

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:City, State, Zip Code:		Pick-Up:	Mail*:	*Please include a self-addressed,
		Phone #:		stamped envelope
Email Address (if any):				
Please incl	ude \$3 fee (cash, cashier's ch	eck, or money order) for e	ach docume	ent.
1. Please identify the do	cument that you wish to have a	an Apostille/Certification aff	ixed to:	
1.	2.	3.		
2. What foreign country	(s) will the document be presen	nted to:		
3. For what purpose is the	ne document being used:			
I ACKNOWLEDGE THA OF APOSTILLE. I A PROVIDED HEREIN IS T	CKNOWLEDGEMEN T I HAVE READ AND UNDERS LSO HEREBY CERTIFY UNDE RUE AND CORRECT, AND THA PRESENTATION TO THE DEST OTHER PO	STAND THE ABOVE STATEM OR PENALTY OF LAW THAT AT THE REQUESTED APOST TINATION COUNTRY NAME	MENT OF LE THE INFOR TILLE OR CE	MATION RTIFICATION
Signature		Date		
Print Name	-			
DO NOT COMPLETE THIS	SECTION (FOR COMPLETION	BY THE OFFICE OF THE LIEU	UTENANT GO	OVERNOR)
Apostille Number	Comments:			
Receipt Number				