



HAWAIIAN REGISTRY APPLICATION FORM

Please type/print clearly, fill in all bubbles. Complete this form in its entirety

FOR OFFICE USE ONLY	
HR	
VER'D BY	INITIAL & DATE

APPLICANT INFORMATION	Please fill one: <input type="radio"/> New Applicant <input type="radio"/> Renewal/Replacement
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Legal Name: First _____ Middle _____ Last _____		
Other Names (maiden name, birth name, nickname, etc.) _____		Date of birth _____
Gender Male <input type="radio"/> Female <input type="radio"/>	Legally Adopted? Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/>	Place of Birth (state/country) _____
Are you currently applying to an OHA program? Scholarship <input type="radio"/> Grant <input type="radio"/> Loan <input type="radio"/> Other/None <input type="radio"/>		

BIRTH FATHER INFORMATION	BIRTH MOTHER INFORMATION
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Name: First, Middle, Last _____	Name: First, Middle, Last _____
Hawaiian Ancestry: Yes <input type="radio"/> No <input type="radio"/>	Hawaiian Ancestry: Yes <input type="radio"/> No <input type="radio"/>
Place of birth _____	Place of birth _____
Legally Adopted: Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/>	Legally Adopted: Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/>

RELATIVES REGISTERED WITH THE HAWAIIAN REGISTRY PROGRAM

Name(s) of Registered Relatives

CONTACT INFORMATION

Name of Contact Person

Home Address: Street _____	City _____	State _____	Zip _____
Mailing Address (if different from home) _____	City _____	State _____	Zip _____
Primary Phone Number _____	Alternate Phone Number _____	E-Mail Address _____	

SIGNATURE

I certify that I am of Hawaiian ancestry and that the above information contained on the 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 documents submitted, Operation 'Ohana records along with the Department of Health, other state repositories and Hawaiian organizations for the purpose herein and for verification and validation for the applicant listed above and all relatives whether they are known or unknown.

Signature of applicant or legal parent/guardian _____	Date _____
Printed Name _____	Relationship to Applicant _____

OPT-OUT (Optional)	For Office Use Only:	
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This application and the data provided herein are maintained by the Office of Hawaiian Affairs. <input type="checkbox"/> By checking this box, I indicate my desire to opt-out of having my name transferred to the Native Hawaiian Roll Commission. I acknowledge that the choice not to be included on the Roll is mine alone. Accordingly, I will not hold OHA responsible for any liability or actions that arise from my decision to exclude myself. _____ (initial)	Ancestry Verification Doc: BCAP BCM BCF Other: _____ Hawn: AP BM BF Other: _____ Notes: _____	HRP Stamp Area
	SUBMIT APPLICATION TO: Via mail: Office of Hawaiian Affairs Attn: Hawaiian Registry 560 N. Nimitz Hwy Ste 200 Honolulu, HI 96817-5015 Via e-mail: hireg@oha.org Be sure file size of the e-mail is under 6MB	