IDEN		STATE OF F	TAWAII RD APPLI	CATIO	N		FOR O	FICE USE	ONLY:	SID N	IUMBER
RENE					VAL						
In accordance with card and REAL ID-	6 CFR Part 37 compliant drive	7.29 (a) and §2 er's license. A	R86-306 (c), HRS, REAL ID-compli	an individu ant card is a	al may hold onl in accepted for	ly one REAL II m of ID for dor	D-compliant car nestic air travel	d. An individu and accessin	ual cannot g Federal i	hold a R facilities.	REAL ID-compliant State ID
		hold a vali r U. S. juris		compliar	nt driver's li	icense, ins	•	rmit or St	ate ider □		tion card issued by
SOCIAL SECURITY	NUMBER			ST	ATE ID NUMB	ER		DA	TE OF BIF	RTH (mm	n/dd/yyyy)
				S							
FULL LEGAL NAME	LAST					FIRST		MIDDLE, SUFFIX			
MAILING ADDRESS	MAILING STREET OR P.O. BOX				APT. NO.	CITY STATE/ COUNT			COUNTRY	ZIP CODE	
HAWAII PRINCIPAL RESIDENCE ADDRESS	PRINCIPAL RESIDENCE				APT. NO.	CITY		STATE/	COUNTRY		ZIP CODE
HEIGHT	FEET	INCHES	WEIGHT	LBS.	COLOR HAIF	₹	COLOR EYE	EYES		GENDER ☐ MALE DESIGNATION ☐ FEMALE ☐ NOT SPECIFIED	
PLACE OF BIRTH	CITY / STATE	E / COUNTRY					OCCUPATION				
DO YOU WISH TO B ORGAN / TISSUE DO			HAVE AN ADVAN -CARE DIRECTIV		O YOU WISH TO	D HAVE A VETI	ERAN DESIGNA YES	TION?		CITIZEN	NSHIP
	YES	☐ YE	ES 🗆 N			was discharged	ho served in any ι under conditions α	ther than dishor			
EMERGENCY CONTACT	NAME (LAS	T, FIRST)		<b>L</b>		Documentary	evidence require	e. ELATIONSHIF	,		
EMERGENCY CONTACT ADDRESS	STREET OR	P.O. BOX			APT. NO.	CITY	<b>,</b>	STATE/	COUNTRY		ZIP CODE
EMERGENCY CONTACT TELEPHONE	AREA CODE		NUMBER		OR	IDD PREFIX	COU	NTRY CODE		NUMB	ER
I acknowledge th 303(c)(8), Hawaii that my SOCIAL S	Revised Sta SECURITY n miner of driv	atutes, and in number, or if I vers, an assig	accordance was am unable to or gned substitute	ith Section obtain a so number s	n 7 of the Priv cial security r hall be issued	racy Act and number as ev d by this age	42 United Standard St	ates Code, S fficial notific	Section 40 ation by the	05(c)2(d he Soci	ative Rules, Section 286- c). I further acknowledge al Security Administration with a state identification
	porting docu	ımentation, fo	or the issuance	of a state	identification	card, duplica					stem. By submitting this onsenting to the automatic
											tual disabilities for whom plicant to be homebound.
The Identification affirmatively decli							ently registere	d voters in t	he State	of Haw	aii, unless the applicant
I hereby certify, u understand that p							nd that I am t	he person n	amed an	d descr	ribed in this application. I
APPLICANT'S	SIGNATUR	RE						DATE			

## **Voter Registration Application**

To register to vote, review the information and complete the application below. If you are currently registered to vote in the State of Hawaii, the information provided will be used to update your voter registration record. All registered voters will receive a ballot in the mail.

☐ I do not want the information on this form to be used to update my voter registration record.

		STATE ID NUME	BER	DATE OF BIRTH (mm/dd/yyyy)			
		s					
FULL LEGAL NAME	LAST		FIRST	MIDDLE,	MIDDLE, SUFFIX		
MAILING ADDRESS	STREET OR P.O. BOX	APT. NO.	CITY	STATE/ COUNTRY	ZIP CODE		
HAWAII PRINCIPAL RESIDENCE ADDRESS	STREET ADDRESS	APT. NO.	CITY	STATE/ COUNTRY	ZIP CODE		
CONTACT	PHONE NUMBER		EMAIL ADDRESS				
QUALIFICAT f you answer "No	<b>FIONS</b> " to any of the questions below, DO NOT comple	ete this form.					
Are you a citi	zen of the United States of America	? <b>Ye</b> :	s No				
Are you at lea	ast 16 years of age? (Must be 18 to	vote)	s 🗌 No				
Are you a res	sident of the State of Hawaii?	Ye	s 🗌 No				
	tated in this affidavit is not simply because of mpanying obligations therein.	f my presence in the	e State, but was acquire	d with the intent to make	Hawaii my legal residence		
	EGISTERED TO VOTE IN ANOTHE t registered address, county, state, and zip c	_					

Date:

Document Number

Notice: The identity of the voter registration agency through which any particular voter was registered shall not be publicly disclosed. A person's declination to register to vote is also confidential and is used for voter registration purposes only (National Voter Registration Act of 1993).

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WARNING: Any person who knowingly furnishes false information may be guilty of a Class C felony.

I hereby swear (or affirm) that all information furnished on this voter registration application is true and correct.

Location Code

For election information, call the State of Hawaii Voter Hotline at 1-800-442-VOTE (8683)

Signature:

Office Use

Only

ID Number

SSID