



OFFICE OF PLANNING STATE OF HAWAII

DAVID Y. IGE
GOVERNOR

LEO R. ASUNCION
DIRECTOR
OFFICE OF PLANNING

235 South Beretania Street, 6th Floor, Honolulu, Hawaii 96813
Mailing Address: P.O. Box 2359, Honolulu, Hawaii 96804

Telephone: (808) 587-2846
Fax: (808) 587-2824
Web: <http://planning.hawaii.gov>

Hawaii Board on Geographic Names

How to Submit a Proposed Name

Complete the attached application making sure to supply sufficient information to allow proper identification and location of the feature. Justify your proposal by documenting the name as completely as possible (history, sources, etc.). Send the completed application to the Board on Geographic Names, c/o Office of Planning, Department of Business, Economic Development, and Tourism, P.O. Box 2359, Honolulu, Hawaii 96804.

Suggestions for Recommending Geographic Names in Hawaii

- For all geographic features in the State of Hawaii, Hawaiian names are given preference. Any known Hawaiian diacritical marks (the glottal stop (okina) and the macron (kahako)) should be included on the application.
- In determining the spelling of controversial names, early historical records, knowledgeable local informants and other means are used to arrive at the most viable original spelling.
- In Hawaii, very few geographic features exist which were not named by ancient Hawaiians. If no amount of research can reveal the original Hawaiian name of a feature, a new name may be considered. Things to avoid are:
 - a) Non-Hawaiian names
 - b) Duplication of names, especially on the same Island
 - c) Names commemorating living persons
 - d) Long or clumsily constructed names
 - e) The use of hyphens or apostrophes
 - f) Personal names unless of historical significance

HAWAII GEOGRAPHIC NAME APPLICATION

STATE OF HAWAII
 BOARD ON GEOGRAPHIC NAMES
 C/O OFFICE OF PLANNING
 DEPT. OF BUSINESS, ECONOMIC
 DEVELOPMENT & TOURISM
 P.O. BOX 2359
 HONOLULU, HAWAII 96804

	Spelling Correction
	Controversial Name
	Obscure Hawaiian Name
	Name Form Change
	Name Change
	New Name (Unnamed Feature)

Recommended Name: _____

Island: _____ Tax Map Key: Zone _____ Section _____ Plat _____ Parcel _____

Latitude: _____ Degrees _____ Minutes _____ Seconds North

Longitude: _____ Degrees _____ Minutes _____ Seconds West

Description of feature (give precise location in relation to existing named features, particularly if geographic coordinates are not supplied).

Published Map or Other Source Using Recommended Name: _____	Variant Names/Spellings: _____ _____ _____	Source: _____ _____ _____
--	---	------------------------------------

Documentation or personal knowledge on origin, spelling and meaning of the recommended name or reason for change. If a new name, state basis for knowledge that feature is unnamed, reason for naming, and why the recommended name was chosen.

Submitted by:

Name: _____ Title: _____ Date: _____

Agency/Organization (if any): _____

Address: _____

Phone Number (Day): _____

e-mail address (if any): _____