

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

REQUEST FOR CERTIFIED COPY OF **DEATH** RECORD

1	FIRST CERTIFIED COPY	= \$	12.50
0	ADDITIONAL COPIES AT \$4.00 EACH	= \$	0.00
0	OTHER: <u>Add another \$2.50 in fees for each additional 5 certificates, if applicable.</u>	= \$	0.00
1	TOTAL COPIES	TOTAL AMOUNT DUE	\$ 12.50

NAME OF DECEASED:	FIRST	MIDDLE	LAST	MALE /FEMALE
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF DEATH:	MONTH	DAY	YEAR	
PLACE OF DEATH:	CITY OR TOWN	ISLAND		
SOCIAL SECURITY NUMBER:				
RELATIONSHIP OF REQUESTOR TO PERSON NAMED ON CERTIFICATE			REASON FOR THIS REQUEST	
SIGNATURE OF REQUESTOR:			TELEPHONE NUMBERS	
			RES:	
PRINT NAME OF REQUESTOR: SUBMIT WITH ORDER VALID GOVERNMENT ISSUED IDENTIFICATION			BUS:	
ADDRESS OF REQUESTOR: NO. AND STREET OR P.O. BOX				
CITY		STATE	ZIP	

IF MAILING TO A LOCATION OTHER THAN ABOVE, PLEASE FILL THIS SECTION IF THE INFORMATION GIVEN IS INCORRECT, THE CERTIFICATE WILL FAIL TO REACH THE DESTINATION. *submit with order a copy of your government issued identification	NAME OF PERSON TO RECEIVE CERTIFICATE AGENCY OR ORGANIZATION NUMBER AND STREET OR P.O. BOX CITY STATE ZIP
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FOR OFFICE USE ONLY			
_____ NR FILE _____ PENDING:			
INDEX SEARCHED FROM TO	VOLUMES SEARCHED FROM TO	DATE COPY PREPARED	
YEAR	VOLUME	CERTIFICATE	RECEIPT NUMBER

OHSM 136 (Rev. 9/13/05)

*** 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 through Friday (Except Holidays)

Payment of fees must be made by cash, money order, or cashier's check.

Personal checks will not be accepted

For Apostille/Authentication

Download and complete the Office of Lt. Governor's Apostille or Certification of Documents Form, at <https://hi.accessgov.com/apostille> and pay the \$3 fee on line for each document requested.

If mailing in your Apostille form enclose a separate money order or cashier's check for \$3 payable to the Office of Lt. Governor per document requested.

Enclose a separate money order or cashier's check for fees applicable to birth, marriage, or death records request payable to the Hawaii Department of Health. Refer to form instructions.

Please also enclose pre-paid, self-addressed stamped envelope for completed documents.