

REMEMBER TO VOTE!

Answer **ALL** questions. Print clearly in **BLACK** ink pen. **SIGN** and date your application.

You must be registered

to vote in the county and

precinct where you live. !

STEP 1: Complete the Affidavit on Application for Voter Registration (Wikiwiki Voter Registration)

- 1. Print your Social Security Number.
- Print your Date of Birth.
- 3. Print your Home and Business Telephone numbers.
- 4. Print your Name Last, First and Middle Initial.
- Print your Residence Address in Hawaii (house number and street name)
 NOTE: A Post Office Box, Star Route, Rural Route, General Delivery,

Business or Mailing Service address, is not an acceptable residence address.

6. Print your Mailing Address in Hawaii (house number and street name).

- If your residence does not have a street address, describe the location of your residence. Include details such as subdivision, village, tax map key no. and zip code.
- 8. Check the appropriate Female or Male box.
- 9. **If you are registered to vote in another state but** now wish to register to vote in Hawaii, complete box #9. Your registration in that state will be canceled. **You may register to vote in only one state.**
- 10. Read 10(a), 10(b), and 10(c) carefully. Mark the appropriate 'Yes' or 'No' box. SIGN on the line provided.

All qualifications must be met in order to register to vote:

- (1) United States Citizen;
- (2) at least 16 years of age [Pre-registration is allowed at age 16 but must be 18 by election day to vote];
- (3) resident of the State of Hawaii.

NON-U.S. CITIZENS ARE NOT ELIGIBLE TO REGISTER AND VOTE.

Non-citizens who vote are in violation of the *Federal Illegal Immigration Reform and Immigrant Responsibility Act* (1996) and may be deported.

11. If your signature is a mark, a witness must also sign and provide all information required on the affidavit.

STEP 2: Mail your completed Affidavit on Application for Voter Registration (Wikiwiki Voter Registration) no later than 4:30 p.m., 30 days prior to the election date to the appropriate City/County Clerk where you reside.

City & County of Honolulu 530 S. King St., Room 100 Honolulu, HI 96813

Ph: (808) 523-4352

County of Hawaii

25 Aupuni St., Rm. 100 Hilo, HI 96720

Ph: (808) 961-8277

County of Maui

200 S. High St., 7th Flr. Wailuku, HI 96793

Ph: (808) 270-7749

County of Kauai

4396 Rice St., Rm. 106 Lihue, HI 96766

Ph: (808) 241-6350

If you have any questions or need assistance call:

Hawaii Voter Hotline: 453-VOTE (8683) ● Neighbor Islands Call 1-800-442-VOTE (8683) ● TTY 808-453-6150

AFFIDAVIT ON APPLICATION FOR VOTER REGISTRATION

STATE OF HAWAII County of Hawaii County of Kauai County of Maui	ss.	BLACK INK. FA ALL ITEMS WILL ACCEPTANCE (AF	FIDAVIT NO.	
☐ City and County of Honolulu APPLICATION.					(FOR OFFICE USE ONLY)	
		E FOLLOWING IN	NFORMATION IS TRUE A	ND CORRECT	:	
1. SOCIAL SECURITY	NUMBER* 2. DAT	E OF BIRTH		3. TELEPHO	NE	
		Month Day				
4. LAST NAME		Month Day	Year I FIRST NAME	Home:	Business: Middle Initial(s)	
4. EAST WAIVIE			PIKSTIVANIE		widdle mitiai(s)	
RESIDENCE ADDRESS IN HAWAII (Must be completed, P.O. Box, R.R., S.R., are not acceptable)					VN ZIP CODE	
MAILING ADDRESS IN HAWAII (Street address or P.O. Box)				CITY/TOV	VN ZIP CODE	
7. If no street/residence address, describe location of residence (Leave blank if box #6 is completed)				CITY/TOV	VN ZIP CODE	
8. GENDER Female	9. ARE YOU A REGISTERED VOTER IN ANOTHER STATE? Yes No If "yes", please complete the following: I was last registered to vote at; in the county of					
Male Male	(Last Registered Address) (County) (State) (Zip Code) and hereby authorize cancellation of my previous voter registration.					
Read carefully, mark	appropriate "Yes" or	"No" box, and si	ign below.			
I hereby swear (or affirm) that:						
10. FOR FEDERAL, STATE, and COUNTY ELECTIONS:						
a. I am a citizen of the United States of America (Non-U.S. citizens including U.S. nationals do not qualify.)						
b. I am at least 16 years of age. I understand that I must be 18 years old by election day to vote 🔲 Yes 🔲 No						
	dent of the State of H					
I .			of my presence in the State, but with all the accompanying obliq			
Signature			Da	te		
11. Witness signature (required only if applicant makes a mark only)						
Address of witness				Phone	Phone No. of witness	
WARNING:	ANY PERSON WHO	KNOWINGLY FU	RNISHES FALSE INFORM	MATION MAY E	BE GUILTY	

OF A CLASS C FELONY, PUNISHABLE BY UP TO 5 YEARS IMPRISONMENT AND/OR \$10,000 FINE.

Notice: Section 11-15 of the Hawaii Revised Statutes requires that a person registering to vote provide, under oath, his or her social security number, if any. An application lacking this information, therefore, will be denied. Pursuant to Section 7 of the federal Privacy Act (P.L. 93-579), be advised that this information may be released to government agencies for government purposes.

For Office Use Only						
12. I.D. No.	13. Location Code	14. Representative District/Precinct				
V E D 0		,				
V E K O						

The office at which a person registers to vote is confidential. 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).