



**OFFICE OF THE LIEUTENANT GOVERNOR**

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**SYLVIA LUKE**  
LIEUTENANT GOVERNOR

**Application for Apostille or Certification of Documents**

**STATEMENT OF LEGAL EFFECT OF APOSTILLE**

**Apostilles certify only that a document has been signed by, and bears the seal and stamp of, a duly commissioned Notary Public of the State of Hawaii. An Apostille does not validate the substance, contents, and/or legal effect of the document, nor that the document has been approved and/or endorsed by the Lieutenant Governor, the State of Hawaii, or any court of competent jurisdiction.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Pick-Up: \_\_\_\_\_ Mail\*: \_\_\_\_\_ \*Please include a self-addressed, stamped envelope.  
City, State, Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email Address (if any): \_\_\_\_\_

**Please include \$1 fee (cash, cashier's check, or money order) for each document.**

1. Please identify the document that you wish to have an Apostille/Certification affixed to:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

2. What foreign country(s) will the document be presented to:

3. For what purpose is the document being used:

**ACKNOWLEDGEMENT & CERTIFICATION**

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT OF LEGAL EFFECT OF APOSTILLE. I ALSO HEREBY CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT, AND THAT THE REQUESTED APOSTILLE OR CERTIFICATION SHALL BE USED FOR PRESENTATION TO THE DESTINATION COUNTRY NAMED ABOVE, AND FOR NO OTHER PURPOSE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**DO NOT COMPLETE THIS SECTION (FOR COMPLETION BY THE OFFICE OF THE LIEUTENANT GOVERNOR)**

**Apostille Number** \_\_\_\_\_

**Comments:**

**Receipt Number** \_\_\_\_\_