

Your civil union record is vital.  
Be sure the information you give is complete and accurate.

# CIVIL UNION LICENSE APPLICATION

TO BE FILLED OUT BY COUPLE MAKING APPLICATION

STATE OF HAWAII • DEPARTMENT OF HEALTH  
OFFICE OF HEALTH STATUS MONITORING

**PLEASE PRINT – USE BLACK INK**

(Please read instructions on reverse side of this form)

LICENSE NO. \_\_\_\_\_

<b>PARTNER A</b>  Zip Code _____	1a. FIRST NAME OF PARTNER A                      b. MIDDLE NAME                      c. LAST NAME			1d. SOCIAL SECURITY NO.	2. DATE OF BIRTH (Month, Day, Year)
	3. USUAL RESIDENCE: a. STREET ADDRESS                      CITY		b. COUNTY	c. STATE OR FOREIGN COUNTRY	4. PLACE OF BIRTH: *City & State/Country
	5. FATHER: a. FULL NAME – FIRST, MIDDLE, LAST			b. STATE OR FOREIGN COUNTRY OF BIRTH*	c. Living?* Yes, No, Refused, or Unknown
	6. MOTHER: a. FULL NAME – FIRST, MIDDLE, MAIDEN NAME			b. STATE OR FOREIGN COUNTRY OF BIRTH*	c. Living?* Yes, No, Refused, or Unknown
<b>PARTNER B</b>  Zip Code _____	7a. FIRST NAME OF PARTNER B                      b. MIDDLE NAME                      c. LAST NAME			7d. SOCIAL SECURITY NO.	8. DATE OF BIRTH (Month, Day, Year)
	9. USUAL RESIDENCE: a. STREET ADDRESS                      CITY		b. COUNTY	c. STATE OR FOREIGN COUNTRY	10. PLACE OF BIRTH: *City & State/Country
	11. FATHER: a. FULL NAME – FIRST, MIDDLE, LAST			b. STATE OR FOREIGN COUNTRY OF BIRTH*	c. Living?* Yes, No, Refused, or Unknown
	12. MOTHER: a. FULL NAME – FIRST, MIDDLE, MAIDEN NAME			b. STATE OR FOREIGN COUNTRY OF BIRTH*	c. Living?* Yes, No, Refused, or Unknown
Blood relationship of PARTNER A to PARTNER B:		In what county do you plan to be solemnized? (Honolulu, Hawai'i Maui, or Kauai County)	When do you plan to be solemnized?	Name of Civil Union Performer (Commissioned by the State of Hawai'i)	
FORWARDING ADDRESS: (After Civil Union)				DO YOU WANT YOUR NAMES <input type="checkbox"/> YES <input type="checkbox"/> NO PRINTED OR POSTED ELECTRONICALLY IN THE NEWSPAPER?	
E-MAIL ADDRESS:			HOME/CELL PHONE NUMBER:	WORK PHONE NUMBER:	

**CONFIDENTIAL INFORMATION – PLEASE COMPLETE**

SUPPLEMENTARY DATA	NO. OF THIS MARRIAGE/ OTHER LEGAL UNION/RBR	IF PREVIOUSLY MARRIED, IN OTHER LEGALLY RECOGNIZED UNION OR IN A RBR, LAST MARRIAGE/CIVIL UNION/RBR ENDED.			RACE*	OCCUPATION*	EDUCATION* - Specify Highest Grade Completed	SEX	
		BY DEATH, DIVORCE, DISSOLUTION, ANNULMENT OR TERMINATION (specify)	DATE ENDED						PLACE ENDED (COUNTY & STATE)
			MONTH	YEAR					
PARTNER A	21.	22a.	22b.	22c.	23.	24.	25.	26.	
PARTNER B	27.	28a.	28b.	28c.	29.	30.	31.	32.	

FOR OFFICE USE ONLY	
<b>PARTNER A:</b> SIGHTED: _____ #: _____ NAME ✓? Yes No DOB ✓? Yes No AGE: ____ Sex: M F Previous Marriage(s) or Legally Recognized Union(s): _____	<b>PARTNER B:</b> SIGHTED: _____ #: _____ NAME ✓? Yes No DOB ✓? Yes No AGE: ____ Sex: M F Previous Marriage(s) or Legally Recognized Union(s): _____

CERTIFICATION - SIGN BEFORE CIVIL UNION AGENT	
We, the undersigned, certify that the information given in this application is true and correct to be best of our knowledge and belief.	
_____ FULL SIGNATURE OF PROSPECTIVE PARTNER A	
_____ FULL SIGNATURE OF PROSPECTIVE PARTNER B	
Sworn and subscribed to before me this _____ day of _____, 20____	
_____ CIVIL UNION LICENSE AGENT	_____ JUDICIAL DISTRICT, STATE OF HAWAII