

## HAWAI'I 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 Chang	je					
12. Former Name						
13. Type of Service	DUPLICATION	🗌 Order	Decree	Petition	🗆 Entire File	
	CERTIFICATION	🗆 Order	Decree	Petition	🗆 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						
RESERVED FOR ARCHIVES USE ONLY						
Type of Service	Quantity	Fees	Order rec'd by		Date	
Type of Service No. of pages	Quantity	Fees	Order rec'd by Method 🛛 Ma	il 🗌 Phone	Date	
	Quantity	Fees			🗆 Email 🛛 Walk-in	
No. of pages	Quantity Postage	Fees	Method 🗆 Ma Call when ready Pick-up Method	🗆 Yes 🗆 No	🗆 Email 🛛 Walk-in	
No. of pages		Fees	Method 🗆 Ma Call when ready	🗆 Yes 🗆 No	🗆 Email 🛛 Walk-in	
No. of pages	Postage	Fees	Method 🗆 Ma Call when ready Pick-up Method 🗆 Mail 🗆 Messe	🗆 Yes 🗆 No	Email Walk-in Called on	
No. of pages No. of Certifications	Postage Handling	Fees	Method 🗆 Ma Call when ready Pick-up Method Mail 🗆 Messe Self * Pymt rec'd by	□ Yes □ No enger*	Email Walk-in Called on *signature required	
No. of pages	Postage Handling	Fees	Method 🗆 Ma Call when ready Pick-up Method Mail 🗆 Messe Self * Pymt rec'd by	□ Yes □ No enger*	Email Walk-in Called on *signature required Date	

Make check(s) or money order(s) payable to Hawai'i State Archives. Mail the completed and signed form, with payment, to Hawai'i State Archives, Kekauluohi Bldg, 364 S. King Street, Honolulu, Hawaii 96813.