

REQUEST FOR CERTIFIED COPY OF **DIVORCE** RECORD

IMPORTANT! THIS OFFICE ONLY HAS limited DIVORCE RECORDS FROM January 1951 TO December 2002
ALL OTHER DIVORCE RECORDS ARE KEPT IN THE COURT WHERE THE DIVORCE TOOK PLACE.

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
<hr/>			
HUSBAND'S NAME:	FIRST	MIDDLE	LAST
WIFE'S NAME:	FIRST	MIDDLE	MAIDEN
DATE OF DIVORCE:	MONTH	DAY	YEAR
PLACE OF DIVORCE:	CITY OR TOWN	ISLAND	
RELATIONSHIP OF REQUESTOR TO PERSON NAMED ON CERTIFICATE	REASON FOR THIS REQUEST		
SIGNATURE OF REQUESTOR: <i>(Remember to sign, unsigned forms will be returned.)</i>			TELEPHONE NUMBERS
			RES:
PRINT NAME OF REQUESTOR:			BUS:
ADDRESS OF REQUESTOR:		NO. AND STREET OR P.O. BOX	
CITY	STATE	ZIP	
IF MAILING TO A LOCATION OTHER THAN ABOVE, PLEASE FILL THIS SECTION. <small>IF THE INFORMATION GIVEN IS INCORRECT, THE CERTIFICATE WILL FAIL TO REACH THE DESTINATION.</small>	NAME OF PERSON TO RECEIVE CERTIFICATE		
	AGENCY OR ORGANIZATION		
	NUMBER AND STREET OR P.O. BOX		
	CITY	STATE	ZIP
FOR OFFICE USE ONLY			
_____ NR FILE _____ PENDING:			
FROM	INDEX SEARCHED TO	FROM	VOLUMES SEARCHED TO
YEAR	VOLUME	CERTIFICATE	DATE COPY PREPARED
			RECEIPT NUMBER

***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, refer to website at <https://health.hawaii.gov/vitalrecords/> or call (808)586-4539.**

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.