement  
Inc**

**ABN 32 942 723 464**

**ADELAIDE**

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Adelaide SA 5000

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(08) 8211 8824 (Legal/Lisp)

**FREE CALL (In SA only)  
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**CEDUNA**

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Ceduna SA 5690

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**MURRAY BRIDGE**

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**PORT AUGUSTA**

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PO Box 1771

Port Augusta SA 5700

Ph (08) 8113 3788

Fax (08) 8642 4650

**PORT LINCOLN**

C/O Ceduna Office

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Reply To: Adelaide

Your Reference:

Our Reference:

321 – 325 King William Street  
Adelaide SA 5000

Dear ALRM Board Members

**Re: Confirmation of Aboriginality of \_\_\_\_\_**

I, (name of staff or Board member) \_\_\_\_\_

hereby declare that the above named is known to me as an Aboriginal person. I therefore support their application for Confirmation of Aboriginality.

Yours Sincerely

Staff/Board Name:

Signature:

Date:

