



Elections
Office of the City Clerk
530 S. King St., Room 100
Honolulu, Hawaii 96813-3077

NON-PROFIT
ORG.
U.S. POSTAGE
PAID
Honolulu, HI
Permit NO. 1175



www.honoluluelections.us



If you received your yellow voter notification postcard, you may cast a ballot before Election Day. Follow the instructions below and an absentee ballot will be mailed to you.

This application may be photocopied for other registered voters in your household.

Questions? Please contact our office at 768-3800.

Mahalo.

INSTRUCTIONS 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 GENDER "Male" or "Female" box.
4. Print your TELEPHONE "Home" and "Business" numbers.
5. Print your LAST NAME, FIRST NAME, 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, General Delivery, Business Address, or Mailing Service Address are **not** acceptable residence address.
7. Print your MAILING ADDRESS IN HAWAII.

8. If you do not have a street address, describe the location of where you live. Include details such as subdivision, village, tax map key number, 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 immediately. Applications must be received no later than 7 days prior to the election.

♦ **Elections**
Office of the City Clerk
530 S. King St., Rm. 100
Honolulu, HI 96813-3077
Phone: (808) 768-3800

REMINDER:

- ① Carefully follow the instructions on the reverse side of the application. Incomplete applications will delay processing.
- ② Place your completed application into a **stamped envelope**.

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

OFFICIAL USE ONLY	
Type Code <input style="width: 100%; height: 20px;" type="text"/>	Mail Code <input style="width: 100%; height: 20px;" type="text"/>
MM - Military Member MD - Military Dependent OC - Overseas Civilian	F - Foreign C - Con US S - State L - Local

DOCUMENT NO.	HRS§11-20 <input type="checkbox"/>
(FOR OFFICE USE ONLY)	

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

- Primary Only
 General Only
 Primary & General

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.
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 ELECTION 9 NAME _____ 10 FORWARDING ADDRESS (Include Zip Code) _____ _____ _____ <input type="checkbox"/> HOLD for arrival	GENERAL ELECTION 11 NAME _____ 12 FORWARDING ADDRESS (If mailing address is different from PRIMARY - Include Zip Code) _____ _____ _____ <input type="checkbox"/> HOLD for arrival
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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.

OFFICIAL USE ONLY

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