

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:				
			Mail*:	*Please include a self-addressed,
City, State, Zip Code:		Phone #:		,
Email Address (if any):				
Please inclu	ide \$1 fee (cash, cashier's check, or	money order) for each	document.	
1. Please identify the docu	ment that you wish to have an Ap	oostille/Certification aff	ixed to:	
1.	2.	3.		
2. What foreign country(s)) will the document be presented t	o:		
3. For what purpose is the	document being used:			
I ACKNOWLEDGE THAT I OF APOSTILLE. I ALS PROVIDED HEREIN IS TRU	KNOWLEDGEMENT & I HAVE READ AND UNDERSTAN SO HEREBY CERTIFY UNDER PEUE AND CORRECT, AND THAT THE ESENTATION TO THE DESTINATE OTHER PURPORTS	D THE ABOVE STATEN NALTY OF LAW THAT HE REQUESTED APOST ION COUNTRY NAME	MENT OF LE THE INFOR TILLE OR CE	MATION RTIFICATION
Signature		Date		
Print Name				
DO NOT COMPLETE THIS SI	ECTION (FOR COMPLETION BY T	HE OFFICE OF THE LIE	UTENANT GO	OVERNOR)
Apostille Number	Comments:			
Receipt Number				