



URI WHAKAHEKE REGISTRATION FORM

The Ngāti Tamaoho Trust is updating our roll of the members of Ngāti Tamaoho; members are those who are descendants of Tamaoho and/or whangai of a Tamaoho member.

Please complete one form for each member and return as soon as possible to the address on the back of this form.

MEMBERS DETAILS

1) NAME:

4) BIRTH DATE ____/____/____ **M / F** (CIRCLE ONE)

5) ADDRESS

6) OCCUPATION _____

7) PHONE _____ home / work (CIRCLE ONE)

8) EMAIL _____

9) MARAE AFFILIATION (circle all that apply): **MANGATANGI** **NGĀ HAU E WHĀ** **WHĀTAPAKA** **OTHER**

SPOUSE/PARTNER DETAILS

10) LAST NAME _____ 11) MAIDEN NAME (IF APPLICABLE) _____

12) FIRST NAME _____ 13) BIRTH DATE ____/____/____ 14) **M / F** (CIRCLE ONE)

DEPENDANTS UNDER 18

1) _____ BIRTH DATE ____/____/____ **M / F** (CIRCLE ONE)

2) _____ BIRTH DATE ____/____/____ **M / F** (CIRCLE ONE)

3) _____ BIRTH DATE ____/____/____ **M / F** (CIRCLE ONE)

4) _____ BIRTH DATE ____/____/____ **M / F** (CIRCLE ONE)

5) _____ BIRTH DATE ____/____/____ **M / F** (CIRCLE ONE)

6) _____ BIRTH DATE ____/____/____ **M / F** (CIRCLE ONE)

PRIVACY

The Ngāti Tamaoho Trust in accord with the requirements of the privacy act 1993 will make available to you upon formal written request the personal information it holds about you and make any applicable corrections to ensure information is accurate.

I declare that the information given in this application is true and correct and may be used for the purposes of Ngāti Tamaoho Trust activities.

Signature _____ Date ____/____/____

NOTE: You are eligible to register with all other iwi/hapu with which you have connections, as well as Ngāti Tamaoho.



URI WHAKAHEKE REGISTRATION FORM

WHAKAPAPA

Please provide as much information as you have about your connection to Ngāti Tamaoho.

TŌ INGOA (YOUR NAME): _____

IWI/HAPŪ: _____

TŌ MATUA (FATHER): _____ *YOUR PARENTS NAME:* **TŌ WHĀEA (MOTHER):** _____

IWI/HAPŪ:

IWI/HAPŪ:

FATHER'S SIDE **TŌ KOROUA (FATHER'S FATHER):** _____ *YOUR GRANDPARENTS:* **TŌ KOROUA (MOTHER'S FATHER):** _____ *MOTHER'S SIDE*

IWI/HAPŪ:

IWI/HAPŪ:

TŌ KUIA (FATHERS MOTHER): _____

TŌ KUIA (MOTHER'S MOTHER): _____

IWI/HAPŪ:

IWI/HAPŪ:

ON YOUR FATHER'S FATHER'S SIDE **TIPUNA TANE:** _____ *YOUR GREAT GRANDPARENTS:* **TIPUNA TANE:** _____ *ON YOUR MOTHER'S FATHER'S SIDE*

IWI/HAPŪ:

IWI/HAPŪ:

TIPUNA WAHINE: _____

TIPUNA WAHINE: _____

IWI/HAPŪ:

IWI/HAPŪ:

ON YOUR FATHER'S MOTHER'S SIDE **TIPUNA TANE:** _____ *ON YOUR MOTHER'S MOTHER'S SIDE* **TIPUNA TANE:** _____

IWI/HAPŪ:

IWI/HAPŪ:

TIPUNA WAHINE: _____

TIPUNA WAHINE: _____

IWI/HAPŪ:

IWI/HAPŪ:

SEND form to: Freepost Authority Tamaoho

P.O Box 61156

Otara, Tāmaki Makaurau 2159

For more information, please contact us:

P: (09) 551 6266 W: www.tamaoho.maori.nz E: info@tamaoho.maori.nz