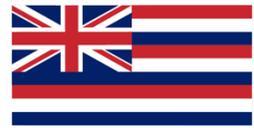




APPLICATION FOR KO HAWAII PAE AINA
CERTIFICATE OF HAWAIIAN BIRTH



EMAIL APPLICATION TO: ___ KHPA.CHB@pm.me _____ APPLICATION DATE: _____

MAKUAHINE INOA / MOTHER'S NAME: _____

EHIA MAKAHIKI HOU / AGE AT BIRTH: _____ RACE / ETHNICITY: _____

BIRTH AHUPUAA / LAND DIVISION: _____ BIRTH MOKUPUNI / ISLAND: _____

***** _____ *****

MAKUAKANE INOA / FATHER'S NAME: _____

EHIA MAKAHIKI HOU: _____ OIHANA (PROFESSION) _____

RACE / ETHNICITY: _____

BIRTH AHUPUAA: _____ BIRTH MOKUPUNI : _____

INOA PEPE / BABY'S NAME: _____

LA HANAU / BIRTH DATE: ___/___/_____ KEAI / SEX: KAIKAMAHINE / GIRL OR KEIKIKANE / BOY

APPLICANT ADDRESS: _____

AHUPUAA: _____ MOKU / DISTRICT: _____

MOKUPUNI CIRCLE ONE:							
NIIHAU	KAUAI	OAHU	MOLOKAI	LANAI	KAHOOLAWE	MAUI	MOKU O KEAWE

APPLICANT EMAIL: _____ PHONE: _____

*****PAYMENT REQUIRED BEFORE PROCESSING*****			
PAYMENT LEGAL TENDER: SILVER DOLLAR COINS (PRE 1965)			
CERTIFICATE OF HAWAIIAN BIRTH COST			
SILVER SPOT OZ. PRICE TODAY:			
CERTIFICATE AMOUNT DUE:	2 SILVER DOLLARS (1 OUNCE 90% SILVER EACH)		\$2
EQUIVALENT AMOUNT DUE:	SILVER PURCHASE USD \$ EQUIVALANT		\$60 USD

AUTHORIZED SIGNATURE FOR PAYMENT COMPLETED _____

For official use only			
Date:	Applicant:	Code:	Authorization #: _____
Application #:			Initial: _____
Version: 11JULY2025			