

NOTICE!

You must be registered to vote in Hawaii to receive an absentee ballot.

Use the Voter Registration & Permanent Absentee application to register.

SUBMITTING APPLICATION

Mail or deliver your application to your Clerk's Office at the address below.

County of Hawaii

25 Aupuni St., Rm. 1502
Hilo, HI 96720

County of Kauai

4386 Rice St., Rm. 101
Lihue, HI 96766

County of Maui

200 S. High St., Rm. 708
Wailuku, HI 96793

City & County of Honolulu

530 S. King St., Rm. 100
Honolulu, HI 96813

DEADLINE TO SUBMIT APPLICATION

Applications must be received by your Clerk's Office no later than 7 days prior to the election.

LANGUAGE ASSISTANCE

若想獲得電子檔的翻譯材料，或者需要協助填表事宜，請聯繫 選舉辦公室 (Office of Elections).

Para kadagiti naipatarus a materiales a mainaig iti eleksion wenno tulong iti lengguahe tapno makompletoyo daytoy nga aplikasion, awagan ti Opisina Dagiti Eleksion (Office of Elections).

CONTACTUS

For voter registration and absentee voting information, contact your **Clerk's Office**.

County of Hawaii(808) 961-8277

County of Maui.....(808) 270-7749

County of Kauai.....(808) 241-4800

City & County of Honolulu.....(808) 768-3800

For additional voting information, contact the **Office of Elections**.

(808) 453-VOTE (8683)

Toll Free: 1-800-442-VOTE (8683)



TTY: (808) 453-6150

Toll Free TTY: 1-800-345-5915

Email: elections@hawaii.gov

Website: www.elections.hawaii.gov

ABSENTEE APPLICATION

Hawaii Absentee Application

Please print clearly in black ink.

1 I am requesting an absentee ballot for the following election(s):
 Primary Only General Only Primary & General Special

2 Last Name _____ First Name _____ M.I. _____ Suffix (Jr., II) _____

3 HI Driver License or HI State ID Number
If you do not have either, complete box 3b.

3b

I do not have a HI Driver License or HI State ID.
Provide the last 4-digits of your Social Security Number. _____

I do not have a HI Driver License, HI State ID, or SSN.

4 Date of Birth _____ Phone Number _____ Email _____

5 Residence Address (P.O. Box, R.R., S.R. are not acceptable) _____ Apt. Number _____ City _____ Zip Code _____

Mailing Address in Hawaii Same as Residence Address Apt. Number _____ City _____ Zip Code _____

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

6 Address to Mail Primary Ballot Hold for arrival Address to Mail General Ballot Hold for arrival

7 **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.

SIGN HERE _____ Date _____

If you are unable to sign, mark the signature line and have a witness provide signature, address, and phone number.

Office Use Only	Primary Mailed	Primary Received	Remarks			<input type="checkbox"/> HRS §11-20
	General Mailed	General Received	Clerk	D/P	Document Number	
						