

# REQUEST FOR CERTIFIED COPY OF MARRIAGE/CIVIL UNION RECORD

NAME OF APPLICANT 1	:			RECEIPT NUMBER: DATE CREATED:		
NAME OF APPLICANT 2	)•		Suffix	ORDER INFORMATION:		
	•			DESCRIPTION	QTY	AMOUNT
			Suffix	First Certified Copy		
			Sumx	Additional Copies (\$4.00 each)		
DATE OF CEREMONY: _				Portal Administrative Fee		
DI ACE OF CEDEMONY.				Other:		
PLACE OF CEREMONY:	City / Town			TOTAL CERTIFIED COPIES:		
				TOTAL AMOUNT DUE:		
٠	Island					
REQUESTOR INFORMA	TION:					
Relationship of Requestor to Person Named on Certificate			Reason for the Rec	Ruget		
<b>Relationship</b> of Requestor to	Person Named on C	ertificate	<b>Reason</b> for the Rea	quest		
Email of Requestor			Phone - Residence	Phone - Busine	SS	
			& &			
Name of Requestor			Agency / Organiza	ation		
Address - Number and Stree	t or PO Box			Address Line 2		
City		State/Province	Zip Code	Country		
Please include a photoco		or's	Sign here!			,
government issued photo ID.			Signature of Requestor			
IF MAILING TO OTHER	THAN REQUESTO	DR:				
Name of Person to Recieve Certificate			Agency / Organization			
Mailing Address - Number a	nd Street or PO Box			Address Line 2		
City		State/Province	Zip Code	Country		
OFFICE USE ONLY:						
				Index Searched: From	To	
HBC	DBC UN	REC.BC NR FILE	PENDING	Volume Searched:	To	
Year: Volume:	Certificate	: Receip	ot #:	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, Wednesday & 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