

APPLICATION FOR A NOMINATION PAPER

STATE OF HAWAII

The information contained on this form will be released to the public with the exception of the Social Security Number, Date of Birth, and Residence Address Number. If no Mailing Address is provided Residence Address will be released to the public.

Type or print all information in black ink. Failure to print legibly or to complete all requested items may prevent acceptance of application.

SECTION I: CANDIDATE INFORMATION

1. SOCIAL SECURITY NUMBER: _____ - _____ - _____		2. LEGAL NAME: LAST, FIRST, MIDDLE NAME or INITIAL(S)		
3. DATE OF BIRTH:		4. NAME COMMONLY KNOWN AS (IF DIFFERENT FROM LEGAL NAME):		
5. LEGAL RESIDENCE ADDRESS IN HAWAII: HOUSE NUMBER, STREET, APARTMENT		CITY:	ZIP CODE:	
6. IF NO STREET ADDRESS, DESCRIBE LOCATION OF RESIDENCE:				
7. MAILING ADDRESS:		CITY:	ZIP CODE:	
8. CONTACT TELEPHONE NUMBER:		9. EMAIL ADDRESS:		10. WEBSITE:
11. GENDER:	12. FELONY CONVICTION	13. INDIGENT:	14. READ THE FOLLOWING AND CHECK "YES" OR "NO":	
<input type="checkbox"/> FEMALE	<input type="checkbox"/> YES	<input type="checkbox"/> YES	I AM A CITIZEN OF THE UNITED STATES OF AMERICA <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> MALE	<input type="checkbox"/> NO	<input type="checkbox"/> NO	I AM A RESIDENT OF THE STATE OF HAWAII <input type="checkbox"/> YES <input type="checkbox"/> NO	
			I AM A REGISTERED VOTER OF THE STATE OF HAWAII <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION II: CONTEST INFORMATION

15. CONTEST TITLE (OFFICE):	16. ELECTORAL JURISDICTION (STATE OR COUNTY OR DISTRICT):	17. POLITICAL PARTY OR NONPARTISAN:	18. PARTY MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO
19. CONTACT PERSON:		20. RELATION OF CONTACT PERSON:	21. CONTACT PERSON'S TELEPHONE NUMBER:

THE INFORMATION PROVIDED IN SECTIONS I AND II HEREIN IS TRUE AND CORRECT AND I HEREBY AUTHORIZE THE CHIEF ELECTION OFFICER AND/OR THE CITY/COUNTY CLERK TO VERIFY THE ABOVE INFORMATION.

APPLICANT'S SIGNATURE: _____ DATE: _____

SECTION III: FOR OFFICE USE ONLY

ISSUED BY:	DATE & TIME:	LOCATION:	FILED BY:	DATE & TIME:	LOCATION:		
CJIS VERIFIED: <input type="checkbox"/> FELONY <input type="checkbox"/> NO FELONY	REGISTRATION STATUS VERIFIED: DISTRICT: _____ CONG: _____ SENT: _____ COUNCIL: _____			PHOENIX PROOF: INITIALS: _____	CSC AFFIDAVIT FILED: <input type="checkbox"/> YES <input type="checkbox"/> NO	FILING AMOUNT RECEIVED: _____	RECEIPT NUMBER: _____

BALLOT NAME:
Ballot name, including any Hawaiian or English equivalent or nickname, is limited to a **maximum of 27 typed spaces**. This includes all letters, spaces, and punctuation marks. Titles are not allowed. Use this format: LASTNAME, Firstname M.I., Jr. (Nickname)

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COMMENTS: