

# WHAKAPAPA FORM

PLEASE COMPLETE YOUR WHAKAPAPA BACK TO THE AOTEAROA TRUST SHAREHOLDER.

APPLICANT'S NAME: .....

SHAREHOLDER OR WHĀNAU TRUST & DONOR OF SHARES NAME: .....

SHAREHOLDER NUMBER: .....

Please attach certified birth certificates to support whakapapa. This form will be held for future reference.  
(Complete on a separate page for each child if required)

WHAKAPAPA		
	_____	_____
	G Father	GG Father
	_____	_____
	G Mother	GG Mother
_____		_____
Father		GG Father
	_____	_____
	G Mother	GG Mother
		_____
		GG Mother
_____		_____
Student		GG Father
	_____	_____
	G Father	GG Mother
		_____
_____		GG Father
Mother		GG Mother
	_____	_____
	G Mother	GG Father
		_____
		GG Mother