

CERTIFICATE OF RESIDENCE

NAME OF PENSIONER: _____

DATE OF BIRTH: _____

CURRENT ADDRESS: _____

REASON: _____

PENSION CERTIFICATE NUMBER: _____

THE STATEMENT GIVEN ABOVE IS TRUE AND CORRECT.

SIGNATURE: _____

I, _____, duly commissioned and qualified, do hereby certify

that _____ personally appeared before me and, having

identified himself/herself to be the person described herein, affixed his/her

signature to the above statement in my presence on the _____ day
of _____,

A.D. _____.

Notary Public, State of Hawaii