

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

REQUEST FOR CERTIFIED COPY OF **DIVORCE** RECORD

IMPORTANT! THIS OFFICE ONLY HAS DIVORCE RECORDS FROM July 1951 TO December 2002
ALL OTHER DIVORCE RECORDS ARE KEPT IN THE COURT WHERE THE DIVORCE TOOK PLACE.

1	FIRST CERTIFIED COPY	= \$	10.00
<input type="checkbox"/>	ADDITIONAL COPIES AT \$4.00 EACH	= \$	_____
<input type="checkbox"/>	OTHER: _____	= \$	_____
_____	TOTAL COPIES	TOTAL AMOUNT DUE	_____

HUSBAND'S NAME:	FIRST MIDDLE LAST	
WIFE'S NAME:	FIRST MIDDLE MAIDEN	
DATE OF DIVORCE:	MONTH DAY YEAR	
PLACE OF DIVORCE:	CITY OR TOWN ISLAND	
RELATIONSHIP OF REQUESTOR TO PERSON NAMED ON CERTIFICATE	REASON FOR THIS REQUEST	
SIGNATURE OF REQUESTOR:	TELEPHONE NUMBERS	
	RES:	
PRINT NAME OF REQUESTOR:	BUS:	
ADDRESS OF REQUESTOR:	NO. AND STREET OR P.O. BOX	
CITY	STATE	ZIP

<p>IF MAILING TO A LOCATION OTHER THAN ABOVE, PLEASE FILL THIS SECTION.</p> <p>IF THE INFORMATION GIVEN IS INCORRECT, THE CERTIFICATE WILL FAIL TO REACH THE DESTINATION.</p>	<p>NAME OF PERSON TO RECEIVE CERTIFICATE</p> <p>_____</p> <p>AGENCY OR ORGANIZATION</p> <p>_____</p> <p>NUMBER AND STREET OR P.O. BOX</p> <p>_____</p> <p>CITY STATE ZIP</p> <p>_____</p>
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FOR OFFICE USE ONLY			
_____ NR FILE		_____ PENDING:	
FROM	INDEX SEARCHED TO	FROM	VOLUMES SEARCHED TO
YEAR	VOLUME	CERTIFICATE	RECEIPT NUMBER

*** Be sure to sign the "Signature of Requestor" Box before submitting this form.**

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.**

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