

Kāti Huirapa Runaka ki Puketeraki Registration Application Form

Membership of our Runaka shall be made up of individuals who are the uri (descendants) of the 1848 kaumatua of Kai Te Ruahikihiki and/ or Kāti Huirapa, or are the uri of those families Included in the Native Reserves of the Araiteuru rohe **who choose to affiliate through registration.**

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

Surname: _____

First Names: _____

Date of Birth: _____

Postal Address: _____

Postcode: _____

Phone (work): _____ **(home):** _____

Email: _____

Skills (Optional): _____

Note: Please fill out one form for **EACH PERSON** registering with the Runaka

Are you registered with the Whakapapa Registration Unit of Te Runanga o Ngāi Tahu
YES / NO

Do you give permission to verify your whakapapa with the Whakapapa Registration Unit of Te Runanga o Ngāi Tahu
YES / NO

Please complete the whakapapa data on the reverse side; then sign and **date** this form

Send to: Kāti Huirapa Runaka ki Puketeraki, C/- Karitane PDC, Karitane 9440.

Please show your connection between the 1848 Kaumatua and yourself to show your affiliation with Kāti Huirapa ki Puketeraki. (as detailed in the Blue Book)



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	_____	(M) (F)
Their parent	_____	(M) (F)
Their parent	_____	(M) (F)
Their parent	_____	(M) (F)

KAUMATUA Name / No	File No
---------------------------	----------------

Signature: _____ **Date:** _____

Office use only:		
Received by:		Date:
Verification required:	Yes/ No	Date:
Processed by:		Date:

