

Native Hawaiian Roll Commission  
**KANA'ILOLOWALU**  
The Kana'iolowalu Registry

## DECLARATION

- I affirm the unrelinquished sovereignty of the Native Hawaiian people, and my intent to participate in the process of self-governance.
- I have a significant cultural, social or civic connection to the Native Hawaiian community.
- I am a Native Hawaiian: a lineal descendant of the people who lived and exercised sovereignty in the Hawaiian islands prior to 1778, or a person who is eligible for the programs of the Hawaiian Homes Commission Act, 1920, or a direct lineal descendant of that person.

## GENERAL INFORMATION

1. \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

2. \_\_\_\_\_  
**NAME ON BIRTH CERTIFICATE** MIDDLE NAME LAST NAME  
FIRST NAME

3. \_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

4. \_\_\_\_\_  
EMAIL ADDRESS

5. \_\_\_\_\_  
DAYTIME TELEPHONE NUMBER

6. \_\_\_\_\_  
DATE OF BIRTH (MM/DD/YYYY)

7. \_\_\_\_\_  
PLACE OF BIRTH (CITY, STATE)

MALE  FEMALE (check box)

8. \_\_\_\_\_  
ANCESTRAL HOME(S) (PLACE, ISLAND)

# VERIFICATION OF NATIVE HAWAIIAN ANCESTRY

I verify my ancestry through the following: (Check all that apply)

- Birth certificate
- Other certificate listing Hawaiian or Part-Hawaiian (death, marriage, baptismal, etc)
- Attended The Kamehameha Schools, Class of \_\_\_\_\_, and attest to being Native Hawaiian
- Dept of Hawaiian Home Lands Lessee       Kamehameha Schools Ho‘oulu Hawaiian Data Center
- Operation ‘Ohana #       Hawaiian Registry at OHA # \_\_\_\_\_
- Kau Inoa (ancestry confirmed)       Other: \_\_\_\_\_

If “Hawaiian” or “part Hawaiian” is not on the birth certificate, or if no certificate is produced: Full name of the parent(s) who is/are Native Hawaiian **as it appears on her/his birth certificate.**

_____ FIRST NAME	_____ MIDDLE NAME	_____ LAST NAME
_____ BIRTH DATE (MM/DD/YYYY)	_____ BIRTH PLACE	

_____ FIRST NAME	_____ MIDDLE NAME	_____ LAST NAME
_____ BIRTH DATE (MM/DD/YYYY)	_____ BIRTH PLACE	

## SIGNATURE

- I affirm the Kanai‘olowalu Declaration.
- I authorize the organization named or government agency such as the Department of Health to release my information for the purposes of confirming my ancestry for this registry.
- I hereby declare that the information provided is true and accurate to the best of my knowledge. If any of the statements are proven to be misleading or false my name may be removed from the official list and other penalties may be imposed under law.

_____ SIGNATURE OF REGISTRANT OR PERSON COMPLETING FORM	_____ DATE (MM/DD/YYYY)
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_____ RELATIONSHIP OF PERSON TO REGISTRANT	_____ CONTACT # OR EMAIL (IF NOT REGISTRANT)
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(OFFICE USE) NUMBER \_\_\_\_\_ DATE RECD \_\_\_\_\_ DATA ENTRY \_\_\_\_\_

# KANA‘ILOWALU REGISTRY

## Instructions and Submission Information

The Kana‘iowalu Registry form should be completed by Native Hawaiians who intend to participate in the process of self-governance. Upon completion, please send to:

Native Hawaiian Roll Commission  
711 Kapi‘olani Boulevard, Suite 1150  
Honolulu, Hawai‘i 96813  
Phone: (808) 594-0088

The form can also be filled in and submitted on-line. **Go to [www.kanaiowalu.org/registernow](http://www.kanaiowalu.org/registernow)**

**Declaration:** By filling in and signing the registry form, you affirm your unrelinquished sovereignty, your cultural, social or civic connection, and your lineal descent as a Native Hawaiian. Cultural, social or civic connection can be in many forms and expressions.

**General Information:** This section is information about the person who is registering to be a part of the Kana‘iowalu Registry. Please provide the name of the person (as she/he is now known, and as it is written on her/his birth certificate). Also provide current mailing address, phone number and email address, date of birth, place of birth, and gender of person registering.

**Verification of Native Hawaiian Ancestry:** Your kōkua in assisting in your own verification of Native Hawaiian ancestry is very much appreciated! Mahalo! If you have a birth certificate, or documentation of any kind that says Hawaiian or part-Hawaiian, please attach a copy of the document to this form. Please do not submit original copies.

If you have already submitted documentation and verified your ancestry through another program, please indicate this here. You do not need to provide the records again.

A volunteer may be in touch to work with you on any issues relating to verifying your ancestry, or other questions in completing your registration.

**Signature:** Please sign and date the form. If you are signing for the registrant, please note your relationship to the person, and contact information (if different than the registrant’s).

If you are unable to provide any verification of your ancestry, go to:

**[www.kanaiowalu.org/registernow/kamaainawitnessform](http://www.kanaiowalu.org/registernow/kamaainawitnessform)**

or call the Native Hawaiian Roll Commission at **(808) 594-0088**.

