



# HAWAII STATE ARCHIVES

## ORDER FOR CHANGE OF NAME RECORD



1. Requestor Name			2. Date		
3. Address			4. Phone		
5. Email			6. Other Phone		
7. Relationship to Petitioner			8. Date of Decree		
9. Petition No.		10. HSA Ref No.			
11. Name After Change					
12. Former Name					
13. Type of Service					
DUPLICATION		<input type="checkbox"/> Order	<input type="checkbox"/> Decree	<input type="checkbox"/> Petition	<input type="checkbox"/> Entire File
CERTIFICATION		<input type="checkbox"/> Order	<input type="checkbox"/> Decree	<input type="checkbox"/> Petition	<input type="checkbox"/> Entire File
Laws governing the disclosure of personal records limit public access to certain parts of records of name changes. [HRS 574-5(e) and HRS 92F-13]. All items must be completed in full before this request will be processed.					
14. Signature _____					
<b>RESERVED FOR ARCHIVES USE ONLY</b>					
Type of Service	Quantity	Fees	Order rec'd by	Date	
No. of pages			Method	<input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Walk-in	
No. of Certifications			Call when ready	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Called on	
	Postage		Pick-up Method		
	Handling		<input type="checkbox"/> Mail <input type="checkbox"/> Messenger* _____		
	TOTAL		<input type="checkbox"/> Self * <span style="color: red;">*signature required</span>		
			Pymt rec'd by	Date	
Work Order #			Payment in <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order		
			Receipt No.		
Processed by	<input type="checkbox"/> Logged <input type="checkbox"/> Scan <input type="checkbox"/> AH-11 <input type="checkbox"/> Email arch <input type="checkbox"/> Log arch <input type="checkbox"/> emboss <input type="checkbox"/> Log out <input type="checkbox"/> filed <input type="checkbox"/> Copied env <input type="checkbox"/> Index				In-hse pgs

Make check(s) or money order(s) payable to Hawaii State Archives. Mail the completed and signed form, with payment, to Office of the Comptroller, Attn: Hawai'i State Archives, 1151 Punchbowl St., Suite 412, Honolulu, HI 96813.