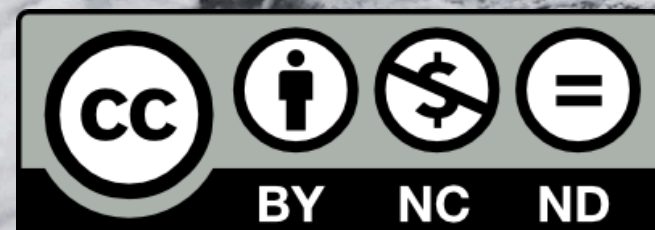


Cyclone **TRACY**

Additional Resources

**MUSEUM
AND ART
GALLERY**
NORTHERN
TERRITORY
EDUCATION 2025



REGISTRATION CARD	
Family Name	First Name(s)
	Usually Known as
Date of Birth	
Sex	Place of Birth
Male ☐	
Female ☐	
	Nationality
Pre-Disaster Address or Last Known Location	Occupation or Profession
Signature of Registrar	Holder's Signature
Place of Registration	Date of Registration

Evacuation Registration Card - MAGNT Collection

Australian Department of Social Security



This is to certify that the bearer was a resident of
Darwin on 25th December 1974.

PLEASE RENDER EVERY ASSISTANCE POSSIBLE.

NAME

.....

STREET

| |

SUBURB

.....

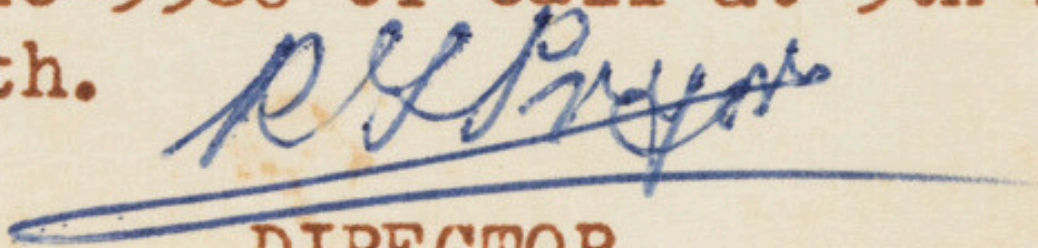
NAME OF SPOUSE:

.....

NO. OF CHILDREN

.....

For further enquiries telephone 20-3386 or call at 5th Floor
Mt. Newman House, 200 St. George's Tce, Perth.


DIRECTOR

DARWINARRIVALCARD

1. Name

2. Sex

Male

☐

Female

☐

3. Age in completed years

If age less than 1 year

write '0'

4. Present marital status

(a) Now married including

defacto marriage

☐

(b) Other

☐

5. Racial origin

If of mixed racial origin

to which category do you

consider you belong

Aboriginal

☐

Non-Aboriginal

☐

6. Were you resident in

Darwin on January 2nd

1975

Yes

☐

No

☐

If 'YES' when did you

leave Darwin

7. Proposed length of stay

(a) Less than one month

☐

(b) One month but less than

three months

☐

(c) Three months but less

than six

☐

(d) Six months or more

☐

PERSONS NOT EMPLOYED - NO FURTHER QUESTIONS

8. Are you

(a) a wage or salary earner

☐

(b) conducting own business

but NOT employing others

☐

(c) conducting own business

and employing others

☐

9. Name and address of employer

10. What kind of industry,

business or service is

carried out at that business

11. What is your occupation