

Post Office Box (Postal Service)

Please fill out all required fields below. Mahalo for your service to Ko Hawai'i Pae 'āina.

Full Legal Name _____

Date of Birth _____

Island _____

Height _____

Weight _____

Hair Color _____

Eye Color _____

Sex (K / W) _____

Address _____

Phone Number _____

Email Address _____

Signature _____

Date _____