



# REQUEST FOR CERTIFIED COPY OF BIRTH RECORD

NAME ON CERTIFICATE:

\_\_\_\_\_  
 Suffix

SEX:  Male  Female

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH:

\_\_\_\_\_  
 City / Town Island

FATHER'S NAME ON CERTIFICATE:

\_\_\_\_\_  
 Suffix

MOTHER'S NAME ON CERTIFICATE:

\_\_\_\_\_  
 Suffix

RECEIPT NUMBER:

DATE CREATED:

ORDER INFORMATION:

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

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

Index Searched: From \_\_\_\_\_ To \_\_\_\_\_

Volume Searched: From \_\_\_\_\_ To \_\_\_\_\_

Year: \_\_\_\_ Volume: \_\_\_\_ Certificate: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date Copy Prepared: \_\_\_\_\_



## INSTRUCTIONS

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### 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.**

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### 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 two (2) separate money orders or cashier's checks in U.S. dollars only for:

**\$1.00 per APOSTILLE** made payable to:

*Office of the Lt. Governor*

**\$3.00 per AUTHENTICATION** made payable to:

*Chief Clerk, First Circuit Court*