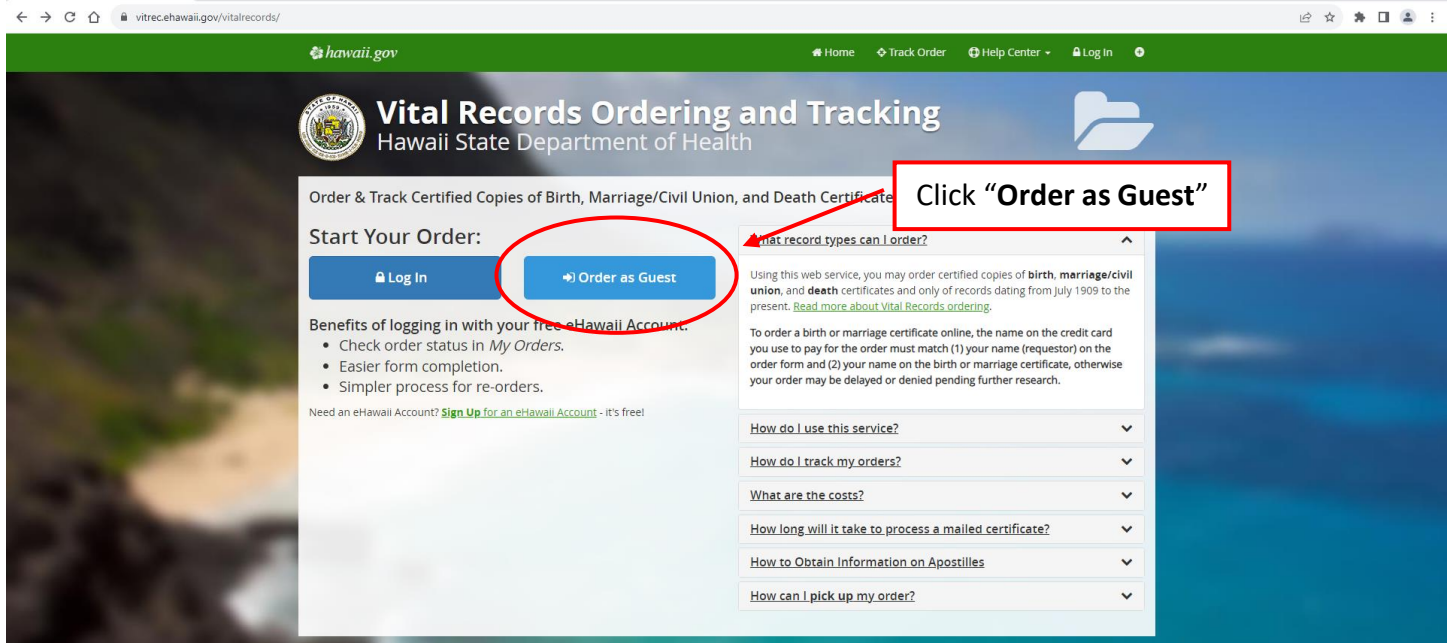
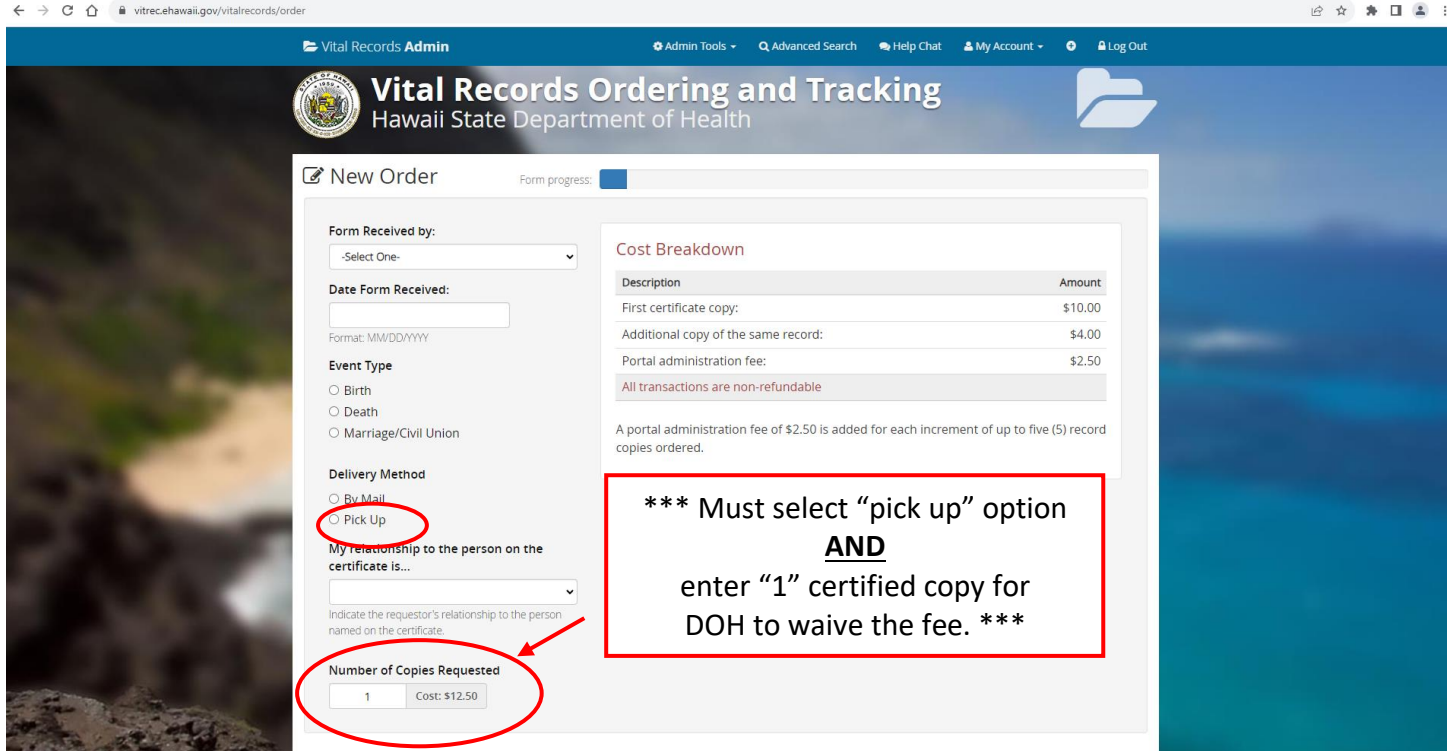


Instructions to Request Birth, Marriage, or Death Certificate(s) for Individuals Affected by the March 2026 Kona Low Storms (no fee for the 1st copy of each requested certificate(s))

1. Go to <https://vitrec.ehawaii.gov/vitalrecords/order>
2. Use “Order as Guest”




3. For fee waived orders select “Pick Up.”



4. Under “Reason for Requesting a Certified Copy” – in the drop-down list, select “Other (Add a Reason)” and enter “March 2026 Kona Low Storms.”

Vital Records Admin Admin Tools Advanced Search Help Chat My Account Log Out

 **Vital Records Ordering and Tracking**
Hawaii State Department of Health

 New Order

Form progress: 

Requestor Information:

Reason for Requesting a Certified Copy
MARCH 2026 KONA LOW STORMS

Requestor's Last Name: First Name: Middle Initial: Suffix:
Example: JR.

Requestor's Address: Address Line 2: OPTIONAL


Country: City: State: Zip Code:
Example: United States


Phone: Email: Driver's License: Ship To This Address?
Example: 808-765-4321 Required to receive tracking info OPTIONAL Yes No


5. Enter the following information below.

← → vitrec.ehawaii.gov/vitalrecords/order

Vital Records Admin Admin Tools Advanced Search Help Chat My Account Log Out

 **Vital Records Ordering and Tracking**
Hawaii State Department of Health



 **New Order** Form progress:

Birth Record Information:

Name on Certificate

Last Name: <input type="text"/> <small>Last name on birth certificate</small>	First Name: <input type="text"/> <small>First name on birth certificate</small>	Middle Initial <input type="text"/> <small>OPTIONAL</small>	Suffix <input type="text"/> <small>EXAMPLE: JR.</small>
Date of Birth: MM DD YYYY <small>Format: MM/DD/YYYY</small>	Island of Birth: -Select One-	City of Birth: <input type="text"/>	

Father/Co-Parent

Last Name: <input type="text"/> <small>Last name on birth certificate</small>	First Name: <input type="text"/> <small>First name on birth certificate</small>	Middle Initial <input type="text"/> <small>OPTIONAL</small>	Suffix <input type="text"/> <small>EXAMPLE: SR.</small>
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Mother/Co-Parent

Maiden Name: <input type="text"/> <small>Mother's surname or birth name before marriage</small>	First Name: <input type="text"/> <small>First name on birth certificate</small>	Middle Initial <input type="text"/> <small>OPTIONAL</small>	Suffix <input type="text"/> <small>EXAMPLE: SR.</small>
--	--	--	--

6. Refer to the explanations provided to help you select “Yes” or “No”.

If you are requesting documents for another family member and you were not born or married in the State of Hawaii, you must provide additional documentation—such as certified birth or marriage certificates—to show your relationship to the registrant.

If you have a **valid** government-issued photo ID, select “Yes” and upload your ID.

If you do **not** have a valid government-issued photo ID, select “No.” After placing your order, please email doh.2026storm@doh.hawaii.gov to inform us that you do not have valid ID for your online order.

7. Must select “**Pay Cash**” for fee to be waived.

vitrec.ehawaii.gov/vitalrecords/order

hawaii.gov Home Track Order Help Center Log In

Vital Records Ordering and Tracking

Hawaii State Department of Health

New Order

Form progress: Last Step

Review & Payment:

Order Summary

Type	Relation	Name	Number of Copies	Amount Due
Birth Certificate	Self	FIRSTNAME LASTNAME	1	\$12.50

To order a birth, death, or marriage certificate online, the name on the credit card you use to pay for the order must match (1) your name (requestor) on the order form and (2) your name on the birth or marriage certificate, otherwise your order may be delayed or denied pending further research.

By checking this box and typing your name and continuing to the next section, you also certify that you are authorized to request this document on behalf of the individual named on the certificate and that the information provided is true and correct.

Warning: You opted to not upload any of the required documents, after completing this form you must bring the following documents at the time of your pickup:

- valid government-issued photo ID, such as a State ID, driver's license, etc.;

Type your name as a formal signature:
FIRSTNAME LASTNAME

Once you have digitally signed, complete the order by selecting *Pay Online*.

[← Previous](#) [✓ Pay Cash](#) [✓ Pay Online](#)

- After submitting your request, please call 808-341-6066 or email doh.2026storm@doh.hawaii.gov. Be sure to provide your Track Order Number (e.g., 2026-123456B/M/D) by phone or email.