



# HAWAIIAN REGISTRY PROGRAM FORM

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

FOR OFFICE USE ONLY		HRP 2.1
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	BIRTH MOTHER INFORMATION
Name: First, Middle, Last _____	Name: First, Middle, Maiden Last _____
Hawaiian Ancestry: Yes <input type="radio"/> No <input type="radio"/>	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"/>	Place of Birth _____ 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

**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

Address: Street /PO Box \_\_\_\_\_ 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 <b>opt-out</b> 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. <b>Accordingly, I will not hold OHA responsible for any liability or actions that arise from my decision to exclude myself.</b> _____ (initial)	<b>Ancestry Verification</b> Doc: BCAP BCM BCF Other: _____ Hawn: AP BM BF Other: _____ <b>Notes:</b>	<b>HRP Stamp Area</b>
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: <b>hireg@oha.org</b> Be sure file size of the e-mail is under 6MB	