

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 Peti	8. Date of Decree					
9. Petition No.			10. HSA Ref No.			
11. Name After Change						
12. Former Name						
13. Type of Service	DUPLICATION	☐ Order	☐ Decree	☐ Petition		Entire File
	CERTIFICATION	☐ Order	☐ Decree ☐ Petition ☐ E			Intire 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			
No. of pages			Method □ Mail □ Phone □ Email □ Walk-in			
No. of Certifications			Call when ready ☐ Yes ☐ No Called on			
Postage			Pick-up Method ☐ Mail ☐ Messenger*			
			_		*signature required	
TOTAL			Pymt rec'd by		Date	
Work Order #			Payment in \square Cash \square Check \square Money Order			
vvork Order #		Receipt No.				
Processed by						In-hse pgs

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.