AFFIDAVIT

(Incapacitated/Incompetent)

STATE OF HAWAII)	
	being first duly sworn,
deposes and says: I am the [guardian custodian have control/maintenance] of	
(FULL LEGAL NAME OF INCAPACITATED/INCOMPETENT INDIVI	SSN
(FULL LEGAL NAME OF INCAPACITATED/INCOMPETENT INDIVI	.DUAL)
That this affidavit has been made in connection with the desire of Affiant to secure a state civil identification card on behalf of the incapacitated/incompetent individual;	
That Affiant has attached a doctor's certification that the applicant is unable to physically appear in person;	
That if the applicant resides with the Affiant, Affiant is submitting two (2) documents in support of proof of principal residence address as indicated under the List of Acceptable Documents for Proof of Principal Residence Address displaying name and address of Affiant and;	
Further Affiant sayeth naught.	
Dated:	
····	
SIGNATURE OF GUARDIAN/CUSTODIAN/HAVE CONTROL/MAINTENANCE	
PRINTED NAME	
IDENTIFICATION PRESENTED EXP. DATE	
SIGNATURE OF EXAMINER DATE	
NOTABIZATION BEOLUBED IE SIGNATUDE NO	T VERIFIER BY RRIVER I ICENSE STAFE
NOTARIZATION REQUIRED IF SIGNATURE NO	I VERIFIED BY DRIVER LICENSE STAFF
FOR NOTARY USE ONLY:	
Subscribed and sworn before me this day	NOTARY CERTIFICATION
	(Hawaii Administrative Rules 5-11-8)
of, 20	Document Date:No. Pages:
Notary Public	Document Description:
·	Description
State of,Judicial Circuit	Notary Printed Name Circuit
My commission expires:	
	Notary Signature Date

(Stamp or Seal)

(Stamp or Seal)