



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

**STATE HISTORIC PRESERVATION DIVISION
KAKUHIHEWA BUILDING
601 KAMOKILA BLVD, STE 555
KAPOLEI, HAWAII 96707
(808)692-8015**

Burial Registration Form

(Please fill in all blanks to the fullest extent possible)

I. Applicant Information

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone (h): _____ (w): _____ (cell): _____

Fax: _____ Email: _____

II. Location of Burial Site

Address (if any): _____

Tax Map Key No.: _____

‘Ili/Mo‘o: _____ Ahupua‘a: _____

Moku: _____ Island: _____

Burial Site(s) UTM/GPS Coordinates: N _____ E _____

Landowner Name (if known): _____

Landowner Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Landowner Phone: _____ Landowner Fax: _____ Other: _____

Please attach photographs of burial(s) where available.

Surviving Descendants of Deceased:

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

V. Condition of the Burial(s):

Is there an immediate possibility of disturbance? YES NO

If "YES" please describe the problem:

Suggestions for protecting the burial(s)?

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

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. Additional Documentation

Please check which document copies you are providing to verify your statements:

Birth Certificates

Death Certificates

Marriage Certificates

Burial Certificates

Genealogy

Photos

Census Records

Tax Records

Land Conveyance Documents

Oral Family History (Written or Recorded)

VIII. Confidentiality Statement:

(Please sign only one of the two choices offered)

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: _____

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 Completed Application Received: _____

Reviewed By: _____ Date: _____

Staff Recommendation: _____

Assigned State Inventory of Historic Places No.: ____ - ____ - ____ - _____

Comments: _____
