



JON HENRICKS
County Clerk

OFFICE OF THE COUNTY CLERK

Elections Division
County of Hawaii
Hawaii County Building
25 Aupuni Street
Hilo, Hawaii 96720

Request for Certificate of Voter Registration

I, _____, would like to request a certificate of voter registration.

Full Name: _____

Residence Address: _____

Mailing Address: _____

Last 4 Digits of SSN: _____

Birthdate: _____

Mail my certificate of voter registration to: _____

If you are registering to vote for the first time or updating your information, complete and include the voter registration application.

Please enclose a payment of \$2.00 by check or money order made payable to: **County Director of Finance**. If you have any questions, contact our office at 961-8277.

I authorize _____ to pick up my certificate of registration.

(Signature)

(Date)

Mail request and payment to: **County of Hawaii**
Elections Division
25 Aupuni St, #1502
| **Hilo, HI 96720**