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GOVERNOR OF HAWAII



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INTERIM CHAIRPERSON  
BOARD OF LAND AND NATURAL RESOURCES  
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COMMISSION ON WATER RESOURCE MANAGEMENT  
CONSERVATION AND COASTAL LANDS  
CONSERVATION AND RESOURCES ENFORCEMENT  
ENGINEERING  
FORESTRY AND WILDLIFE  
HISTORIC PRESERVATION  
KAHOOLAWE ISLAND RESERVE COMMISSION  
LAND  
STATE PARKS

**STATE OF HAWAII**  
**DEPARTMENT OF LAND AND NATURAL RESOURCES**

STATE HISTORIC PRESERVATION DIVISION  
KAKUHIHEWA BUILDING  
601 KAMOKILA BLVD, STE 555  
KAPOLEI, HAWAII 96707

## Descendancy Claim Application

(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: \_\_\_\_\_

Type of descendancy applying for: \_\_\_\_\_ Lineal \_\_\_\_\_ Cultural

Please check which documents you are providing to verify claim:

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

### II. Project Information

Project Name:

\_\_\_\_\_

Landowner:

\_\_\_\_\_

TMK(s):

\_\_\_\_\_

'Ili/Mo'o: \_\_\_\_\_ Ahupua'a: \_\_\_\_\_

District: \_\_\_\_\_ Island: \_\_\_\_\_

**III. Burial Information**

Name(s) and death date(s) of buried individual(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Burial description(s) if known:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship of applicant to deceased:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. 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: \_\_\_\_\_

**For Office Use Only**

Date Application Received: \_\_\_\_\_ BSP Case Number: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Recommendation: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Documents Returned to Applicant: \_\_\_\_\_