



PARLIAMENT OF AUSTRALIA
HOUSE OF REPRESENTATIVES

PROCESSED 26 Aug 2022
Registry of Members' Interests

To the Registrar of Members' Interests

**Statement of Member's qualifications relating to
sections 44 and 45 of the Constitution
47th Parliament**

FAMILY NAME	Chaney		
GIVEN NAMES	Katherine		
ELECTORAL DIVISION	Curtin	STATE	WA

Attestation under paragraph (5) of the resolution adopted on 4 April 2019

The material I provided to the Australian Electoral Commission (AEC) in respect of my last nomination for election, in accordance with Part XIV of the *Commonwealth Electoral Act 1918*, is complete and accurate.

Yes

No

Supplementary material

If you have marked 'no' or wish to provide supplementary material to augment, explain or correct information provided to the AEC, please separately complete the form 'Supplementary material regarding Member's qualifications relating to sections 44 and 45 of the Constitution'.

Signed: _____

25 August 2022
Date: [DD Month Year]

Notes

1. The requirement to make this statement is contained in a resolution adopted by the House of Representatives on 4 April 2019.
2. Signed statements should be emailed to Members.Interests.Reps@aph.gov.au.

QUALIFICATION CHECKLIST

Relating to your eligibility under Section 44 of the Australian Constitution

Candidate's name

KATHERINE ELLA CHANEY

Please fill out this checklist.

Be aware that completing this checklist does not guarantee that you are eligible to be elected under section 44 of the Australian Constitution or under the *Commonwealth Electoral Act 1918*.

If you have any doubts about your eligibility, you should seek independent legal advice.

If you provide information in this checklist that you know is false or misleading, you may commit an offence against the *Criminal Code* with a maximum penalty of imprisonment for 12 months, \$12,600 or both.

You must answer every question in the checklist that has check boxes by marking one, and only one, of the boxes provided. Your nomination will be rejected if you do not mark any of the boxes, or if you mark more than one of the boxes, provided for any of these questions.

Please provide supporting documentation as appropriate. You may provide additional documents if you are unable to fit all your responses in this checklist.

Note: If you answer 'yes' in question 10 then you **must provide at least one document** in response to question 10a.

You should not include information in this checklist, or in any additional documents you provide, that is inappropriate in any way. If you do, the information may be redacted by the Electoral Commissioner and not published on the Australian Electoral Commission's website.

You may choose to redact information (for example, your own or another person's personal information) from additional documents before providing them. Redactions must be in accordance with any directions of the Electoral Commissioner.

The candidate statement and declaration that you have made elsewhere in this nomination also relate to your eligibility to be elected. In that statement and declaration:

- (a) you have declared that you are qualified under the Constitution and the laws of the Commonwealth to be elected as a Senator or member of the House of Representatives; and
- (b) you have stated that you are an Australian citizen.

Questions marked with an asterisk (*) are mandatory

1. Do you know the place of birth of each of your parents and grandparents (whether biological or adoptive)?*

<input checked="" type="checkbox"/>	YES
<input type="checkbox"/>	NO

1a. Please provide any relevant details (for example, why you do not know the place of birth of a parent or grandparent):

Other relevant details relating to your knowledge of your parents' and grandparents' places of birth

[Please provide particulars of, or documents related to, any details provided in response to question 1a. These will be published with this checklist on the Australian Electoral Commission's website.]

Continued overleaf

QUALIFICATION CHECKLIST

Relating to your eligibility under Section 44 of the Australian Constitution

2. Do you have a parent or grandparent that you know was born in another country? This may be a biological or adoptive parent or grandparent.*

(If you do not know any of your parents' or grandparents' places of birth, please mark the 'N/A' box.)

<input type="checkbox"/>	YES
<input checked="" type="checkbox"/>	NO
<input type="checkbox"/>	N/A

2a. If 'yes', please provide the following details, to the extent known:

Relationship to you (e.g. mother or adoptive father)	<input type="text"/>	Relationship to you (e.g. mother or adoptive father)	<input type="text"/>
Place of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Relationship to you (e.g. mother or adoptive father)	<input type="text"/>	Relationship to you (e.g. mother or adoptive father)	<input type="text"/>
Place of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Relationship to you (e.g. mother or adoptive father)	<input type="text"/>	Relationship to you (e.g. mother or adoptive father)	<input type="text"/>
Place of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>

2b. Please provide any other relevant details:

Other relevant details relating to your parents' and grandparents' places and dates of birth

[Please provide particulars of, or documents related to, any details provided in response to questions 2a and 2b. These will be published with this checklist on the Australian Electoral Commission's website.]

Continued overleaf

QUALIFICATION CHECKLIST

Relating to your eligibility under Section 44 of the Australian Constitution

3. Have you provided details in question 2a in relation to each parent and grandparent that you know was born in another country?*

(If you do not know any of your parents' or grandparents' places of birth, please mark the 'N/A' box.)

YES
 NO
 N/A

3a. If 'no', please explain why you have not provided those details:

Explanation of why you have not provided details relating to each parent and grandparent that you know was born in another country

4. Do you know which citizenships have been held by each of your parents and grandparents (whether biological or adoptive)?*

YES
 NO

4a. Please provide any relevant details (for example, why you do not know the citizenships held at a particular time by a particular parent or grandparent):

Other relevant details relating to your knowledge of your parents' and grandparents' citizenships

My parents and grandparents are all citizens of Australia.

[Please provide particulars of, or documents related to, any details provided in response to question 4a. These will be published with this checklist on the Australian Electoral Commission's website.]

QUALIFICATION CHECKLIST

Relating to your eligibility under Section 44 of the Australian Constitution

5. Do you have a parent or grandparent that you know acquired citizenship of another country by descent, naturalisation or other means? This may be a biological or adoptive parent or grandparent.*

YES
 NO
 N/A

(If you do not know any of your parents' or grandparents' citizenship, please mark the 'N/A' box.)

5a. If 'yes', please provide the following details, to the extent known:

Relationship to you (e.g. mother or adoptive father)		Relationship to you (e.g. mother or adoptive father)	
Country of foreign citizenship		Country of foreign citizenship	
Period foreign citizenship held		Period foreign citizenship held	

Relationship to you (e.g. mother or adoptive father)		Relationship to you (e.g. mother or adoptive father)	
Country of foreign citizenship		Country of foreign citizenship	
Period foreign citizenship held		Period foreign citizenship held	

Relationship to you (e.g. mother or adoptive father)		Relationship to you (e.g. mother or adoptive father)	
Country of foreign citizenship		Country of foreign citizenship	
Period foreign citizenship held		Period foreign citizenship held	

5b. Please provide any other relevant details:

Other relevant details relating to your parents' and grandparents' foreign citizenships

[Please provide particulars of, or documents related to, any details provided in response to questions 5a and 5b. These will be published with this checklist on the Australian Electoral Commission's website.]

Continued overleaf

QUALIFICATION CHECKLIST

Relating to your eligibility under Section 44 of the Australian Constitution

6. Have you provided details in question 5a in relation to each parent and grandparent that you know acquired citizenship of another country by descent, naturalisation or other means?*

(If you do not know any of your parents' or grandparents' citizenship, please mark the 'N/A' box.)

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
<input checked="" type="checkbox"/>	N/A

6a. If 'no', please explain why you have not provided those details:

Explanation of why you have not provided details relating to each parent and grandparent that you know acquired citizenship of another country

7. Do you know which citizenships have been held by each of your current and former spouses and similar partners?*

(If you do not have a current or former spouse or similar partner, please mark the 'N/A' box.)

<input checked="" type="checkbox"/>	YES
<input type="checkbox"/>	NO
<input type="checkbox"/>	N/A

7a. Please provide any relevant details (for example, why you do not know the particular citizenships held at a particular time by a current or former spouse or similar partner):

Other relevant details relating to your knowledge of the citizenships of your current and former spouses and similar partners

My husband is an Australian citizen.

[Please provide particulars of, or documents related to, any details provided in response to question 7a. These will be published with this checklist on the Australian Electoral Commission's website.]

Continued overleaf

QUALIFICATION CHECKLIST

Relating to your eligibility under Section 44 of the Australian Constitution

8. Do you have a current or former spouse or similar partner who you know is or was a citizen of another country?*
- (If you do not have a current or former spouse or similar partner, or you do not know the citizenship of any of your current or former spouses or similar partners, please mark the 'N/A' box.)

<input type="checkbox"/>	YES
<input checked="" type="checkbox"/>	NO
<input type="checkbox"/>	N/A

- 8a. If 'yes', please provide the following details, to the extent known:

Relationship to you (e.g. wife or former de facto partner)	<input type="text"/>
Country of foreign citizenship	<input type="text"/>
Was foreign citizenship held at the time of marriage (if applicable)?	<input type="text"/>
Relationship to you (e.g. wife or former de facto partner)	<input type="text"/>
Country of foreign citizenship	<input type="text"/>
Was foreign citizenship held at the time of marriage (if applicable)?	<input type="text"/>

- 8b. Please provide any other relevant details (for example, whether you acquired foreign citizenship because of a spouse's foreign citizenship):

Other relevant details relating to your current or former spouse's or similar partner's foreign citizenship

[Please provide particulars of, or documents related to, any details provided in response to questions 8a and 8b. These will be published with this checklist on the Australian Electoral Commission's website.]

Continued overleaf

QUALIFICATION CHECKLIST

Relating to your eligibility under Section 44 of the Australian Constitution

9. Have you provided details in question 8a in relation to each current or former spouse or similar partner that you know is or was a citizen of another country?*

(If you do not have a current or former spouse or similar partner, or you do not know the citizenship of any of your current or former spouses or similar partners, please mark the 'N/A' box.)

YES
 NO
 N/A

9a. If 'no', please explain why you have not provided those details:

Explanation of why you have not provided details relating to each current or former spouse or similar partner that you know is or was a citizen of another country

10. Have you ever been a subject or citizen of any country other than Australia?*

YES
 NO
 UNKNOWN

10a. If 'yes', please provide the following details, to the extent known:

Country of foreign citizenship	United States of America
Manner in which foreign citizenship was lost (if applicable)	Renounced citizenship of United States of America on 12 October 2021 and Certificate of Loss of Nationality of the United States was approved on 16 October 2021.
Date of losing foreign citizenship (if applicable)	16 / 10 / 2021

* [If you contend that you have renounced or lost your foreign citizenship, you **must provide at least one document** that you are satisfied supports your contention. (The document may be an official document, or if you have no official document, a statutory declaration.) This will be published with this checklist on the Australian Electoral Commission's website.]

10b. Please provide any other relevant details (for example, how you lost your foreign citizenship, or why the response to question 10 is unknown):

Other relevant details relating to the loss of your foreign citizenship

[In addition to the requirement to provide at least one document mentioned under question 10a, please provide particulars of, or documents related to, any other details provided in response to questions 10a and 10b. These will be published with this checklist on the Australian Electoral Commission's website.]

Continued overleaf

QUALIFICATION CHECKLIST

Relating to your eligibility under Section 44 of the Australian Constitution

11. Are you now a subject or citizen of any country other than Australia?*

<input type="checkbox"/>	YES
<input checked="" type="checkbox"/>	NO
<input type="checkbox"/>	UNKNOWN

11a. If 'yes', please provide the following details, to the extent known:

Country of foreign citizenship

Date of acquiring foreign citizenship / /

Country of foreign citizenship

Date of acquiring foreign citizenship / /

11b. Please provide any other relevant details (for example, why you are prevented from renouncing your foreign citizenship, or why the response to question 11 is unknown):

Other relevant details relating to possible disqualification by reason of section 44(i) of the Australian Constitution

[Please provide particulars of, and documents related to, any details provided in your response to questions 11a and 11b. These will be published with this checklist on the Australian Electoral Commission's website.]

12. Are you under sentence or subject to be sentenced, for an offence for which you have been convicted, which is punishable by imprisonment for one year or longer?*

<input type="checkbox"/>	YES
<input checked="" type="checkbox"/>	NO

NOTE: A person convicted of an offence with a maximum penalty of imprisonment for one year or longer may be disqualified even if the sentence imposed on the person for the offence is less than the maximum penalty.

12a. If 'yes', please provide any relevant details:

Relevant details relating to possible disqualification by reason of section 44(ii) of the Australian Constitution

[Please provide particulars of, and documents related to, any details provided in your response to question 12a. These will be published with this checklist on the Australian Electoral Commission's website.]

Continued overleaf

QUALIFICATION CHECKLIST

Relating to your eligibility under Section 44 of the Australian Constitution

13. Are you an undischarged bankrupt or insolvent?*

 YES
 NO

13a. If 'yes', please provide any relevant details:

Relevant details relating to possible disqualification by reason of section 44(iii) of the Australian Constitution

[Please provide particulars of, and documents related to, any details provided in your response to question 13a. These will be published with this checklist on the Australian Electoral Commission's website.]

14. Do you hold an office of profit under the Crown, other than an office expressly exempt from section 44(iv) of the Australian Constitution?*

(Offices of profit under the Crown include, for example, many public sector jobs in Australia.)

 YES
 NO
 UNKNOWN

14a. Please provide any relevant details, to the extent known (for example, the relevant body in which you hold the office of profit and your role, or why the response to question 14 is unknown):

Relevant details relating to possible disqualification by reason of section 44(iv) of the Australian Constitution

[Please provide particulars of, and documents related to, any details provided in your response to question 14a. These will be published with this checklist on the Australian Electoral Commission's website.]

Continued overleaf

QUALIFICATION CHECKLIST

Relating to your eligibility under Section 44 of the Australian Constitution

15. Do you have a direct or indirect financial interest in any contract or other agreement with the Commonwealth public service?*

<input type="checkbox"/>	YES
<input checked="" type="checkbox"/>	NO
<input type="checkbox"/>	UNKNOWN

Do not count an interest that is expressly excluded from section 44(v) of the Australian Constitution, such as a shareholding in a company that has 25 or more other shareholders.

NOTE: Section 44(v) may disqualify you even if you are not a party to the relevant contract or agreement. A disqualifying financial interest may arise, for example, from an agreement between the Commonwealth public service and a trustee of a family trust of which you are a beneficiary.

15a. Please provide any relevant details, to the extent known (for example, your direct or indirect financial interests, or why the response to question 15 is unknown):

Relevant details relating to possible disqualification by reason of section 44(v) of the Australian Constitution

[Please provide particulars of, and documents related to, any details provided in your response to question 15a. These will be published with this checklist on the Australian Electoral Commission's website.]

16. Please provide any additional details relating to your qualification under the Australian Constitution or the *Commonwealth Electoral Act 1918*:

[Please provide particulars of, and documents related to, any details provided in your response to question 16. These will be published with this checklist on the Australian Electoral Commission's website.]

I confirm the information in the checklist provided above, and any additional information provided in support of my statements, to be true and correct, to the best of my knowledge.

Signature of candidate

Date

6	/	4	/	22
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CONSULATE GENERAL OF THE
UNITED STATES OF AMERICA

October 20, 2021

Ms. Katherine Ella Chaney,
49 St. Leonards Avenue
West Leederville, WESTERN AUSTRALIA 6007

Dear Ms. Chaney:

Please find enclosed your Certificate of Loss of Nationality which was approved
By the Department of State on October 16, 2021.

If you should require any further information or assistance, please do not hesitate to contact us.

Thank you.

Sincerely,

Matthew J. Hafner

Consul

Encls: Canceled US passport,



U. S. Department of State

BUREAU OF CONSULAR AFFAIRS

OATH/AFFIRMATION OF RENUNCIATION OF NATIONALITY OF UNITED STATES

Consulate General of the United States of America

at

(Embassy/Consulate)

Perth, Australia

(Country)

ss:

I, Katherine Ella Chaney, a national of the United States, Name (Print Full Name)

solemnly swear/affirm that I was born at Houston, (City or Town)

Texas, USA, on 01-21-1975, (State or Country) Date (mm-dd-yyyy)

That I formerly resided in the United States at:

2422 Ridge Road

(Street Address)

Berkeley, CA

(City, State and ZIP Code)

That I am a national of the United States by virtue of:

[X] Birth in United States or Abroad to U.S. Parent(s)

[] Naturalization Date of Naturalization Date (mm-dd-yyyy)

(If naturalized, give the name and place of the court in the United States before which naturalization was granted.)

(Name of Court)

(Street Address)

(City, State and ZIP Code)

I desire and hereby make a formal renunciation of my U.S. nationality, as provided by section 349(a)(5) of the Immigration and Nationality Act of 1952, as amended, and pursuant thereto, I hereby absolutely and entirely renounce my United States nationality together with all rights and privileges and all duties and allegiance and fidelity thereunto pertaining. I make this renunciation intentionally, voluntarily, and of my own free will, free of any duress or undue influence.

(Signature)

Subscribed and sworn/affirmed to before me this 12th day of October, 2021

at the US Consulate General, Perth, Australia (Embassy/Consulate) (Place)

Matthew J. Hafner

(Signature of Officer)

Consul United States of America

Matthew J. Hafner

(Typed Name of Officer)

PERTH, AUSTRALIA

Consul

(Title of Officer)

SEAL

Note: A renunciation of United States nationality/citizenship is effective only upon approval by the U.S. Department of State but, when approved, the loss of nationality/citizenship occurs as of the date the above Oath/Affirmation was taken.

BUREAU OF CONSULAR AFFAIRS

CERTIFICATE OF LOSS OF NATIONALITY OF THE UNITED STATES

This form is prescribed by the Secretary of State pursuant to Section 501 of the Act of October 14, 1940 (54 Stat. 1171) and Section 358 of the Act of June 27, 1952 (65 Stat. 222)



DEPARTMENT USE ONLY
DEPARTMENT USE ONLY
LOSS OF NATIONALITY
APPROVED 16 OCT 2021
(Date)
Overseas Citizens Services
DEPARTMENT OF STATE
By _____

1. Embassy/Consulate General of the United States of America

2. at Perth, Australia ss:

3. I, Matthew J. Hafner
Name

hereby certify that, to the best of my knowledge and belief,

4. Katherine Ella Chaney
Name

5. was born at Houston
Town or City Province or County

6. Texas, USA, on 01-21-1975
State or Country Date (mm-dd-yyyy)

7. That: ~~he~~/she resided/~~never resided~~* in the United States (Dates) Birth to 1976

8. That: ~~he~~/she resides at 49 St. Leonards Ave, West Leederville, WA 6007, Australia

9. That: ~~he~~/she acquired the nationality of the United States by virtue of birth
in the United States of America

10. That: ~~he~~/she acquired the nationality of Australia by virtue of
11. both parents are Australian citizens.

12. That: ~~he~~/she (The action causing expatriation should be set forth succinctly.) Renounced US citizenship
before a US Consular Officer at US Consulate General Perth on October 12, 2021

13. That: said expatriating act was performed voluntarily with the intent to relinquish United States citizenship;

14. That: ~~he~~/she thereby expatriated her self on (Date) 10-12-2021 under the provisions of
(mm-dd-yyyy)

15. Section 349(a)(5) of ~~The Nationality Act of 1940~~; The Immigration and Nationality Act of 1952, as amended.*

16. That the evidence of such action consists of the following:
Oath of renunciation dated 10-12-2021; Statement of Understanding dated 10-12-2021

17. That attached to and made a part of this certificate are the following documents or copies thereof:
Oath of renunciation dated 10-12-2021; Statement of Understanding dated 10-12-2021

18. In testimony whereof, I have hereunto subscribed by name and affixed my office seal this 12th day of
October, 2021
(Month) (Year)

[SEAL]

Matthew J. Hafner
Consul
United States of America

Signature

Consul

Title

* Strikeout inapplicable item

ADMINISTRATIVE REVIEW OF A FINDING OF LOSS OF NATIONALITY

The premise established by the administrative standard of evidence is applicable to cases adjudicated previously. Persons who previously lost U.S. citizenship may wish to have their cases reconsidered in light of this policy.

A person may initiate such a reconsideration by submitting a request to the nearest U.S. consular office or by writing directly to:

Director
Office of Legal Affairs
Overseas Citizens Services
(CA/OCS/L)

U.S. Department of State
CA/OCS/L
SA-17, 10th Floor
Washington, DC 20522-1707

or via express mail/courier service to

U.S. Department of State
CA/OCS/L
600 19th Street, NW
10th Floor
Washington, DC 20431

Each case will be reviewed on its own merits taking into consideration, for example, statements made by the person at the time of the potentially expatriating act.

For Additional Information, visit www.Travel.State.Gov and see the 'Legal Considerations' section on U.S. Citizenship Laws and Policy.



STATEMENT OF UNDERSTANDING CONCERNING THE CONSEQUENCES AND RAMIFICATIONS OF RENUNCIATION OR RELINQUISHMENT OF U.S. NATIONALITY

I, Katherine Ella Chaney, understand that:

1. I have the right to renounce/relinquish my United States nationality.
2. I have the intention of relinquishing my United States nationality.
3. I am exercising my right of renunciation/relinquishment freely and voluntarily without force, compulsion or undue influence placed upon me by any person.
4. Upon renouncing/relinquishing my U.S. nationality, I will become an alien with respect to the United States, subject to all laws and procedures of the United States regarding entry and control of aliens.
5. If I do not possess the nationality/citizenship of any country other than the United States, upon my renunciation/relinquishment I will become a stateless person and may face extreme difficulties traveling internationally and entering most countries and maintaining a place to reside.
6. If I am found to be deportable by a foreign country, my renunciation/relinquishment may not prevent my involuntary return to the United States.
7. My renunciation/relinquishment may not affect my military or selective service status, if any. I understand that any problems in this area must be resolved with the appropriate agencies.
8. My renunciation/relinquishment may not affect my liability, if any, to prosecution for any crimes which I may have committed or may commit in the future which violate United States law.
9. My renunciation/relinquishment may not affect my liability for extradition to the United States.
10. My renunciation/relinquishment may not exempt me from United States income taxation. With regard to United States taxation consequences, I understand that I must contact the United States Internal Revenue Service. Further, I understand that if my renunciation of United States nationality is determined by the United States Attorney General to be motivated by tax avoidance purposes, I will be found excludable from the United States under Immigration and Nationality Act, as amended.
11. Upon renouncing/relinquishing my U.S. nationality, I will no longer be able to transmit U.S. nationality to my children born subsequent to this act.
12. The extremely serious and irrevocable nature of the act of renunciation/relinquishment has been explained to me by the ~~(Vice)~~ consul Matthew J. Hafner at the American Embassy/Consulate General at Perth, Australia. I fully understand its consequences.

I: do do not choose to make a separate written explanation of my reasons for renouncing/relinquishing my United States nationality. I: swear affirm that I have: read had read to me this statement in the English language and fully understand its contents.

Name (Typed) Katherine Ella Chaney

Signature _____

CONSULAR OFFICER'S ATTESTATION

Katherine Ella Chaney appeared personally and: read had read to him/her
this statement after my explanation of its meaning and the consequences of renunciation/relinquishment of United States
nationality and signed this statement: under oath by affirmation before me this 12th day of
October 2021
(Month) (Year) (Day)

SEAL

Matthew J. Hoffman
Counsel
United States of America

Consul of the United States of America

PORT AUSTRALIA



TELEGRAMS 'IMMIGRATION' CANBERRA
TELEPHONE 730412

IN REPLY PLEASE QUOTE

76/6864
SDC

DEPARTMENT OF IMMIGRATION
AND ETHNIC AFFAIRS

CANBERRA, A.C.T. 2600

16 December 1976

Mrs R.M. Chaney,
45 Kanimbla Road,
NEDLANDS. W.A. 6009

Dear Mrs Chaney,

I refer to your application for the registration of the birth of your daughter Katherine Ella who was born in Houston, U.S.A.

The birth has been recorded as Entry No. 483 in the Register of Births No. 121A maintained at this office.

Your daughter is now deemed to be an Australian citizen under Section 11 of the Australian Citizenship Act 1948.

A Certificate of Extract from the Register of Births has been prepared in her favour and is enclosed herewith.

Yours sincerely,

d./ ABA.
FOR SECRETARY

I certify that this is a true photocopy
of the original document.

Postal Manager

27405

N^o 58992

AUSTRALIAN CITIZENSHIP ACT 1948-1973

EXTRACT FROM REGISTER OF BIRTHS No. 121A

MAINTAINED AT DEPARTMENT OF IMMIGRATION AND
ETHNIC AFFAIRS CANBERRA ACT 2600

F. D. Anderson, Government Printer, Canberra

No. in Register	483
Name	CHANEY, Katherine Ella
Date of Registration	15 December 1976
Whether present or not	Not present
Date and place of Birth	21 January 1975
	Houston, United States of America
Name of Father	CHANEY, Michael Alfred
Maiden name of Mother	ANDERSON, Rosemary Margaret
Previous issue (Names and ages)	Nil
Witness to Birth	Dr C. Kaoppel

I, Marius Adolf HUISMAN, do hereby certify that
the above is a correct extract from the Register of Births maintained at the Department of Immigration
and Ethnic Affairs, Canberra, A.C.T. 2600.
Date 16 December 1976 Signature and Official Position

Migration Officer

I certify that this is a true photocopy
of the original document.

27.4.05
Postal Manager

STATE OF TEXAS
CERTIFICATE OF BIRTH BIRTH NO. [redacted]

1. PLACE OF BIRTH
 a. COUNTY Harris
 b. CITY OR TOWN (If outside city limits, give precinct no.)
Houston

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
 a. STATE Texas b. COUNTY Harris
 c. CITY OR TOWN (If outside city limits, give precinct no.)
Houston ZIP CODE 77055
 d. STREET ADDRESS (If rural give location)
1501 Ojeman # 101
 e. IS RESIDENCE INSIDE CITY LIMITS? YES NO
 f. IS RESIDENCE ON A FARM? YES NO

3. NAME (Type or Print)
 a. Child's Name Katherine Ella Chaney
 b. Sex Female
 c. Date of Birth January 21, 1975
 d. Is Twin or Triplet, Was Child Born

4. NAME OF HOSPITAL OR INSTITUTION Memorial Hospital System Southwest
 d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES NO

5. NAME (Type or Print)
 a. Mother's Name Michael Alfred Chaney
 b. Age (at time of this birth) 24 years
 c. Birthplace (State or foreign country) Australia
 d. Usual Occupation Geologist
 e. Color or Race White
 f. Kind of Business or Industry Oil

6. NAME (Type or Print)
 a. Mother's Name Rosemary Margaret Anderson
 b. Age (at time of this birth) 23 years
 c. Birthplace (State or foreign country) Australia
 d. Children previously born to this mother (Do not include this child)
 e. How many other children were born after last one was born?
 f. How many children were born (dead) (total number after 28 weeks pregnancy)?

7. ATTENDANT AT BIRTH
 a. M.D. b. O.G. c. Midwife d. Other
 19. DATE SIGNED January 23, 1975

18. I hereby certify that this child was born alive on the date stated above.
 19a. APPROVED AND FORWARDED:
 19b. DATE RECD BY LOCAL REGISTRAR JAN. 28, 1975
 19c. REGISTRATION NO. 1942
 19d. DATE RECD BY LOCAL REGISTRAR

STATE OF TEXAS
COUNTY OF HARRIS

CITY OF HOUSTON

I HEREBY CERTIFY THAT THE ABOVE IS A PHOTOSTATIC COPY OF A CERTIFICATE AS FILED IN THE BUREAU OF VITAL STATISTICS, CITY OF HOUSTON HEALTH DEPARTMENT, HOUSTON, TEXAS.

DATE ISSUED February 26, 1975

REGISTRAR, VITAL STATISTICS

I certify that this is a true photocopy of the original document.
27405
 Postal Manager

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

STATE OF TEXAS		CERTIFICATE OF BIRTH		BIRTH NO.	
1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)			
a. COUNTY Harris		a. STATE Texas	b. COUNTY Harris		
b. CITY OR TOWN [If outside city limits, give precinct no.] Houston		c. CITY OR TOWN [If outside city limits, give precinct no.] Houston	ZIP CODE 77055		
c. NAME OF HOSPITAL OR INSTITUTION [If not in hospital, give street address] Memorial Hospital System Southwest		d. STREET ADDRESS [If rural, give location] 1501 Ojeman # 101			
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME (Type or Print)			4. DATE OF BIRTH		
(a) First Katherine	(b) Middle Ella	(c) Last Chaney	January 21, 1975		
5. SEX Female		6a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>			
6b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>					
7. NAME (Type or Print)			8. COLOR OR RACE		
(a) First Michael	(b) Middle Alfred	(c) Last Chaney	White		
9. AGE [At time of this birth] 24 YEARS		10. BIRTHPLACE [State or foreign country] Australia	11a. USUAL OCCUPATION Geologist	11b. KIND OF BUSINESS OR INDUSTRY Oil	
12. MAIDEN NAME (Type or Print)		13. COLOR OR RACE		13. COLOR OR RACE	
(a) First Rosemary	(b) Middle Margaret	(c) Last Anderson	White		
14. AGE [At time of this birth] 23 YEARS		15. BIRTHPLACE [State or foreign country] Australia	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
17. INFORMANT		a. How many OTHER children are now living? 0	b. How many OTHER children were born alive but are now dead? 0	c. How many children were born dead (fetal deaths after 20 weeks pregnancy)? 0	
18. I hereby certify that this child was born alive on the date stated above.		19a. ATTENDANT'S SIGNATURE <i>[Signature]</i>	19b. ATTENDANT AT BIRTH M.O. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER <input type="checkbox"/>		
19c. ATTENDANT'S ADDRESS 6400 Hillcroft, Houston, Texas 77036		19d. DATE SIGNED January 23, 1975			
20a. REGISTRAR'S FILE NO. 1942		20b. DATE REC'D BY LOCAL REGISTRAR JAN. 28, 1975	20c. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

STATE OF TEXAS
COUNTY OF HARRIS

CITY OF HOUSTON
BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY THAT THE ABOVE IS AN EXACT COPY OF A CERTIFICATE AS FILED IN THE BUREAU OF VITAL STATISTICS, CITY OF HOUSTON HEALTH DEPARTMENT, HOUSTON, TEXAS, AND THAT I AM THE LEGAL CUSTODIAN OF SUCH RECORDS.

H. B. Garrett
REGISTRAR * * * * *

(WARNING: NOT VALID UNLESS MACHINE SIGNED IN RED AND BLACK INK, AND THE RAISED SEAL OF THIS OFFICE AFFIXED HERETO)

DATE ISSUED Oct. 11, 1976

H. B. GARRETT, REGISTRAR
BUREAU OF VITAL STATISTICS