



ABSENTEE APPLICATION

Prepared by the Office of Elections and
the Association of Clerks and Elections
Officers of Hawaii

HOW TO REQUEST AN ABSENTEE BALLOT

IN ORDER TO RECEIVE AN ABSENTEE BALLOT, YOU MUST BE REGISTERED TO VOTE.

STEP 1 Complete the Application for Absentee Voter Ballot. Mark appropriate box(es) in Section I. Complete Sections II, III, and IV.

1. Print your Social Security Number.
2. Print your Date of Birth.
3. Check the appropriate "Female" or "Male" box.
4. Print your "Home" and "Business" telephone numbers.
5. Print your Name - Last, First, and Middle Initial(s).
6. Print your Residence Address in Hawaii (house number and street name). You must be registered to vote in the county and precinct where you live.
Note: A Post Office Box, Star Route, Rural Route, General Delivery, Business Address, or Mailing Service Address is not an acceptable residence address.
7. Print your Mailing Address in Hawaii.
8. 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.
- 9-12. Indicate where you wish to have your ballots mailed to. If your ballots may reach your forwarding address before your arrival, check the "Hold for Arrival" box.
13. If your signature is a mark, a witness signature is required.

STEP 2 Mail the Application for Absentee Voter Ballot no earlier than 60 days and no later than 7 days prior to the election to the appropriate City/County Clerk:

County of Hawaii

25 Aupuni St., Rm. 105
Hilo, HI 96720-4245
Ph. (808) 961-8277

County of Maui

200 S. High St., Rm. 708
Wailuku, HI 96793-2155
Ph. (808) 270-7749

City and County of Honolulu

530 S. King St., Rm. 100
Honolulu, HI 96813-3077
Ph. (808) 523-4293

County of Kauai

4386 Rice St., Suite 101
Lihue, HI 96766-1819
Ph. (808) 241-4800

Absentee Voting in Person

You may vote by absentee ballot in person at the office of your City or County Clerk. Call for exact dates and times.

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



Office Use Only

Type Code Mail Code

MM - Military Member
MD - Military Dependent
OC - Overseas Civilian

F - Foreign
C - Con US
S - State
L - Local

DOCUMENT NO. _____ HRS§11-20

(FOR OFFICE USE ONLY)

Section I. I hereby request Absentee Ballots for the following Election(s):

- Primary Only
 General Only
 Primary & General
 Special Elections
 I hereby request ballot instructions in:
 Chinese
 Japanese
 Ilocano

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

| | | | | | | |
|---|---|---|--|----------|---|----------|
| 1 | SOCIAL SECURITY NUMBER* _____ - _____ - _____ | 2 | DATE OF BIRTH ____/____/____ <small>Month / Day / Year</small> | 3 | GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 4 | TELEPHONE Home: _____ Business: _____ | | | | | |
| 5 | LAST NAME | | FIRST NAME | | MIDDLE INITIAL(S) | |
| 6 | RESIDENCE ADDRESS IN HAWAII (Must be completed. P.O. Box, R.R., S.R. are not acceptable) | | | APT. NO. | CITY/TOWN | ZIP CODE |
| 7 | MAILING ADDRESS IN HAWAII (Street Address or P.O. Box) | | | | CITY/TOWN | ZIP CODE |
| 8 | If no street/residence address, describe location of residence (Leave blank if #6 is completed) | | | | CITY/TOWN | ZIP CODE |

Section III. Please mail my ballots to:
PRIMARY

GENERAL (if mailing address is different from PRIMARY)

| | | | |
|---|---------------------------------------|---|---------------------------------------|
| 9 | NAME | 11 | NAME |
| 10 | FORWARDING ADDRESS (Include Zip Code) | 12 | FORWARDING ADDRESS (Include Zip Code) |
| <input type="checkbox"/> HOLD for Arrival | | <input type="checkbox"/> 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 (Only signature or mark of applicant is acceptable) | Date |
| | SIGNATURE | |
| | Witness Signature (Required only if applicant makes a mark) | Date |
| | Address of Witness | Phone No. of Witness |

***Notice:** A Social Security Number is required by HRS §11-15 and HRS §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.

Office Use Only

| District/Precinct | Ballot Type | Ballot Stub No. | Ballot Mailed | By | Ballot Received | By |
|-------------------|-------------|-------------------|---------------|----|-----------------|----|
| | | Primary A: | | | | |
| | | General A: | | | | |
| Clerk | | B ballot: | | | | |
| Remarks: | | | | | | |