

# Te Korowai o Wainuiarua Whakapapa Verification Form

**PLEASE NOTE: YOU MUST BE 18 YEARS and over to complete this form.**

First name/s:			
Surname:	Maiden name (If applicable):		
Home address:			
Phone number/s:	Cellphone:		
Date of birth:	Gender (Please tick):	<input type="radio"/> MALE	<input type="radio"/> FEMALE

Please only identify parents who are Uenuku, Tamakana and Tamahaki. (If deceased, please put "D" beside their name)

<b>Father:</b>	<b>Grandmother:</b>	<b>Great Grandmother:</b>
		<b>Great Grandfather:</b>
	<b>Grandfather:</b>	<b>Great Grandmother:</b>
		<b>Great Grandfather:</b>
<b>Mother:</b>	<b>Grandmother:</b>	<b>Great Grandmother:</b>
		<b>Great Grandfather:</b>
	<b>Grandfather:</b>	<b>Great Grandmother:</b>
		<b>Great Grandfather:</b>

**HAPŪ/TŪPUNA** (Please TICK or WRITE below your primary hapū/tūpuna):

UENUKU   
  TAMAKANA   
  TAMAHAKI   
  Other? \_\_\_\_\_   
  Don't know

**DECLARATION:** I am not a registered member of the Uenuku Charitable Trust and do not wish to be added to the membership database, but wish to participate in the 2015 Mandate Vote. I am over 18 and believe I have the relevant whakapapa either by direct descent or whangai to participate in this mandate vote.

Signature:

Date:

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Return this form by:

**DROP OFF at the UCT Office:**

**OR**

**POST to:**

**OR**

**SCAN and EMAIL to:**

156 Seddon Street,  
Raetihi

Uenuku Charitable Trust,  
PO Box 102, Raetihi

registrations@uenuku.iwi.nz