



**Hawaiian Mission Children's Society
Spouse Enrollment Form**

Spouse to be enrolled:

Name _____
First Middle Last (Maiden)

Address _____
Address City State Zip Country

Home Phone _____ Work Phone _____ Email Address _____

Date of Birth of Spouse _____ Place of Birth _____
Month/Day/Year City/State/Country

Date of Marriage _____ Place of Marriage _____
Month/Day/Year City/State/Country

Is spouse being enrolled a descendant? Yes or No If yes, Family/Generation _____

Descendant Wife / Husband information:

Name (Descendant) _____ Family/Generation _____
First Middle Last (Maiden)

Print and mail this form with your \$25 enrollment fee to:

Hawaiian Mission Houses Historic Site and Archives
553 South King Street
Honolulu, HI 96813-3002

or charge to your credit card:

Visa MasterCard American Express

Card Number: _____

Expiration Date: _____

Signature: _____

NOTE: Your card information will be obliterated before this form is filed. Enrollments are tax deductible contributions and will be thanked as such.

Questions? E-mail info@missionhouses.org or call 447-3922.

Unless you indicate otherwise, we will send the enrollment certificate to the donor.

For Office Use:
Thank you ___
Certificate ___
Past Perfect ___
Family Tree ___
Hard Copy ___