



REGISTRATION DETAILS

06 370 2608 or 0800 662 624

whakapapa@wairarapamoana.org.nz

www.wairarapamoana.org.nz



PERSONAL INFORMATION

Applicant(s) who whakapapa to Wairarapa Moana and are unable to **register online** must complete this form.

Wairarapa Moana welcomes registration, the following criteria must be met.

- 1) You must be able to trace a direct bloodline to an original owner.

A list of the original owners can be found in the registration guide and on our website at www.wairarapamoana.org.nz/our-story/

DATE OF REGISTRATION

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Male ☐ Female ☐ Other ☐ Are you a Wairarapa Moana shareholder? NO ☐ YES ☐ ID# _____

First Name/s:

Surname:

Other names known by:
(include maiden name)

Date of Birth:

Age:

Postal Address:

Suburb:

Town / City:

Country:

Postcode:

Phone:

Mobile:

Email:

☐ Tick box if you prefer to receive
all correspondence via email

PLEASE LIST YOUR CHILDREN WHO ARE UNDER THE AGE OF EIGHTEEN WHO HAVE A DIRECT BLOODLINE TO THE APPLICANT

Full Name:

Date of Birth:

Age:

Full Name:

Date of Birth:

Age:

Full Name:

Date of Birth:

Age:

Full Name:

Date of Birth:

Age:

Full Name:

Date of Birth:

Age:

Full Name:

Date of Birth:

Age:

Please use additional paper if you have more children to list



YOUR WHAKAPAPA

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PLEASE COMPLETE THIS PAGE. BEGIN WITH YOURSELF AND WORK FROM THE BOTTOM UP.

Wairarapa Moana ONLY requires the information of your tīpuna who are Wairarapa Moana descendants, therefore you will only need to trace the line of descent back to the original owner.

FEMALE			MALE
FEMALE			MALE
FEMALE			MALE
FEMALE			MALE
FEMALE			MALE
FEMALE			MALE
FEMALE			MALE
FEMALE			MALE
APPLICANT'S NAME			



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IF YOU ARE LEGALLY ADOPTED OR WHANGAI PLEASE REFER TO THE TAMAITI TAURIMA SECTION IN THE REGISTRATION GUIDE FOR FURTHER INFORMATION

☐ Tick if you are legally adopted

☐ Tick if you are whangai

Wairarapa Moana is a whakapapa-based entity, where you must be able to provide whakapapa to an original owner of Wairarapa Moana.

Please enter the full name of the Original Owner whom you trace a direct bloodline to.

ORIGINAL OWNER

HAS YOUR PARENT ALREADY REGISTERED? If "yes" please provide their registration number:

HAPŪ AFFILIATIONS

Please indicate below any hapū that you affiliate with. NOTE: there may be more than one.

☐	Ngāti Komuka	☐	Ngāti Te Aokino	☐	Ngāti Moe
☐	Ngāti Rakaiwhakairi	☐	Ngāti Whakamana	☐	Ngāi Te Aomataura
☐	Ngāti Hineraumoa	☐	Ngāti Rangiakau	☐	Ngāi Tutemiha
☐	Ngāti Rakairangi	☐	Ngāti Pa te Ika	☐	Ngāi Tukaihara
☐	Ngāti Hāmua	☐	Ngāti Pakuahi	☐	Ngāti Rakaihikuroa
☐	Ngāti Hinetauria	☐	Ngāti Tumanawa	☐	Tu mai te Uru
☐	Ngāti Tumanuhiri	☐	Ngāi Tahu	☐	Ngāti Hakeke
☐	Ngāti Maahu	☐	Ngāi Tukoko	☐	Ngāti Parakiore
☐	Ngāti Whatangarerewa	☐	Ngāi Hangarakau	☐	Ngāti Tauiao
☐	Ngāti Muretu	☐	Ngāti Kahukuraawhitia		
☐	Ngāi Te Rangitāwhanga	☐	Ngāi Taneroa/Ngāi Taneroroa		

IWI AFFILIATIONS

Please indicate below any iwi that you affiliate with. NOTE: there may be more than one.

☐	Ngāti Kahungunu ki Wairarapa	☐	Rangitāne o Wairarapa	☐	Other
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MARAE AFFILIATIONS

Please indicate below any marae that you affiliate with. NOTE: there may be more than one.

☐	Kohunui	☐	Papawai	☐	Hurunuiorangi
☐	Te Ore Ore	☐	Pouākani	☐	Te Rangimarie
☐	Other:				

WAKA

Please indicate below any waka that you affiliate with. NOTE: there may be more than one.

☐	Tākitimu	☐	Kurahaupō	☐	Other
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DECLARATION

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APPLICANT DECLARATION

I, _____ do solemnly and sincerely declare that:

- I was born at _____ on _____
- I am a direct descendant of an original Wairarapa Moana owner listed at Pouākani Original List 1882 Deed No 431.
- The whakapapa I have provided is true and correct.

Wairarapa Moana will treat all personal information with respect and will uphold all obligations and responsibilities pursuant to the Privacy Act 2020. You have the right to access and correct this information.
<https://www.legislation.govt.nz/act/public/2020/0031/latest/LMS23223.html>

In signing this declaration, I confirm that the information provided is true and correct and that I have the authority to provide and consent to the information within this registration form.

Signature: _____ Date: _____

CHECKLIST

- | | |
|--|---|
| ☐ Registration Form Completed. | ☐ Whakapapa Form Completed. |
| ☐ Applicant Declaration Signed. | ☐ Copy of Full Birth Certificate Provided. |