

STATE OF HAWAII, DEPARTMENT OF HEALTH  
OFFICE OF HEALTH STATUS MONITORING

REQUEST FOR CERTIFIED COPY OF **DEATH** RECORD

<u>1</u>	FIRST CERTIFIED COPY	= \$	10.00
<u>0</u>	ADDITIONAL COPIES AT \$4.00 EACH	= \$	0.00
<u>0</u>	OTHER: _____	= \$	2.50
<u>1</u>	TOTAL COPIES	<b>TOTAL AMOUNT DUE</b>	<b>\$ 12.50</b>

NAME OF DECEASED:	FIRST	MIDDLE	LAST	MALE /FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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DATE OF DEATH:	MONTH	DAY	YEAR
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PLACE OF DEATH:	CITY OR TOWN	ISLAND
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SOCIAL SECURITY NUMBER:

RELATIONSHIP OF REQUESTOR TO PERSON NAMED ON CERTIFICATE	REASON FOR THIS REQUEST
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<b>SIGNATURE OF REQUESTOR:</b>	TELEPHONE NUMBERS
	RES:
PRINT NAME OF REQUESTOR: <b>SUBMIT WITH ORDER VALID GOVERNMENT ISSUED IDENTIFICATION</b>	BUS:

ADDRESS OF REQUESTOR:	NO. AND STREET OR P.O. BOX
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CITY	STATE	ZIP
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<b>IF MAILING TO A LOCATION OTHER THAN ABOVE, PLEASE FILL THIS SECTION</b>  IF THE INFORMATION GIVEN IS INCORRECT, THE CERTIFICATE WILL FAIL TO REACH THE DESTINATION.  <i>*submit with order a copy of your government issued identification</i>	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:

INDEX SEARCHED FROM	TO	VOLUMES SEARCHED FROM	TO	DATE COPY PREPARED
YEAR	VOLUME	CERTIFICATE	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, please refer to the website at <https://health.hawaii.gov/vitalrecords/> or call (808)586-4539 or (808)586-4542. Mahalo!**

## **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.**

**Additionally, submit a copy of your government issued identification and all documents establishing "entitlement" to the document requested (e.g. requested birth, marriage, or death certificates, if not born in Hawaii, and other relevant information (beneficiary documentation), authorizing documentation if obtaining the document on behalf of someone who is entitled - need letter from registrant along with government issued identification of Registrant and Requestor.**

2. **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.

**Personal checks will not be accepted**