

INSTRUCTIONS AND SUBMISSION INFORMATION

The Native Hawaiian Registration Form should be completed by Native Hawaiians who would like to participate in the formation of the Native Hawaiian government. **A Native Hawaiian person is defined as a lineal descendant of the native people indigenous to the Hawaiian archipelago.** Upon completion please submit to:

**Hawai'i Maoli
P.O. Box 1135
Honolulu, HI 96807
(808) 394-0050**

A. GENERAL INFORMATION

1. The name of the person who is registering ("the registrant").
2. Other names used (I.E, BIRTH NAME, MARRIED, ETC.)
3. Current home and mailing addresses of person registering.
4. Daytime telephone and primary e-mail address of person registering.
5. Date of birth, place of birth, and gender of person registering.

B. DECLARATION (Please check one or both boxes.)

- HE HAWAI'I AU. I AM A NATIVE HAWAIIAN (Check this box if you would like to declare that you are of Hawaiian ancestry as defined above.)
- I HEREBY DECLARE MY INTENT TO PARTICIPATE IN A PROCESS TO CREATE A NATIVE HAWAIIAN GOVERNING ENTITY AND TO BE INCLUDED ON AN OFFICIAL PUBLIC LIST. (Check this box if you would like to participate in the formation of a Native Hawaiian government and have your name included on an official public list.)

C. VERIFICATION OF NATIVE HAWAIIAN ANCESTRY

Previously Submitted Documentation

If you have already submitted documentation and verified your ancestry through the Department of Hawaiian Home Lands, Kamehameha Schools or the Office of Hawaiian Affairs, please indicate this here and initial to authorize access to this information. You do not need to provide the records again.

Certified Documents

If you are verifying your ancestry by birth, marriage or death certificate, please check the appropriate box and submit a photocopy of a certified copy of the document with the registration form. If you submit original certified copies, they will be returned to you upon completion of the verification process. Certified documents may be obtained from the vital records office of the state or jurisdiction in which the event took place. For births, marriages or deaths that occurred in the State of Hawaii contact the State of Hawaii Department of Health at (808) 586-4539 or 586-4542.

KUMU 'OHANA

If you check this box please submit the kumu 'ohana form that can be obtained from Hawai'i Maoli.

I REQUIRE ASSISTANCE WITH VERIFYING ANCESTRY

Check this box if you require assistance with verifying your ancestry. You do not need to submit any documentation at this time. If you check this box, you agree to let the repository share your personal information for the purposes of verifying your Hawaiian ancestry.

D. USE OF INFORMATION

Check "Yes" in the first box, if you agree to let the repository or the repository's designated agent use your information to verify the ancestry of other applicants, i.e. your relatives. Check "Yes" in the second box, if you wish to receive information pertaining to the formation of a Hawaiian Government. Check "Yes" in the third box, if you agree to transfer your information to the Hawaiian governing entity once it is formed. You may limit the use of the information provided by checking "No" in one or all of the boxes.

F. SIGNATURE

The form must be signed and dated by the registrant or the legal guardian who signs on behalf of a minor or disabled registrant.

G. INFORMATION ON PERSON COMPLETING THE FORM OTHER THAN THE REGISTRANT

If a person other than the registrant completes the form, then that other person must provide their name, relationship to the registrant, mailing address, city, state, and zip code in the space provided.