

STEWART MAEDA
County Clerk



JON HENRICKS
Deputy County Clerk

OFFICE OF THE COUNTY CLERK

Elections Division
County of Hawaii
Hawaii County Building
25 Aupuni Street
Hilo, Hawaii 96720

Request for Certificate of Voter Registration

I, _____, would like to request a certificate of voter registration.

Full Name: _____

Residence Address: _____

Mailing Address: _____

Last 4 Digits of SSN: _____

Birthdate: _____

Mail my certificate of voter registration to: _____

If you are registering to vote for the first time or updating your information, complete and include the voter registration application.

Please enclose a payment of \$2.00 by check or money order made payable to: **County Director of Finance**. If you have any questions, contact our office at 961-8277.

I authorize _____ to pick up my certificate of registration.

(Signature)

(Date)

Mail request and payment to: **County of Hawaii**
Elections Division
25 Aupuni St, #1502
Hilo, HI 96720