APPLICATION FOR ABSENTEE VOTER BALLOT (State of Hawaii Registered Voters Only)

STATE OF HAWAII

☐ County of Hawaii ☐ County of Kauai
☐ County of Maui ☐ City and County of Honolulu

Section I.

I hereby request Absentee Ballots for the following 19____ Election(s).

☐ Primary only ☐ General only ☐ Primary & General ☐ Special ☐ OHA

I hereby request ballot instructions in: ☐ Japanese (Oahu) ☐ Ilocano (Oahu, Maui, and Kauai)

Section II. Print clearly in ink. Failure to complete all items will prevent acceptance of this application.

1. SOCIAL SECURITY NUMBER*

2. DATE OF BIRTH

Month Day Year

3. TELEPHONE

Home Business

4. LAST NAME First Name

5. ADDRESS WHERE YOU RECEIVE YOUR MAIL (Street address or P.O. Box)

City/Town Zip Code

6. RESIDENCE ADDRESS IN HAWAII (Must be completed, P.O. Box, R.R., S.R. are not acceptable)


7. If no street/residence address, describe location of residence (Leave blank if #6 is completed)

City/Town Zip Code

8. GENDER ☐ Female ☐ Male

Section III. Please mail my ballots to:

PRIMARY (or SPECIAL)

GENERAL (if mailing address is different from PRIMARY)

9. Name

10. Forwarding Address (Include Zip Code)

12. Forwarding Address (Include Zip Code)

☐ HOLD for arrival ☐ HOLD for arrival

Section IV.

I hereby affirm that: 1) I am the person named above; 2) I am requesting an absentee ballot for myself and no other; and 3) all information furnished on this application is true and correct.

13. Signature or Mark of Applicant Date

Witness Signature (required only if applicant is unable to sign)

Address of Witness Phone no. of witness

*Notice: A Social Security Number is required by HRS §11-15 and §15-4. It is used to prevent fraudulent registration and voting. Failure to furnish this information will prevent acceptance of this application. Pursuant to HRS §11-20, the City/County Clerks may use this application to transfer a voter to the proper precinct to correspond with the address given above, under item 6.