STATE OF HAWAII | KA MOKUʻĀINA ʻO HAWAIʻI
DEPARTMENT OF LAND AND NATURAL RESOURCES
KA ʻOIHANA KUMUWAIWAI ʻĀINA

STATE HISTORIC PRESERVATION DIVISION
KAKUHIHEWA BUILDING
601 KAMOKILA BLVD., STE 555
KAPOLEI, HAWAII 96707

Descendancy Claim Application

Type of Descendancy:

☐ **"Lineal descendant"** means with respect to Native Hawaiian skeletal remains, a claimant who has established to the satisfaction of the council, direct or collateral genealogical connections to certain Native Hawaiian skeletal remains, or with respect to non Native Hawaiian skeletal remains, a claimant who has established to the satisfaction of the department, direct or collateral genealogical connections to certain non Native Hawaiian skeletal remains. [HAR §13-300-2]

☐ **"Cultural descendant"** means with respect to non Native Hawaiian skeletal remains, a claimant recognized by the department as being the same ethnicity, or with respect to Native Hawaiian skeletal remains, a claimant recognized by the council after establishing genealogical connections to Native Hawaiian ancestors who once resided or are buried or both, in the same ahupuaʻa or district in which certain Native Hawaiian skeletal remains are located or originated from.

SECTION I:

Applicant Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

☐ **Previously Recognized:** If you are seeking recognition as a **cultural** descendant to either specific Native Hawaiian skeletal remains or any additional Native Hawaiian skeletal remains within an ahupuaʻa, AND you have been previously recognized as a lineal or cultural descendant by the respective Island Burial Council to Native Hawaiian skeletal remains within that same ahupuaʻa, you may select this option and skip pages 2 and 3 (unless specifying a burial site in Section II), but **must** provide the SHPD recognition letter and/or date of the meeting in which the burial council voted to recognize you as a descendant to Native Hawaiian skeletal remains within that ahupuaʻa.

Log/Project No.: _____ Doc. No.: _____

Ahupuaʻa: _____ Date of Meeting: _____

SECTION II:

Burial Site Information

Address: _____

Island: _____ Moku: _____

Ahupuaʻa: _____ TMK: _____

Project /Landowner Name: _____

Landowner Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Has the burial been recorded in an archaeological inventory survey, inadvertent discovery report, burial registration form, or similar documentation? ☐ Yes: _____ ☐ No / Not Sure

Has the burial been assigned an SIHP number? ☐ Yes: _____ ☐ No / Not Sure

If the burial has not been previously recorded, submit this application with a "Burial Registration" form.

SECTION III:

HAR §13-300-35 Recognition of Lineal and Cultural Descendants

In order to establish lineal or cultural descent to human skeletal remains, a person shall submit a claim to the department together with any of the following information:

Please check which document(s) you are providing to verify your claim.

Note that a lack of sufficient documentation to substantiate your genealogical connections may result in a delay, request for additional information, and/or deferral recommendation to the council.

(1) Name of the deceased individual	(2) Family genealogy ☐	(3) Birth certificates ☐
(4) Death certificates ☐	(5) Obituaries ☐	(6) Marriage certificates ☐
(7) Probate records ☐	(8) Church records ☐	(9) Census records ☐
(10) Tax records ☐	(11) Land conveyances ☐	(12) Oral family history ☐

(13) Any other applicable information or records that help establish a lineal connection between the claimant and the human skeletal remains: _____

SECTION IV:

Lineal Descendancy Claim

Name(s), death date, and burial description:

1. _____
   _____
2. _____
   _____
3. _____
   _____

Relationship of the applicant to buried individual(s): _____
_____
_____
_____
_____

OR

Cultural Descendancy Claim

Name(s) of ancestor(s) who once resided or are buried or both, in the same ahupua‘a or district in which certain Native Hawaiian skeletal remains are located or originated from:

1. _____
   _____
2. _____
   _____
3. _____
   _____

Relationship of the applicant to above named ancestor(s): _____
_____
_____
_____
_____

Completion of the respective section is required to process your application, unless “previously recognized.”

SECTION V:

If you are recognized by the respective Island Burial Council as a lineal or cultural descendant to iwi kupuna, you are also eligible to be recognized as a "cultural descendant" to additional iwi kupuna within that same ahupua'a. Accordingly, if SHPD provides a recommendation to the respective island burial council to recognize you as a lineal or cultural descendant (select ONE of the options):

☐ I request that SHPD's recommendation to the council include that **my recognition be extended to any additional iwi kupuna within the same ahupua'a** as the iwi kupuna listed in this application.

☐ I request that **my recognition be limited to the iwi kupuna listed in this application** and decline future notifications and/or consultations regarding additional iwi kupuna within the ahupua'a.

☐ **Previously Recognized**: I request that my recognition be extended to any additional iwi kupuna within the same ahupua'a as the iwi kupuna I was previously recognized to, as listed in Section I.

Signature: _____ Date: _____

Please select ONE of the below options:

☐ I request that the burial and genealogical information provided in Section IV be restricted from public access [HRS §6E-43.5(e)].

☐ I do not object to the burial and genealogical information provided in Section IV being made available for public inspection.

Signature: _____ Date: _____

SHPD STAFF

Review completed by: _____ SIHP #(s): _____

SHPD Recommendation: ☐ Lineal ☐ Cultural

☐ Deferral: _____

Notification: Project No. _____ Doc No. _____

Date: _____

Burial Council Decision: ☐ Lineal ☐ Cultural

☐ Deferral: _____

Date of Meeting: _____

Notification: Project No. _____ Doc No. _____

Date: _____