## **CIVIL UNION LICENSE APPLI**

TO BE FILLED OUT BY COUPLE MAKING A

## PLEASE PRINT - USE BLACK INK

(Please rea	d instructions on r	everse side o	)	_	LICENSE NO						
b. MIDDLE NAME			c. LAST NAME		1d. SOCIAL SECURITY NO.			2. DATE OF BIRTH (Month, Day, Year)			
S CIT	γ Ι	b. COUNTY	c STATE			OREIGN COUNTRY	′ 4 PI	4. PLACE OF BIRTH: *City & State/Country			
	'	b. COUNTY		0. 31/112 0	) (	OKEION GOOMIKI	7.11	DIOL OF BIRT	i. Oily & Si	late/Obanti y	
LAST	b. STATE OR FOREIGN COUNTRY OF BIRTH*					c. Living?* Yes, No, Refused, or Unknown					
, MAIDEN NAI		b. STATE OR FOREIGN COUNTRY C				RTH*	c. Living? Refused,	Living?* Yes, No, fused, or Unknown			
b. MIDDL	E NAME	c. LA	ST NAME	-	7d. :	SOCIAL SECURITY	NO.	8. DATE OF B	IRTH (Mon	th, Day, Year)	
S CIT	Υ	b. COUNTY	c. STATE C	OR F	FOREIGN COUNTRY	PLACE OF BIRT	IRTH: *City & State/Country				
E, LAST	b. STATE OR FOREIGN COUNTRY OF BIRTH*					c. Living?* Yes, No, Refused, or Unknown					
E, MAIDEN NA	b. STATE OR FOREIGN COUN			OF BI	RTH*	c. Living? Refused,	c. Living?* Yes, No, Refused, or Unknown				
county do you , Hawai'i Maui, County)	ı plan to be solemnized	d? When do y	ou plan to be	solemnized	?	Name of Civil Unior	Perfo	rmer (Commissio	ned by the St	ate of Hawai'i)	
odditty)		<b>'</b>				OO YOU WANT YOU PRINTED OR POSTE					
	HOME/CELL	/CELL PHONE NUM		ER:	WORK PHONE NUMBER:						
CONFIDE	NTIAL INFORMATION	ON – PLEASI	E COMPLET	ΓΕ							
	/ RECOGNIZED UNION ON/RBR ENDED.		RACE*			OCCUPATION*			EDUCATION* - Specify Highest SEX		
ATE ENDED  NTH YEAR	PLACE ENDED (COUNTY & STATE)	NAUL			OCCUPATION			Grade Completed		JEX	
	22c.	23.	23. 29.			24.	25.			26.	
	28c.	29.				0.		31.		32.	
	OFDT	ICIC A TION	CICNIE	SEEODE	_	IVIL UNION A	<u> </u>	<del>.                                      </del>			

PARTNER A	1a. FIRST NAME OF PARTNER A		b. MIDDLE NAME			c. LAST NAME		•	1d. SOCIAL SECURITY N		NO. 2. DATE OF BIRTH (Month, Day, Ye				
PARTNER A	3. USUAL RESIDENCE: a. STREE		ADDRESS	СІТУ	l h	. COUNTY		c STATE (	OR FOREIGN COUNTR	Y 4 PLA	ACE OF BIRTH	1· *City & S	tate/Country		
Zip Code		3. 030/LE IV	ESIDENCE, d. STREET	ADDICESS	OH		. 0001111		C. SIMIL C	SKT GKEIGIV GGGIVTIK	1 1 1 1 1	TOL OF BIRTH	i. Oily a 3	idio/ oodini y	
		5. FATHER:	a. FULL NAME – FIRST	Γ, MIDDLE, LAST	•				b. STATE (	OR FOREIGN COUNTR	Y OF BIR	RTH*	c. Living? Refused,	* Yes, No, or Unknown	
		6. MOTHER	: a. FULL NAME – FIRS	ST, MIDDLE, MAIDEN NAME					b. STATE OR FOREIGN COUNTRY OF BIRTH*				c. Living?* Yes, No, Refused, or Unknown		
PARTNER B		7a. FIRST N	IAME OF PARTNER B b. MIDDLE NAME				c. L	AST NAME		7d. SOCIAL SECURITY NO. 8. DA		8. DATE OF B	DATE OF BIRTH (Month, Day, Year)		
Zip Code		9. USUAL RESIDENCE: a. STREET ADDRESS CITY					. COUNTY		c. STATE OR FOREIGN COUNTRY 10. PLACE			LACE OF BIRT	OF BIRTH: *City & State/Country		
		11. FATHER: a. FULL NAME – FIRST, MIDDLE, LAST								b. STATE OR FOREIGN COUNTRY OF BIRTH*  C. Living?* Yes Refused, or Ur					
		12. MOTHE	R: a. FULL NAME – FIR:	ST, MIDDLE, MAIDEN NAME					b. STATE (	ATE OR FOREIGN COUNTRY OF BIRTH*  C. Living?* Yes, Refused, or Unk					
	Blood relati to PARTNE	ionship of PARTNER A R B:	A In what county do you plan to be solemnized? When do you plan to b (Honolulu, Hawai'i Maui, or Kaua'i County)						olemnized? Name of Civil Union Performer (Commissioned by the State of Hawairi)						
		FORWARDI (After Civil Un	ING ADDRESS: ion)			DO YOU WANT YOUR NAMES									
E-MAIL ADDRESS:			HOME/CEL					L PHONE NUMBER: WORK PHON			PHONE NUMB	E NUMBER:			
				CON	IFIDENTIAL INFO	RMATIO	N – PLEAS	SE COMPLE	TE						
SUPPLEMENTARY DATA	OTHE	S MARRIAGE/ R LEGAL IN/RBR		ARRIED, IN OTHER LEGALLY RECOGNIZED UNION , LAST MARRIAGE/CIVIL UNION/RBR ENDED.			RACE*			OCCUPATION*		EDU(	CATION* -	SFX	
	PIRST, SECUND, ETC. DISSOLUTION		BY DEATH, DIVORCI DISSOLUTION, ANNULM OR TERMINATION (spe	MENT DATE LIN	DED PLACE EN YEAR (COUNTY &								ify Highest Completed		
PARTNER A	21. 22a.		22a.	22b.	22c.		23.			24.		25.		26.	
PARTNER B	27.	27. 28a.		28b.	28c.		29.			30.		31.		32.	
F	OR OFFIC	E USE ON	ILY		(	CERTII	FICATIO	N - SIGN	BEFORE	CIVIL UNION	AGEN	T			
PARTNER A: PARTNER B:				We, the undersigned, certify that the information given in this application is true and correct to be best of our knowledge and belief.										belief.	
			):												
II I		#:		FULL SIGNATURE OI						IVE <b>Partner a</b>					
NAME ✓? Yes	No	NAME <b>√</b> ?													
DOB ✓? Yes No DOB ✓?			Yes No	FULL SIGNATURE OF PROSPECTIVE <b>PARTNER B</b>											
AGE: Sex: M F			_Sex: M F	Sworn and suit	Sworn and subscribed to before me this										
Previous Marriage(s Recognized Union(s		Previous M Recognized	larriage(s) or Legally d Union(s):												
I				CIVIL UNION LICENSE AGENT					JUDICIAL DISTRICT, STATE OF HAWAI'I						