

STATE OF HAWAII, DEPARTMENT OF HEALTH
OFFICE OF HEALTH STATUS MONITORING

REQUEST FOR CERTIFIED COPY OF **DEATH** RECORD

1	FIRST CERTIFIED COPY	= \$	10.00
<input type="text" value="0"/>	ADDITIONAL COPIES AT \$4.00 EACH	= \$	0.00
<input type="text" value="0"/>	OTHER: _____	= \$	0.00
1	TOTAL COPIES		\$ 10.00

NAME OF DECEASED:	FIRST	MIDDLE	LAST	MALE /FEMALE
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

DATE OF DEATH:	MONTH	DAY	YEAR
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PLACE OF DEATH:	CITY OR TOWN	ISLAND
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SOCIAL SECURITY NUMBER: _____

RELATIONSHIP OF REQUESTOR TO PERSON NAMED ON CERTIFICATE	REASON FOR THIS REQUEST
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SIGNATURE OF REQUESTOR:	TELEPHONE NUMBERS
PRINT NAME OF REQUESTOR:	RES:
	BUS:

ADDRESS OF REQUESTOR:	NO. AND STREET OR P.O. BOX
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CITY	STATE	ZIP
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<p>IF MAILING TO A LOCATION OTHER THAN ABOVE, PLEASE FILL THIS SECTION</p> <p>IF THE INFORMATION GIVEN IS INCORRECT, THE CERTIFICATE WILL FAIL TO REACH THE DESTINATION.</p>	<p>NAME OF PERSON TO RECEIVE CERTIFICATE</p> <p>_____</p> <p>AGENCY OR ORGANIZATION</p> <p>_____</p> <p>NUMBER AND STREET OR P.O. BOX</p> <p>_____</p> <p>CITY STATE ZIP</p> <p>_____</p>
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FOR OFFICE USE ONLY

____ NR FILE

____ PENDING:

INDEX SEARCHED FROM	TO	VOLUMES SEARCHED FROM	TO	DATE COPY PREPARED
YEAR	VOLUME	CERTIFICATE		RECEIPT NUMBER

OHSM 136 (Rev. 9/13/05)

*** Be sure to sign the "Signature of Requestor" Box and submit a copy of your government issued identification and all documents establishing "entitlement" to the document requested (e.g. birth certificates, if not born in Hawaii, and other relevant information (beneficiary documentation), authorizing documentation - need letter from registrant along with government issued identification of Registrant and Requestor). For more information, please refer to the website at <https://health.hawaii.gov/vitalrecords/> or call (808)586-4539 or (808)586-4542. Mahalo!**

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:

1. **By 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.**

2. **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.

Personal checks will not be accepted