

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

Essential Certificate information:

- **Name of deceased**
 - Provide name at death: 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 death**
 - Indicate to the best of your knowledge the month, date and year of death.
- **Place of death**
 - **City/Town:** List City, Camp, Town or District of death
 - **Island:** List Island of death
- **Social Security Number**
 - List if Social Security Number is known. If Social Security Number is unknown – leave blank.

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 person you’re requesting the certificate for 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.
- **Reason for the request**
 - Write Genealogy, application for OHA grants/benefits, Department of Hawaiian Homelands, or Kamehameha Schools programs.
- **Email of requestor**
 - Provide a reliable email address.
- **Phone**
 - If available, please 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 death certificate request form