

Application for a Nomination Paper

State of Hawaii | 2018 Elections

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

Please print clearly in black ink.

1	Last Name	First Name	Middle or Initial(s)	Suffix (Jr., II)

2	Name Commonly Known As (if different from legal name)

3	HI Driver License or HI State ID Number	Last 4-Digits of Social Security Number	Date of Birth

4	Residence Address	City	Zip Code

4	Mailing Address	City	Zip Code

If your residence does not have a street address, describe the location (cross streets, landmarks).

5	Phone Number	Email Address	Website

6	Contact Person	Relation of Contact Person	Contact Person's Phone Number

7	Felony Conviction <input type="checkbox"/> Yes <input type="checkbox"/> No	Indigent <input type="checkbox"/> Yes <input type="checkbox"/> No	I am a citizen of the United States of America. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			I am a resident of the State of Hawaii. <input type="checkbox"/> Yes <input type="checkbox"/> No	<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		<input type="checkbox"/> Yes <input type="checkbox"/> No

8	Office (U.S. Senator, Governor, State Representative)	Electoral Jurisdiction (State, County, or District)

8	Political Party or Nonpartisan	Party Member <input type="checkbox"/> Yes <input type="checkbox"/> No

9	The information provided herein is true and correct and I hereby authorize the Chief Election Officer and/or the City/County Clerk to verify the above information.	
	Signature	Date

9	Signature	Date

Office Use Only	Issued By	Date & Time	Location	CJIS Verified <input type="checkbox"/> Felony <input type="checkbox"/> No Felony	Registration Verified Cong. Senate House Council	Proofed in System Initials:

Office Use Only	Filed By	Date & Time	Location	CSC Affidavit Filed <input type="checkbox"/> Yes <input type="checkbox"/> No	Filing Fee Amount	Receipt Number

Ballot Name - maximum of 27 typed spaces; including all letters, spaces, and punctuation marks. May include a nickname or Hawaiian equivalent in parenthesis. Titles and slogans are not allowed. Use this format: LASTNAME, Firstname M.I., Jr. (Nickname)

Office Use Only	Ballot Name

Comments

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