

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

REQUEST FOR CERTIFIED COPY OF **BIRTH** RECORD

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

NAME ON CERTIFICATE:	FIRST	MIDDLE	LAST	MALE/FEMALE
				<input type="checkbox"/> M <input type="checkbox"/> F

DATE OF BIRTH:	MONTH	DAY	YEAR	PLACE OF BIRTH:	CITY OR TOWN	ISLAND
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FATHER'S NAME:	FIRST	MIDDLE	LAST
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MOTHER'S NAME:	FIRST	MIDDLE	MAIDEN NAME
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RELATIONSHIP OF REQUESTOR TO PERSON NAMED ON CERTIFICATE	REASON FOR THIS REQUEST
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<b>SIGNATURE OF REQUESTOR:</b>	TELEPHONE NUMBERS
PRINT NAME OF REQUESTOR:	RES:
	BUS:

ADDRESS OF REQUESTOR:	NO. AND STREET OR P.O. BOX
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CITY	STATE	ZIP
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<p><b>IF MAILING TO A LOCATION OTHER THAN ABOVE, PLEASE FILL THIS SECTION.</b></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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<b>FOR OFFICE USE ONLY</b>			
_____ HBC	_____ DBC	_____ UNREC. BC	
_____ NR FILE	_____ PENDING:		

INDEX SEARCHED FROM	VOLUMES SEARCHED FROM	DATE COPY PREPARED
TO	TO	

YEAR	VOLUME	CERTIFICATE	RECEIPT NUMBER
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**\* 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**