



REQUEST FOR CERTIFIED COPY OF BIRTH RECORD

NAME ON CERTIFICATE:

Suffix

SEX: Male Female

DATE OF BIRTH: _____

PLACE OF BIRTH:

City / Town

Island

FATHER'S NAME ON CERTIFICATE:

Suffix

MOTHER'S NAME ON CERTIFICATE:

Suffix

RECEIPT NUMBER:

DATE CREATED:

ORDER INFORMATION:

| DESCRIPTION | QTY | AMOUNT |
|-------------|-----|--------|
|-------------|-----|--------|

| | | |
|----------------------|--|--|
| First Certified Copy | | |
|----------------------|--|--|

| | | |
|---------------------------------|--|--|
| Additional Copies (\$4.00 each) | | |
|---------------------------------|--|--|

| | | |
|---------------------------|--|--|
| Portal Administrative Fee | | |
|---------------------------|--|--|

| | | |
|--------------|--|--|
| Other: _____ | | |
|--------------|--|--|

TOTAL CERTIFIED COPIES:

TOTAL AMOUNT DUE:

REQUESTOR INFORMATION:

Relationship of Requestor to Person Named on Certificate

Reason for the Request

Email of Requestor

Phone - Residence

Phone - Business

Name of Requestor

Agency / Organization

Address - Number and Street or PO Box

Address Line 2

City

State/Province

Zip Code

Country

Please include a photocopy of the requestor's government issued photo ID.

Sign here!

Signature of Requestor

IF MAILING TO OTHER THAN REQUESTOR:

Name of Person to Recieve Certificate

Agency / Organization

Mailing Address - Number and Street or PO Box

Address Line 2

City

State/Province

Zip Code

Country

OFFICE USE ONLY:

____ HBC ____ DBC ____ UNREC.BC ____ NR FILE ____ PENDING

Index Searched: From _____ To _____

Volume Searched: From _____ To _____

Year: _____ Volume: _____ Certificate: _____ Receipt #: _____ Date Copy Prepared: _____



INSTRUCTIONS

ONCE A REQUEST IS SUBMITTED:

1. All fees are non-refundable.
2. If a vital record is not found, all fees will be retained to cover the cost of the search.
3. Only one name is allowed on the request form.
4. After a request is submitted, additional copies require a new request.

SUBMIT THE COMPLETED REQUEST FORM:

Please include a photocopy of the requestor's government issued photo ID.

Postal mail to:

State Department of Health
Office of Health Status Monitoring
Vital Records Issuance Section
PO Box 3378
Honolulu, Hawaii 96801

All fees must be prepaid. Enclose a money order or cashier's check for the exact amount of fees made payable to: *Hawaii State Department of Health*.

Do not send payment in cash.

PERSONAL CHECKS NOT ACCEPTED.

-OR-

In-person at:

Room 103, 1250 Punchbowl Street, Honolulu
7:45 AM to 2:30 PM, Monday through Friday (except holidays)

Payment of fees must be made by cash, money order, or cashier's check.

APOSTILLE & AUTHENTICATION:

Applications for certificates requiring an apostille and/or authentication for recognition by foreign governments can only be made by mail or in-person.

In addition to the standard fees for certificates, the customer must also submit two (2) separate money orders or cashier's checks in U.S. dollars only for:

\$1.00 per APOSTILLE made payable to:

Office of the Lt. Governor

\$3.00 per AUTHENTICATION made payable to:

Chief Clerk, First Circuit Court