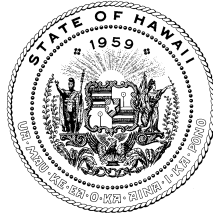


LINDA LINGLE
GOVERNOR OF HAWAII



LAURA H. THIELEN
CHAIRPERSON
BOARD OF LAND AND NATURAL RESOURCES
COMMISSION ON WATER RESOURCE MANAGEMENT

RUSSELL Y. TSUJI
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DEPUTY DIRECTOR - WATER

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COMMISSION ON WATER RESOURCE MANAGEMENT
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CONSERVATION AND RESOURCES ENFORCEMENT
ENGINEERING
FORESTRY AND WILDLIFE
HISTORIC PRESERVATION
KAHOOLAWE ISLAND RESERVE COMMISSION
LAND
STATE PARKS



STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES

STATE HISTORIC PRESEERVATION DIVISION
601 KAMOKILA BOULEVARD, ROOM 555
KAPOLEI, HAWAII 96707

Descendancy Claim Application

(Please fill in all blanks to the fullest extent possible)

I. Applicant Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone (h): _____ (w): _____ (cell): _____

Fax: _____ Other: _____

Type of descendancy applying for: _____ Lineal _____ Cultural

Please check which documents you are providing to verify claim:

____ Birth Certificate ____ Death Certificate ____ Marriage Certificate
____ Census Records ____ Tax Records ____ Land Conveyance Documents
____ Oral family history (Written or Recorded) ____ Other: _____

II. Project Information

Project Name: _____

Landowner: _____

TMK(s): _____

'Ili/Mo'oi: _____ Ahupua'a: _____

District: _____ Island: _____

III. Burial Information

Name(s) and death date(s) of buried individual(s):

Burial description(s) if known:

Relationship of applicant to deceased:

IV. Confidentiality Statement:

(Please sign only one of the two choices offered)

A. 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: _____

B. I do not object to the burial and genealogical information given above being made available for public access.

Signature: _____ Date: _____

For Office Use Only

Date Application Received: _____ BSP Case Number: _____

Reviewed By: _____ Date: _____

Staff Recommendation: _____

Comments: _____

Date Documents Returned to Applicant: _____