



WAIKAREMOANA MĀORI TRUST BOARD

TUHOE REGISTER
 1334 Hinemoa Street
 PO BOX 1842 ROTORUA
 ph: (07)348-6911
 fax: (07)346-2912
 email: register@tuhoe.iwi.nz

SECTION A: PERSONAL DETAILS (PLEASE PRINT IN BLOCK LETTERS)

Initials (Circle to indicate)	Mr	Mrs	Ms	Miss	If "Other" please specify	
First Name(s)						
	First			Middle		
Surname						
Also Known As (AKA)						
Sex (Circle to indicate)	Male		Female			
Date of Birth (dd/mm/yy)		/		/		Age

SECTION B: CONTACT DETAILS

Current Address						
	Number		Street			
Suburb				HM Phone		
City/Town				WK Phone		
Country				Cell Phone		
Post Code				Fax		
Email Address						
Previous Address 1						
Previous Address 2						

SECTION C: OCCUPATION DETAILS

Type of Employment	Self-Employed	Employed	Student	Other
(Fill out as many that apply)	Name of business	Name of employer	Name of institution	Please specify

SECTION D: DECLARATION

I hereby certify that I am a natural blood-line descendant, (or legally adopted, or registered with the Maori Land Court) of persons set out in the whakapapa in Section F. I understand the information I have given for the purposes of registration on to the Tribal Register, and is protected by the provisions of the Privacy Act and may only be used by TWMTB for the purposes set out in their Disclosure of Information Policy. You may use a JP, Solicitor or Board Member to witness this application instead of a kaumatua.

Signature of Applicant				Date
Signature of Kaumatua/ Witness/ Board Member				Date
Print name	Please state Kaumatua, Board Member or Witness		Contact	Email
Who signed this form? Circle one	I Did (self)	My Mum/Dad (Parent)	My Koro/Kuia (Grandparent)	My Legal Guardian

SECTION E: ELECTORAL

Hapū Affiliations				
Marae Affiliations				
Electoral Roll <small>(Circle one only)</small>	Ruatokei/ Waiohau	Ruatahuna	Waikaremoana	Maungapohatu/ Te Waimana
Fathers Details				
	Tūhoe Hapū Only	Tūhoe Hapū Only	Name of original owner	Land Block (if known)
Mothers Details				
	Tūhoe Hapū Only	Tūhoe Hapū Only	Name of original owner	Land Block (if known)

SECTION F: WHAKAPAPA

Clearly show your whakapapa in the space provided below.

Your full name

	Fathers full name		Mothers full name	
Paternal Grandfather	Paternal Grandfather	Paternal Grandmother	Maternal Grandfather	Maternal Grandmother
Paternal Great Grandfather	Paternal Great Grandmother	Paternal Great Grandfather	Maternal Great Grandfather	Maternal Great Grandmother
Paternal Great Grandfather	Paternal Great Grandmother	Paternal Great Grandfather	Maternal Great Grandfather	Maternal Great Grandmother
Paternal Great Grandfather	Paternal Great Grandmother	Paternal Great Grandfather	Maternal Great Grandfather	Maternal Great Grandmother

CHILDRENS DETAILS: (CHILDREN OVER 18 YRS MUST COMPLETE THEIR OWN REGISTRATION FORM – BUT STILL NAME THEM BELOW).

Full Name	Birth Date	Full Name	Birth Date
	/ /		/ /
	/ /		/ /
	/ /		/ /
	/ /		/ /
	/ /		/ /

OFFICE USE ONLY (PLEASE TICK AND/OR INITIAL IN BOXES ON COMPLETION OF TASK)

1	2	initial	3a	initial	4	initial	6	initial	
1a	3	initial	3b		5		7	8	initial
File Number	Provisional Roll Number			Tribal Registry Membership Number					