



REQUEST FOR CERTIFIED COPY OF MARRIAGE/CIVIL UNION RECORD

NAME OF APPLICANT 1:

NAME OF APPLICANT 2: _____
Suffix

DATE OF CEREMONY: _____

PLACE OF CEREMONY: _____
City / Town

Island

RECEIPT NUMBER:

DATE CREATED:

ORDER INFORMATION:

DESCRIPTION	QTY	AMOUNT
First Certified Copy		
Additional Copies (\$4.00 each)		
Portal Administrative Fee		
Other: _____		
TOTAL CERTIFIED COPIES:		
TOTAL AMOUNT DUE:		

REQUESTOR INFORMATION:

Relationship of Requestor to Person Named on Certificate

Reason for the Request

Email of Requestor

Phone - Residence

Phone - Business

Name of Requestor

Agency / Organization

Address - Number and Street or PO Box

Address Line 2

City

State/Province

Zip Code

Country

Please include a photocopy of the requestor's
government issued photo ID.

Sign here!

Signature of Requestor

IF MAILING TO OTHER THAN REQUESTOR:

Name of Person to Receive Certificate

Agency / Organization

Mailing Address - Number and Street or PO Box

Address Line 2

City

State/Province

Zip Code

Country

OFFICE USE ONLY:

_____ HBC _____ DBC _____ UNREC.BC _____ NR FILE _____ PENDING

Year: _____ Volume: _____ Certificate: _____ Receipt #: _____ Date Copy Prepared: _____

Index Searched: _____
From _____ To _____

Volume Searched: _____
From _____ To _____



Hawai'i State Department of Health
Office of Health Status Monitoring
Vital Records Program

P.O. Box 3378, Honolulu, Hawai'i 96801

INSTRUCTIONS

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:

Please include a photocopy of the requestor's government issued photo ID.

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.

-OR-

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.

APOSTILLE & AUTHENTICATION:

Applications for certificates requiring an apostille and/or authentication for recognition by foreign governments can only be made by mail or in-person.

In addition to the standard fees for certificates, the customer must also submit separate money order or cashier's check in U.S. dollars only for:

\$3.00 per APOSTILLE made payable to: *Office of the Lt. Governor*

Download and complete the Office of Lt. Governor's Apostille or Certification of Documents Form, on line at <https://hi.accessgov.com/apostille> and pay the \$3 fee on line for each document requested. If mailing in the document enclose a separate money order or cashier's check for \$3 payable to the Office of Lt. Governor per document requested.