



HAWAIIAN REGISTRY PROGRAM 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: New Applicant Renewal

Legal Name: First _____ Middle _____ Last _____

Other Names (maiden name, birth name, nickname, etc.) _____ Date of birth _____ Place of Birth _____
 (mm/dd/yyyy) (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 **BIRTH MOTHER INFORMATION**

Name: First, Middle, Last _____ Hawaiian Ancestry: Yes <input type="radio"/> No <input type="radio"/> Place of birth _____ Legally Adopted: Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/>	Name: First, Middle, Last _____ Hawaiian Ancestry: Yes <input type="radio"/> No <input type="radio"/> Place of birth _____ Legally Adopted: Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/>
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RELATIVES REGISTERED WITH THE HAWAIIAN REGISTRY PROGRAM

Name(s) of Registered Relatives _____

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 _____

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:**

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: _____ Haw: 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
