

Voter Registration and Permanent Absentee Application

To register to vote or to receive an absentee ballot permanently by mail 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.

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

DRIVER'S LICENSE NUMBER H _____		DATE OF BIRTH (mm-dd-yyyy) __ / __ / ____	
FULL LEGAL NAME (Last, First, Middle)			
MAILING ADDRESS (Street and Apt. or House No., or P.O. Box, City, State and Zip Code)			
HAWAII PRINCIPAL RESIDENCE ADDRESS (Indicate SAME if address is the same as your Mailing Address above)			
PHONE NUMBER	EMAIL ADDRESS		

QUALIFICATIONS

If you answer "No" to any of the questions below, DO NOT complete this form.

Are you a citizen of the United States of America? Yes No

Are you at least 16 years of age? (Must be 18 to vote) Yes No

Are you a resident of the State of Hawaii? Yes No

The residence stated in this affidavit is not simply because of my presence in the State, but was acquired with the intent to make Hawaii my legal residence with all the accompanying obligations therein.

ARE YOU REGISTERED TO VOTE IN ANOTHER STATE? Provide your last registered address, county, state, and zip code.

Yes. I hereby authorize cancellation of my previous registration.

WOULD YOU LIKE TO PERMANENTLY RECEIVE ABSENTEE BALLOTS BY MAIL?

Yes. I request to permanently receive absentee ballots at the mailing address associated with my voter registration.

I understand that my permanent absentee voter status will be terminated if: 1) I request termination in writing; 2) I die, lose voting rights, register in another jurisdiction, or am otherwise disqualified from voting; 3) my absentee ballot, voter notification postcard, or any other election mail is returned to the clerk as undeliverable for any reason; or 4) I do not return my ballot by 6:00 PM on election day in both the primary and general election of an election year. If so, I understand that I must reapply for permanent absentee status.

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 application is true and correct.

Signature:

Date:

Office Use Only	ID Number DL99	Location Code 98	Document Number	
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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).

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