OFFICE HOURS: 8:00 am – 2:00 pm M – F, EXCEPT HOLIDAYS

PHONE: 587-3112

www.stateid.hawaii.gov for form/instructions and see Hawaii Administrative Rules Chapter 5-22 STATE ID CARD

## <u>REQUIREMENTS AND PROCEDURES</u> (PLEASE READ COMPLETELY AND CAREFULLY)

- 1. COMPLETE APPLICATION ITEMS 1 THROUGH 10.
- 2. AN ORIGINAL SOCIAL SECURITY CARD IS REQUIRED OF ALL ELIGIBLE APPLICANTS.
- 3. PRESENT ALL DOCUMENTS REQUIRED, AS NOTED IN SECTIONS A THROUGH D BELOW.
- 4. <u>ALL DOCUMENTS MUST BE CERTIFIED</u>. ALTERED, DAMAGED, XEROXED OR ILLEGIBLE DOCUMENTS <u>WILL NOT BE ACCEPTED</u>.
- 5. APPLICANTS BETWEEN AGE 3 TO 13 YEARS OF AGE OR INCAPACITATED PARENT/GUARDIAN SIGNATURE REQUIRED. \*\*IF APPLICABLE, PROOF OF GUARDIANSHIP REQUIRED.
- 6. NAMES MUST BE SPELLED THE SAME ON THE DOCUMENTS.
- 7. <u>NO ALIAS NAMES</u> WILL BE ALLOWED.
- 8. FEE: \$15.00 IN CASH OR \$10.00 IN CASH FOR THOSE AGES 65 AND OVER.

#### SECTION A. UNITED STATES CITIZEN

- 1. ONE OF THE FOLLOWING:
  - A. BIRTH CERTIFICATE (CERTIFIED) ISSUED BY HEALTH DEPT. OF THE STATE WHERE YOU WERE BORN.
  - B. CERTIFICATE FOR CHILD BORN ABROAD TO AMERICAN PARENT(S).
  - C. CERTIFICATE OF CITIZENSHIP OR NATURALIZATION (NEW CITIZEN).
  - D. UNITED STATES PASSPORT VALID, **IF ISSUED IN LEGAL NAME** (COMPLETE SUPPLEMENTAL FORM-see staff)
- 2. SEE SECTION D BELOW FOR ADDITIONAL REQUIREMENTS.

### SECTION B. UNITED STATES NATIONAL

- 1. ONE OF THE FOLLOWING:
  - A. BIRTH CERTIFICATE WITH CERTIFICATE OF IDENTITY.
  - B. UNITED STATES PASSPORT VALID
- 2. SEE SECTION D BELOW FOR ADDITIONAL REQUIREMENTS.

#### SECTION C. NON UNITED STATES CITIZEN

- 1. ONE OF THE FOLLOWING: (WITH EMPLOYMENT AUTHORIZATION CARD IF AUTHORIZED TO WORK)
  - A. ALIEN RESIDENT CARD ISSUED BY U.S. IMMIGRATION AND NATURALIZATION OFFICE.
  - B. FOREIGN PASSPORT UNEXPIRED PASSPORT ISSUED BY YOUR COUNTRY WITH VALID VISA/I-94 CARD; FOREIGN STUDENTS ALSO NEED I-20/FORM DS-2019. LETTER FROM INS WITH INTERVIEW DATE FOR FILING FORM I-485.
  - C. I-94 REFUGEE.
- 2. SEE SECTION D BELOW FOR ADDITIONAL REQUIREMENTS.

### SECTION D. REQUIRED ADDITIONAL SUPPLEMENTARY DOCUMENTS)

- 1. MARRIAGE LICENSE/CERTIFICATE ISSUED BY DEPT. OF HEALTH OF STATE WHERE YOU WERE MARRIED. CHURCH AND JUDGE CERTIFICATES WILL NOT BE ACCEPTED. IF MARRIED IN A FOREIGN COUNTRY-ENGLISH TRANSLATION.
- 2. DIVORCE DECREE/RESUMPTION OF FORMER NAME BY COURT.
- 3. DECREE OF LEGAL ADOPTION.
- DECREE OF LEGAL CHANGE OF NAME.
- 5. MARRIAGE ANNULMENT.
- SEX CHANGE CERTIFIED DOCUMENT BY A PARTICIPATING DOCTOR (OR) CERTIFIED AMENDED BIRTH CERTIFICATE.

WE RESERVE THE RIGHT TO REFUSE TO ISSUE AN ID CARD TO ANY PERSON WHO DOES NOT COMPLY WITH THESE REQUIREMENTS.

WARNING! GIVING FALSE INFORMATION IS PUNISHABLE BY A FINE OF \$500 AND/OR 6 MONTHS IN JAIL SENTENCE OR BOTH.

Rev. 1/2007, CVID

# State of Hawaii Department of the Attorney General STATE ID CARD APPLICATION

L.	EASE PRINT LEGIBLY	21D NO:		<del></del>	
1.	SSN:	<del> </del>			
2.	Current Name	Middle		T4	
				Last	
	Staff Comment				
3.	Permanent Res. Address				
	(May be required to show proof) (Street)	( <b>Apt.</b> #)	(City)	(State/Country)	(Zip)
	Mailing Address(If different from above)				
4.	Home Phone No				
5.	Marital Status: Single	Married	Divorced	Widowed _	
6.	Age Date of Birth	P1	ace of Birth		
	(Month)	(Day) (Year)	(City)	(State)	(Country
7.	Hair Color Eye Color	r Hei	ght Weight	Sex: M	F
8.	Citizenship	_ Employer/School		Phone No	
		Rela			
	(Street)		(City)	(State/Country)	(Zip)
10.	Organ Donor: Yes No	<del></del>	Adv. Health-Care: \textsquare	Yes No	
erif	WARNING: GIVING FALSE IN OR 6-MONTI CORN OR 6-	H JAIL SENTENCE on this form is subject to S 846-28, as amended and to verify my social sectors of the consent Parent/G	OR BOTH (SECTION 8) verification and consent to to d is used only to confirm ide	the release of any information entity of applicant. I authorize	n required for the
		<u> </u>	<u> </u>		
		FUR STAFF	<u> USE ONLY</u>		
	BC	1	ID Status: O	Last D. Issue	d ID
	NAME CHANGE			ID EXP	
	MC/DIV				
	CITZ/NAT				
	Notes				
		Б. Б.	W	T	N

Registrar Form 2-74 Rev. 1/07