



HAWAIIAN REGISTRY PROGRAM FORM

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

FOR OFFICE USE ONLY		HRP 2.2
HRP ID		
VER'D BY	INITIAL & DATE	

APPLICANT INFORMATION

Please fill one: New Applicant Renewal

Legal Name: First _____ Middle _____ Last _____

Other Names (maiden name, birth name, nickname, etc.) _____ Date of birth (mm/dd/yyyy) _____ Place of Birth (state/country) _____

Gender: Male Female Legally Adopted? Yes No Unknown Are you currently applying to an OHA program? _____

Scholarship Loan None Other: _____

BIRTH FATHER INFORMATION

Name: First, Middle, Last _____

Hawaiian Ancestry: Yes No

Place of Birth _____ Legally Adopted: Yes No Unknown

BIRTH MOTHER INFORMATION

Name: First, Middle, Maiden Last _____

Hawaiian Ancestry: Yes No

Place of Birth _____ Legally Adopted: Yes No Unknown

RELATIVES REGISTERED WITH THE HAWAIIAN REGISTRY PROGRAM (Optional)

Name(s) of Registered Relatives _____

APPLICANT CONTACT INFORMATION

Adult Applicants: Enter your name and address
Minor Applicants: Enter name & address of parent/legal guardian with whom the applicant resides

Name of Contact Person (applicant, parent, or guardian) _____

Address (Street /PO Box) _____ City _____ State _____ Zip _____

Primary Phone Number _____ Alternate Phone Number _____ E-Mail Address _____

SIGNATURE

I certify that the applicant is of Hawaiian ancestry and that all information on this form is true and correct to the best of my knowledge. I understand that further documentation may be requested, and failure to provide information or providing incomplete or inaccurate information may result in the Hawaiian Registry Program (HRP) being unable to process this form. I further consent to and authorize HRP to extract information to verify Hawaiian ancestry from the documents submitted, Operation 'Ohana records, along with other repositories for ancestry verification of the applicant and any relatives without prior approval.

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

Relationship to Applicant: _____

OPT-IN (Optional)

By initialing below, I indicate my desire to **opt-in** to having the applicant's name and contact information shared with the Native Hawaiian Roll Commission. **Accordingly, I will not hold OHA responsible for any liability or actions that arise from my decision to include the applicant on the Roll.**

Initials: _____

CONSENT to Use Information (Optional)

By initialing below, I hereby consent to and authorize the Hawaiian Registry Program to use or disclose the information provided on this form for OHA business purposes, which includes but is not limited to collecting demographic information and allowing OHA to send OHA-related communications. **This information will not be made available to other parties.** Authorization is voluntary and will have no effect on your submission for Native Hawaiian ancestry verification.

Initials: _____

SUBMIT FORM TO:		For Office Use Only:	
Via mail: Office of Hawaiian Affairs Attn: Hawaiian Registry 560 N. Nimitz Hwy Ste 200 Honolulu, HI 96817-5015	Ancestry Verification Doc: BCAP BCM BCF Other: _____ pic: <input type="checkbox"/> Haw: AP BM BF Other: _____ Notes:	HRP Stamp Area	
Via e-mail: hireg@oha.org Be sure file size of the e-mail is under 6MB			