

HOW TO APPLY FOR CERTIFIED COPIES OF VITAL RECORDS IN THE STATE OF HAWAII: Birth, Death, Marriage, and Divorce Certificates

General Information

In the State of Hawai'i, the State Department of Health, Office of Health Status Monitoring handles vital records for **events that occurred in Hawai'i**. Vital records include birth, death, marriage, and divorce certificates. You can apply for certified copies of vital records online, in person or by mail.

The Application

You can apply for certified copies of vital records using the applications provided by the State Department of Health.

Applications are available to download at the State Department of Health's website:

<https://health.hawaii.gov/vitalrecords/> or can be picked up at the Health Department Building, 1250 Punchbowl Street, Room 103 (Open Monday, Wednesday, Friday 7:45 a.m. to 2:30 p.m.).

Who Can Apply

A certified copy of a vital record will be issued only to an applicant who has a direct and tangible interest in the record. Specifically: the person whose record it is; the person's spouse, parent(s), child(ren), grandchild(ren), sibling, grandparent, aunt/uncle or cousin; the person's legal guardian; a person or agency acting on behalf of the person whose record it is; a personal representative of the estate; someone who has a court order to obtain the record; adoptive parents who need records to complete an adoption; a person needing to determine the marital status of a former spouse for payment of alimony; a person needing to determine the death of a non-related co-owner of property purchased under a joint tenancy agreement; and a person needing a death certificate for the determination of payments under a credit insurance policy.

Apply Online

Applications can be submitted online at: <https://vitrec.ehawaii.gov/vitalrecords/>.

For online applications, you must have a government issued identification ready for upload. Only payments by debit or credit cards will be accepted and the name on the debit or credit card should match the name of the person making the vital records request, otherwise there may be delays.

Apply By Mail

Applications can be submitted by mail with the appropriate fees and a copy of the applicant's government issued identification to:

State Department of Health
Office of Health Status Monitoring
Issuance/Vital Statistics Section
P.O. Box 3378
Honolulu, Hawai'i 96801

Apply In Person

If on Oahu, you can apply in person at the Health Department Building, 1250 Punchbowl Street, Room 103 (Open Monday, Wednesday, Friday 7:45 a.m. to 2:30 p.m.). Appointments can be scheduled online and are encouraged, however walk-in service may be available between appointments.

Application Fees

The fees for certified copies of birth, marriage and civil union records are \$10 for the first copy, \$4 for each additional copy and a \$2.50 general administration fee for each application for up to 5 certificates. (Add another \$2.50 for each additional increment up to 5 copies. For example, 6 through 10 copies equals a \$5.00 fee and 11 through 15 copies equals a \$7.50 fee.)

The fees for certified copies of death certificates are \$10 for the first copy of each certificate and \$4 for each additional copy. For online orders there is an additional \$2.50 fee for up to 5 certificates. (Add another \$2.50 fee for each additional increment up to 5 copies. For example, 6 through 10 copies equals a \$5.00 fee and 11 through 15 copies equals a \$7.50 fee.)

For online orders you may pay with your credit card or debit card.

For orders completed by mail, you may pay with a cashier's check, certified check or money order payable to the State Department of Health. **Cash and personal checks will not be accepted for mail orders.**

For orders completed in person, you may pay with cash, credit card, cashier's check, certified check or money order payable to the State Department of Health.

Processing Time

Processing times can take up to 8-10 weeks for orders. Delays due to partial, missing or inaccurate information may require additional time to locate, review and verify a request for a record.

Letters of Verification

A letter of verification *verifies* the existence of a birth, death, marriage, or divorce certificate that is on file with the State Department of Health. The verification can also include any other information that the applicant provides to be verified relating to the vital event. For instance, the applicant can include the place and date of birth in a letter of verification. The verification process will not disclose information about the vital event contained within the certificate that is unknown to and not provided by the applicant in the request.

Letters of verification are requested in a similar fashion and using the same request forms for certified copies. A letter of verification costs \$5.

Other Information Regarding Vital Records

Apostilles and the authentication of certified copies of vital records for international legalization can be provided. Requests are mail-in only.

Genealogy requests may be made to the State Department of Health. There are specific instructions on how to complete the requests on the State Department of Health's website:

<https://health.hawaii.gov/vitalrecords/genealogy/>.

Vital records (birth, death, marriage, and divorce certificates) on file with the State Department of Health may be amended (i.e., changes, corrections, additions, deletions, or substitutions) upon submission of the required documentation.

Amended certificates of birth may be prepared and filed with the State Department of Health, as provided by law, for 1) a person born in Hawai'i who already has a birth certificate filed with the State Department of Health or 2) a person born in a foreign country and legally adopted in the State of Hawai'i.

Requests to change an item (e.g., following a legal change of name) on a Certificate of Hawaiian Birth will result in the cancellation of the Certificate of Hawaiian Birth and the preparation of a late birth certificate in lieu thereof, subject to the evidentiary requirements specific to late registration in connection with Certificates of Hawaiian Birth.

The information found in this brochure came from the State Department of Health's website at:

<https://health.hawaii.gov/vitalrecords/>

If you need further information or want to know the status of your application, contact the Office of Health Statistics Monitoring at (808) 586-4539 or email doh.issuanceQuery@doh.hawaii.gov.

For **neighbor islands**, contact your local District Health Office. Online orders are accessible statewide.

Hawai'i Island: <https://health.hawaii.gov/big-island/home/vital-statistics/>

Hilo: 75 Aupuni Street, Suite 201
Hilo, Hawai'i 96720
(808) 974-6008

Kamuela: 67-5189 Kamamalu Street
Kamuela, Hawai'i 96743
(808) 887-8114

Maui: <https://health.hawaii.gov/maui/vital-records/> NO PICKUP SERVICE IS AVAILABLE ON MAUI

State Office Building
54 South High Street, Room #301
Wailuku, Hawai'i 97693
(808) 984-8210

Kauai: (808) 241-3498



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:

MOTHER'S NAME ON CERTIFICATE:

Suffix

Suffix

RECEIPT NUMBER:

DATE CREATED:

ORDER INFORMATION:

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



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, Wednesday & Friday only (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 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

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

REQUEST FOR CERTIFIED COPY OF **DEATH** RECORD

1	FIRST CERTIFIED COPY	= \$	10.00
<input type="text" value="0"/>	ADDITIONAL COPIES AT \$4.00 EACH	= \$	0.00
<input type="text" value="0"/>	OTHER: _____	= \$	0.00
1	TOTAL COPIES		\$ 10.00

NAME OF DECEASED:	FIRST	MIDDLE	LAST	MALE /FEMALE
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

DATE OF DEATH:	MONTH	DAY	YEAR
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PLACE OF DEATH:	CITY OR TOWN	ISLAND
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SOCIAL SECURITY NUMBER: _____

RELATIONSHIP OF REQUESTOR TO PERSON NAMED ON CERTIFICATE	REASON FOR THIS REQUEST
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SIGNATURE OF REQUESTOR:	TELEPHONE NUMBERS
PRINT NAME OF REQUESTOR: SUBMIT WITH ORDER VALID GOVERNMENT ISSUED IDENTIFICATION	RES:
	BUS:

ADDRESS OF REQUESTOR:	NO. AND STREET OR P.O. BOX
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CITY	STATE	ZIP
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<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>*submit with order a copy of your government issued identification</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:

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!**

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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, Wednesday, Friday (Except Holidays)

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

Personal checks will not be accepted



REQUEST FOR CERTIFIED COPY OF MARRIAGE/CIVIL UNION RECORD

NAME OF APPLICANT 1:

NAME OF APPLICANT 2:

DATE OF CEREMONY: _____

PLACE OF CEREMONY:

City / Town

Island

RECEIPT NUMBER:

DATE CREATED:

ORDER INFORMATION:

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



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-OR-

In-person at:

Room 103, 1250 Punchbowl Street, Honolulu
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\$1.00 per APOSTILLE made payable to:

Office of the Lt. Governor

\$3.00 per AUTHENTICATION made payable to:

Chief Clerk, First Circuit Court

REQUEST FOR CERTIFIED COPY OF **DIVORCE** RECORD

**IMPORTANT! THIS OFFICE ONLY HAS limited DIVORCE RECORDS FROM January 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="text" value="0"/>	ADDITIONAL COPIES AT \$4.00 EACH	= \$	0.00
<input type="text" value="0"/>	OTHER: _____	= \$	0.00
1	TOTAL COPIES	TOTAL AMOUNT DUE	\$ 10.00

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: <i>(Remember to sign, unsigned forms will be returned.)</i>	Attach copy of government issued identification.		TELEPHONE NUMBERS
			RES:
PRINT NAME OF REQUESTOR:			BUS:
ADDRESS OF REQUESTOR:	NO. AND STREET OR P.O. BOX		
	CITY	STATE	ZIP

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FOR OFFICE USE ONLY			
_____ NR FILE		_____ PENDING:	
FROM	INDEX SEARCHED TO	FROM	VOLUMES SEARCHED TO
YEAR	VOLUME	CERTIFICATE	RECEIPT NUMBER

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