



**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.)

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**V. Condition of the Burial(s):**

Is there an immediate possibility of disturbance?                      YES                      NO

If "YES" please describe the problem:

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**Suggestions for protecting the burial(s)?**

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

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**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: \_\_\_\_\_

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**For Office Use Only**

Date Completed Application Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Recommendation: \_\_\_\_\_

\_\_\_\_\_

Assigned State Inventory of Historic Places No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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