

# Instructions on how to receive a permanent absentee voter ballot

In order to receive an absentee ballot, you must be registered to vote.

## STEP 1

Complete the Application for Permanent Absentee Voter Ballot. Complete Sections I, II, and III.

1. Print your Social Security Number.
2. Print your Date of Birth.
3. Check the appropriate “Female” or “Male” box.
4. Print your telephone number.
5. Print your Name: Last, First, and Middle Initial(s).
6. Print your Residence Address in Hawai‘i (house number and street name). You must be registered to vote in the county and precinct where you live.

**Note:** A Post Office Box, Star Route, Rural Route, General Delivery, Business Address, or Mailing Service Address is not an acceptable residence address.

If your residence does not have a street address, describe the location of your residence. Include details such as subdivision, village, tax map key no., and zip code.

7. Print your Mailing Address in Hawai‘i.
8. Print your (optional) Email Address.
9. Indicate where you wish to have your ballots mailed to.

If your signature is a mark, a witness signature is required.

Permanent absentee voting allows registered voters to receive their ballots by mail for future elections. In order to receive your absentee ballots permanently, you must follow the instructions and complete the Permanent Absentee Application correctly. You will remain on the list of Permanent Absentee Voters unless you fail to return a voter ballot by 6:00 p.m. election day in both the primary and general election, register to vote in another jurisdiction, or fail to keep your voter registration updated.

## STEP 2

Mail the Application for Absentee Voter Ballot no earlier than 60 days and no later than 7 days prior to the election to the appropriate City/County Clerk:

**County of Hawai‘i**  
25 Aupuni St., Rm. 1502  
Hilo, HI 96720-4245  
Ph. (808) 961-8277

**City and County of Honolulu**  
530 S. King St., Rm. 100  
Honolulu, HI 96813-3099  
Ph. (808) 768-3800

**County of Maui**  
200 S. High St., Rm. 708  
Wailuku, HI 96793-2155  
Ph. (808) 270-7749

**County of Kaua‘i**  
4386 Rice St., Rm. 101  
Lihue, HI 96766-1819  
Ph. (808) 241-4800

---

This application is available in Japanese, Ilocano, and Chinese. For translated materials, please call the Office of Elections at (808) 453-VOTE (8683) or 1-800-442-VOTE (8683) on the neighbor islands.

本申請書は、日本語、イロカノ語、中国語版があります。翻訳された資料が必要な場合は、選挙管理局までお電話ください。453-VOTE (8683) または 隣島からのフリーダイヤル：1-800-442-VOTE (8683)

Mabasa met daytoy a papeleta wenna aplikasion iti pagsasao a Hapones, Ilokano ken Intsik. Tapno makaalakayo kadagiti material a naipatarus kadagitoy a pagsasao, umawagkayo laeng iti Office of Elections iti (808) 453-VOTE (8683) wenna 1-800-442-VOTE (8683) no agnaedkayo iti kadarapat (wenna kaarruba) nga isla.

本申請冊有日語、洛卡諾語和中文。要得到翻譯的資料，請打 (808) 453-VOTE (8683) 聯絡選舉辦事處 (Office of Elections) 。鄰近島嶼可打免費電話 1-800-442-VOTE (8683) 。

# Permanent Absentee Application

State of Hawai‘i  
Registered Voters Only

Prepared by the Office of Elections  
and the Association of Clerks  
and Elections Officers of Hawai‘i

# Application for Permanent Absentee Voter Ballot

(If you want absentee ballots for only one election year, use a regular absentee mail ballot request form.)

**Section I.** 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.

<b>1</b>	SOCIAL SECURITY NUMBER* ____ - ____ - _____	<b>2</b>	DATE OF BIRTH ____ / ____ / ____ MONTH DAY YEAR	<b>3</b>	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<b>4</b>	TELEPHONE NUMBER ____ - ____ - _____
<b>5</b>	LAST NAME		FIRST NAME		MIDDLE INITIAL(S)		
<b>6</b>	RESIDENCE ADDRESS OR DESCRIPTION IN HAWAII (P.O. Box, R.R., S.R. are not acceptable)			APT. NO.	CITY		ZIP CODE
<b>7</b>	MAILING ADDRESS IN HAWAII (Street address or P.O. Box)				CITY		ZIP CODE
<b>8</b>	OPTIONAL EMAIL ADDRESS:						

## Section III. Permanent Absentee Ballot Request

I, \_\_\_\_\_, hereby affirm, under penalty of law, the following:

I am requesting to receive absentee ballots permanently.

Please mail my ballots to my mailing address in Hawai'i, my voter registration mailing address, or to:

\_\_\_\_\_  
ADDRESS CITY STATE ZIP CODE

I shall be responsible for informing the clerk of any changes to my personal information, including changes to the mailing address for my absentee ballots;

I also understand that my permanent voter status will remain in effect unless and until one of the following conditions occur:

- (a) If I request termination of status in writing; or
- (b) If I die, lose my voting rights, or I am otherwise disqualified from voting; or
- (c) If I register to vote in another jurisdiction; or
- (d) If my absentee ballot, voter notification postcard, or any other election mail is returned as undeliverable for any reason; or
- (e) If I do not return a voter ballot by 6:00 p.m. election day in both the primary and general election of an election year;

I understand that if my permanent absentee voter status is terminated I will be responsible for reapplying for permanent absentee status; and

All information furnished on this application is true and correct.

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