



S.H.P.D. #: _____

STATE OF HAWAI'I

DEPARTMENT OF LAND AND NATURAL RESOURCES

Historic Preservation Division
Burial Sites Program
Kākuhihewa Building, Room 555
601 Kamokila Boulevard
Kapolei, Hawai'i 96707

Burial Registration Form

I. Applicant Information:

A. Full Name: _____

B. Address: _____

C. Home Phone: _____ Work Phone: _____ Other: _____

II. Location of Burial(s):

A. Address (if any): _____

B. Island: _____ District: _____ Sub-District: _____

C. Tax Map Key No. (if known): _____

D. Landowner (if known): _____

E. Landowner Mailing Address: _____

F. Landowner Phone: _____ Landowner Fax: _____ Other: _____

G. Specific Location Information:

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

H. Please attach maps and photographs of burial(s) where available.

III. Burial Description(s):

A. Headstone inscription(s) if any:

B. Surviving descendants of deceased:

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

V. Condition of the Burial(s):

A. Is there an immediate possibility of disturbance?

YES ____ NO ____

If "YES" please describe the problem: _____

B. Suggestions for protecting the burial(s)?:

(i.e., buffer zones, etc.)

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

YES _____ NO _____

Please explain: _____

VI. Other Knowledgeable Contact Persons:

_____ Phone: _____
_____ Phone: _____
_____ Phone: _____
_____ Phone: _____

VII. Miscellaneous Notes:

VIII. Confidentiality Statement:

(Please sign only one of the two choices offered.)

- 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: _____