

Kati 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 Kati Hawea and /or Kai Te Ruahikihiki and/ or Kati 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 completely separate from that maintained by the Whakapapa Registration Unit of Te Runanga o Ngai Tahu

Surname: _____

First Names: _____

Date of Birth: _____

Postal Address: _____

Post code: _____

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

Email: _____

Skills (Optional): _____

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

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

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

Send to: Kati Huirapa Runaka ki Puketeraki, Post Centre, Karitane, 9471, Otago.



Please show your connection between the 1848 Kaumatua and yourself to show your affiliation with Kati 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)

KAUMATUA Name / No	File No
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Signature: _____ **Date:** _____

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

