STATE ID CARD

REQUIREMENTS AND PROCEDURES
(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. ALL DOCUMENTS MUST BE CERTIFIED. ALTERED, DAMAGED, XEROXED OR ILLEGIBLE DOCUMENTS WILL NOT BE ACCEPTED.
5. APPLICANTS UNDER 14 YEARS OF AGE OR INCAPSICATED – PARENT/GUARDIAN SIGNATURE REQUIRED. **IF APPLICABLE, PROOF OF GUARDIANSHIP REQUIRED.
6. NAMES MUST BE SPelled THE SAME ON THE DOCUMENTS.
7. NO ALIAS NAMES 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).
2. SEE SECTION D BELOW FOR ADDITIONAL REQUIREMENTS.

SECTION B. UNITED STATES NATIONAL

1. BIRTH CERTIFICATE WITH CERTIFICATE OF IDENTITY.
2. SEE SECTION D BELOW FOR ADDITIONAL REQUIREMENTS.

SECTION C. NON UNITED STATES CITIZEN

1. ONE OF THE FOLLOWING:
   A. ALIEN RESIDENT CARD – IssUED BY U.S. IMMIGRATION AND NATURALIZATION OFFICE.
   B. FOREIGN PASSPORT – UNEXPIRED PASSPORT IssUED BY YOUR COUNTRY WITH VALID VISA, FOREIGN STUDENTS ALSO NEED I-20/FORM IAP. LETTER FROM INS WITH INTERVIEW DATE FOR FILING FORM I-485.
   C. 1-94 – REFUGEE.
2. SEE SECTION D BELOW FOR ADDITIONAL REQUIREMENTS.

SECTION D. 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.
2. DIVORCE DECREE – RESUMPTION OF SURNAME BY COURT.
3. DECREE OF LEGAL ADOPTION.
4. DECREE OF LEGAL CHANGE OF NAME.
5. MARRIAGE ANNULMENT.
6. 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.
PLEASE PRINT LEGIBLY

1. SSN: ___________________________  DO YOU WANT SSN DISPLAYED ON THE CARD?  ___YES  ___NO

2. Current Name ____________________________________________________
   First                                Middle                                Last
   Staff Comment ____________________________________________________

3. Permanent Address
   (May be required to show proof)  (Street)    (Apt.#)    (City)    (State/Country)    (Zip)
   ________________________________________________________________

4. Phone No.: __________________________ Age: ______

5. Marital Status:  Single ______  Married ______  Divorced ______  Widowed ______

6. Date of Birth ____________________ Place of Birth ____________________
   (Month)        (Day)        (Year)        (City)    (State)    (Country)
   ________________________________________________________________

7. Hair Color ___________     Eye Color ___________ Height _______ Weight _______ Sex: M _____ F _____

8. Citizenship ___________________________ Employer/School ___________________________

9. In Case of Accident, Death, or Emergency, Notify:
   Name ___________________________________________ Relationship ___________________________
   Address _________________________________________ (Street)    (City)    (State/Country)    (Zip)

10. Organ Donor:  Yes _____  No _______  Adv. Health-Care:  Yes _____  No _______

WARNING: GIVING FALSE INFORMATION IS PUNISHABLE BY A FINE OF NOT MORE THAN $500
       OR 6-MONTH JAIL SENTENCE OR BOTH (SECTION 846-36 HRS)

I acknowledge that the information I have provided on this form is subject to verification and consent to the release of any information required for the verification. Disclosure of SSN is mandated by HRS 846-28, as amended and is used only to confirm identity of applicant. I authorize the Social Security Office to release information to the HCJDC to verify my social security number.

_________________________________________  ___________________________________________
Signature  Consent Parent/Guardian of Applicant who is below 14 years
of age or is incapacitated  Date

FOR STAFF USE ONLY

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Notes

Registrar ___________________________  Fee: P _____  W _____  Impersonator:  Y _____  N _____

Form 2-74  Rev. 2-03