

NGATI TE WHITI HAPU SOCIETY INCORPORATED

REGISTRATION FORM

YOUR LAST NAME _____

YOUR FIRST NAMES _____

YOUR BIRTH DATE _____

YOUR ADDRESS _____

Postcode: _____

Email: _____

Gender Male Female Occupation _____

YOUR CHILDREN Birth Date

1	
2	
3	
4	
5	
6	

WHAKAPAPA Please complete basic family tree over page

DECLARATION:

- I declare that:
- * I am over 18
 - * I am of Ngati Te Whiti descent
 - * the information given here is correct

Signed: _____ Date _____

Please post your completed form to

The Registrar
Ngati Te Whiti Hapu Society Incorporated
PO Box 304
Richmond Centre
New Plymouth
tewhitirego@gmail.com

Email: _____

Note: All information is protected under the Privacy Act

Registration Committee Signatures:

Registration No:

FATHER

GRANDFATHER

GREAT GRANDFATHER

GREAT GREAT GRANDFATHER

GREAT GRANDMOTHER

GREAT GREAT GRANDMOTHER

GREAT GRANDFATHER

GREAT GREAT GRANDFATHER

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GREAT GRANDFATHER

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