

LINDA LINGLE
GOVERNOR OF HAWAII



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COMMISSION ON WATER RESOURCE MANAGEMENT

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FIRST DEPUTY

KEN C. KAWAHARA
DEPUTY DIRECTOR - WATER

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CONSERVATION AND RESOURCES ENFORCEMENT
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HISTORIC PRESERVATION
KAHOOLAWE ISLAND RESERVE COMMISSION
LAND
STATE PARKS

STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES

STATE HISTORIC PRESERVATION DIVISION
601 KAMOKILA BOULEVARD, ROOM 555
KAPOLEI, HAWAII 96707

Burial Registration Form
(Please fill in all blanks to the fullest extent possible)

I. Applicant Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone (h): _____ (w): _____ (cell): _____

Fax: _____ Other: _____

Relationship to burial(s): _____

II. Location of Burials

Address: _____

Island: _____ District: _____ Ahupua'a: _____

TMK (if known): _____

Landowner (if known): _____

Landowner Mailing Address: _____

Landowner Phone: _____ Landowner Fax: _____ Other: _____

Specific Location Information: [Please describe context (i.e., family cemetery, mountain cave, sand dune, under house, etc.)]

*Note: Please attach any maps and/or photographs of burial(s) where available.

III. Burial Description(s):

Headstone inscription(s) if any:

Burial descriptions: (i.e., casket, cave, canoe, platform, unmarked, stacked stone, etc.)

IV. Condition of the Burial(s):

Is there an immediate possibility of disturbance? Yes No

If "yes", please describe the problem: _____

Suggestions for protecting the burial(s): (i.e., buffer zones, etc.)

Is the land where the burial(s) is/are located currently owned by descendants of the deceased?

Yes No Please explain: _____

V. Genealogy of Deceased: (Please attach extra sheet if necessary)

Name: _____ Date of birth: _____

Relationship to deceased: _____ Date of death: _____

Parents Names: _____

Name: _____ Date of birth: _____

Relationship to deceased: _____ Date of death: _____

Parents Names: _____

Name: _____ Date of birth: _____

Relationship to deceased: _____ Date of death: _____

Parents Names: _____

Name: _____ Date of birth: _____

Relationship to deceased: _____ Date of death: _____

Parents Names: _____

Surviving descendants of deceased: (Please indicate relationship of each to the deceased. Attach extra sheet if necessary)

Please check and submit any of the following for verification of burial purposes:

_____ Birth Certificate	_____ Death Certificate	_____ Marriage Certificate
_____ Census Records	_____ Tax Records	_____ Land Conveyance Documents
_____ Oral family history (Written or Recorded)	_____ Maps	
_____ Photographs	_____ Other: _____	

VI. Other Knowledgeable Contact Person(s):

Name: _____ Phone No: _____

Name: _____ Phone No: _____

Name: _____ Phone No: _____

Name: _____ Phone No: _____

VI. Miscellaneous Notes:

VII. Confidentiality Statement:

A. I request that the burial and genealogical information given above be restricted from public access [pursuant to HRS Chapter 6E-43.5(e)].

Signature: _____ Date: _____

B. I do not object to the burial and genealogical information given above being made available for public access.

Signature: _____ Date: _____

For Office Use Only

Date Application Received: _____ BSP Case Number: _____

Reviewed By: _____ Date: _____

Staff Recommendation: _____

Comments: _____

Date Documents Returned to Applicant: _____

*Last Revised: 10/24/08