



Hawaiian Registry Application Form

Please type or print clearly. Complete this form in its entirety. All information will be kept confidential.

STAFF USE ONLY	
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HR	

FIRST NAME	MIDDLE NAME	LAST NAME
OTHER NAMES USED (i.e., birth name, etc.)		
HOME ADDRESS	MAILING ADDRESS (If different from home)	
DAYTIME TELEPHONE NUMBER	PRIMARY EMAIL ADDRESS	
DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (Check Box)

USE THIS CHECKLIST
to confirm that you've collected all required documents.

- Application form for each applicant: "Signed and dated" (DO NOT FAX)
- Parental signature required for applicants 17 years of age and under
- Birth Certificate: a photo-copy of your birth certificate stating Hawaiian Ancestry
- Photo ID: to identify the applicant, and a
- Color print or digital photograph for your new card
You can e-mail ALL your documents; save the photo as JPEG format and send to hireg@oha.org

IF YOUR BIRTH CERTIFICATE DOESN'T STATE HAWAIIAN:

- Provide document(s) that link your Hawaiian Ancestry through your *biological parentage.

*Adoption information can be obtained:
Family Court, Division of Legal Research and Adoption Records
In the circuit in which the adoption took place.
1st 'Oahu - 2nd Maui, Moloka'i and Lana'i - 3rd Hawai'i - 5th Kaua'i.

Original birth certificates can be obtained:
State of Hawai'i - Department of Health Vital Records Section www.hawaii.gov/doh
(808) 586-4533 1250 Punchbowl Street, Room 103, Honolulu, HI 96813

FOR OFFICE USE ONLY:

Ancestry Verification

State	Birth Certificate Number	Date Registered w/DOH
Note:		

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Note:		

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Note:		

Additional information

Card Renewal

Lost Damaged Expired Date

I certify that I am Hawaiian and that the above information contained on this form is true and correct to the best of my knowledge and belief. I further consent to and authorize the Hawaiian Registry staff to extract information to verify and to validate my Hawaiian ancestry from the Operation 'Ohana records along with the Department of Health, other state repositories and Hawaiian organizations for the purpose herein and for verification and validation.

Signature of registrant or legal guardian _____ **Date** _____

THIS APPLICATION AND THE DATA PROVIDED HEREIN ARE MAINTAINED BY THE OFFICE OF HAWAIIAN AFFAIRS. FROM TIME TO TIME, WE MAY BE SENDING YOU INFORMATION AND ANNOUNCEMENTS OF THE OFFICE OF HAWAIIAN AFFAIRS' PROGRAM AND SERVICES.

THE OFFICE OF HAWAIIAN AFFAIRS WILL NOT SHARE, DISCLOSE, OR MAKE ACCESSIBLE YOUR PERSONAL REGISTRATION INFORMATION TO ANY OTHER AGENCY, ORGANIZATION, PERSON OR ENTITY WITHOUT YOUR EXPRESSED WRITTEN CONSENT, EXCEPT AS REQUIRED BY LAW.

Signature of Registrar **Date**

Mail application to: OFFICE OF HAWAIIAN AFFAIRS
HAWAIIAN REGISTRY
 711 Kapi'olani Blvd., Ste. 500
 Honolulu, HI 96813
 Tel. (808) 594-1914