

# INSTRUCTIONS FOR FILLING IN THE REQUEST FORM FOR CERTIFIED COPY OF BIRTH RECORD (GENEALOGY)

## Essential Certificate information:

- **Name on certificate**
  - Provide name at birth: first name, full middle name, and last name. Provide all names the individual may be known by (i.e. maiden, married, or nick names).
- **Sex**
  - Mark the appropriate box with an “X”
- **Date of birth**
  - Indicate to the best of your knowledge the month, date and year of birth.
- **Place of birth**
  - **City/Town:** List City, Camp, Town or District of birth
  - **Island:** List Island of birth
    - If the registrant was born in another country and adopted in Hawaii, list the Hawaiian Island you were adopted on.
- **Father’s name on certificate**
  - Write out last name, first name and full middle name. Any other names this person may be known by should also be included. If name is unknown, write “unknown”.
- **Mother’s name on Certificate**
  - Write out last name, first name and full middle name. Other names such as maiden, married or nickname should also be included. If name is unknown, write “unknown”.

## Requestor information:

- **Relationship of Requestor to Person Named on Certificate**
  - For vital records of events that occurred 115 years or less prior to the current year, the applicant must establish a direct and tangible interest in the records (i.e. grandchild, grandniece/grandnephew, cousin, etc.).
  - Submit proof of direct lineage to the registrant. Provide document(s) tracing your relationship to the registrant (i.e. copies of certified birth, death, or marriage certificates).
  - If Requestor is from an agency representing an individual, include an authorization letter or court order allowing the agency to obtain vital records on behalf of the individual.
  - If Requestor is applying as the Power of Attorney, provide legal power of attorney documents.
- **Reason for the request**
  - State reason clearly (i.e. genealogy, application for OHA grants/benefits, Department of Hawaiian Homelands, or Kamehameha Schools programs, etc.).
- **Email of requestor**
  - Provide a reliable email address.
- **Phone**
  - Provide a reliable residence or business phone number. Please include area code (i.e 808-586-0000)
- **Address**
  - Number and Street or P.O. Box City, State, Island, Zip code
- **Signature of Requestor**
  - Requestor must sign the “Signature of Requestor” on the birth certificate request form