

ALEXANDER & BALDWIN SUGAR MUSEUM  
MAUI SUGAR PLANTATION CAMP REGISTRY FORM

[ ] Registering for the first time [ ] Updating information TODAY'S DATE \_\_\_\_\_

**PLANTATION:**

**HC&S:**  Puunene  Kihei  Spreckelsville **MACo:**  H'Poko  Paia  WAILUKU  LAHAINA

**CAMP NAME** \_\_\_\_\_

House Number \_\_\_\_\_ Lived in house from (year) \_\_\_\_\_ to (year) \_\_\_\_\_

Head of Household \_\_\_\_\_  
Last name First Name Nickname or other names

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

Date or Year of Immigration to Maui \_\_\_\_\_ Immigrated from: \_\_\_\_\_

Spouse \_\_\_\_\_  
(First name) (Maiden name)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

**HOUSEHOLD MEMBERS:**

1. \_\_\_\_\_  
First name Last name Relationship to head of household
2. \_\_\_\_\_  
First name Last name Relationship to head of household
3. \_\_\_\_\_  
First name Last name Relationship to head of household
4. \_\_\_\_\_  
First name Last name Relationship to head of household
5. \_\_\_\_\_  
First name Last name Relationship to head of household

PLEASE USE BACK OF FORM IF YOU NEED MORE SPACE.

**NEIGHBORING FAMILIES / FRIENDS:**

- |    | <u>House Number</u> | <u>Family Last Name</u> | <u>First Names (If known)</u> |
|----|---------------------|-------------------------|-------------------------------|
| 1. | _____               | _____                   | _____                         |
| 2. | _____               | _____                   | _____                         |
| 3. | _____               | _____                   | _____                         |
| 4. | _____               | _____                   | _____                         |

PLEASE USE BACK OF FORM IF YOU NEED MORE SPACE.

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**CURRENT MAILING ADDRESS OF FORMER CAMP RESIDENT (IF APPLICABLE)**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CONTACT PERSON (name of person filling out this form)** \_\_\_\_\_

Relationship to above family \_\_\_\_\_

Your mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

**Permission to release information and or photos [ ] Yes [ ] No**

Signature of Contact Person \_\_\_\_\_

(Please use reverse side to record any other information you may know about this registrant, such as special interests, other activities, anecdotes or stories.)

This form may be mailed to: Alexander & Baldwin Sugar Museum P.O. Box 125, Puunene, HI 96784

