



Please fill out one form for EACH PERSON registering with the Rūnaka

Kāti Huirapa Rūnaka ki Puketeraki

Whakapapa Registration Form

Membership of our Rūnaka is made up of individuals who are the uri (descendants) of the 1848 kaumātua of Kāi Te Ruahikihiki and/or Kāti Huirapa, or are the uri of those families included in the Native Reserves of the Araituru rohe who choose to affiliate through registration.

Please note that this registration is separate from that maintained by the Whakapapa Registration Unit of Te Rūnanga o Ngāi Tahu

Personal Details

Mr/ Mrs/ Miss / Ms/ DR / other

First Names : _____

Surname : _____

Postal Address: _____

Suburb _____ City _____ Postal Code _____

Date of Birth : _____ Email address : _____

Phone Number: _____

Signature _____ Date : _____

(Parents or Guardians may sign on behalf of minors)

To show your affiliation with Kāti Huirapa ki Puketeraki please detail below your connection between the 1848 Kaumatua and yourself. For further information please refer to the “Blue Book” or visit <https://ngaitahu.iwi.nz/wp-content/uploads/2013/06/Ngai-Tahu-1848-Census.pdf>

1848 Kaumātua	Kaumātua Number	File Number	1848 Kaumātua	Kaumātua Number	File Number

Send to: Kāti Huirapa Rūnaka ki Puketeraki, C/- Karitane PDC, Karitane 9440
or email: georgina@puketeraki.nz

Are you registered with the Whakapapa Registration Unit of Te Rūnanga o Ngāi Tahu

YES / NO

Do you give permission to verify your whakapapa with the Whakapapa Registration Unit of Te Rūnanga

YES / NO

Your Name

(M) (F)

Your Parent

(M) (F)

Their Parent

(M) (F)

Their Parent

(M) (F)

Their Parent

(M) (F)

Their Parent

(M) (F)

Their Parent

(M) (F)

Their Parent

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Their Parent

(M) (F)

Their Parent

(M) (F)

The information provided in this application will be shared with the Rūnaka Registration Komiti. If further research is needed to progress your application, the information may be shared with other people including: people known by the Komiti to hold knowledge that may assist progressing your application and/or members of the Ngāi Tahu Whakapapa Unit.

Office use only:

Date Received:

Date Entered:

Verification required: **Yes/ No**