

HAWAII STATE ARCHIVES
ORDER FOR CHANGE OF NAME RECORD

PRESENT NAME: _____ DATE: _____

FORMER NAME: _____

DATE OF DECREE: _____ PETITION NO: _____

Requestor's Name (please print) _____ Requester's relationship
to Petitioner _____

Requestor's Signature _____ Telephone: _____

Address: _____

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.

TYPE OF SERVICE [check current fee schedule]

DUPLICATION: ORDER DECREE PETITION ENTIRE FILE
CERTIFICATION: ORDER DECREE PETITION ENTIRE FILE

ARCHIVES USE ONLY: SERVICES CHARGES Cash _____ Check _____

<u>No. of pages</u> _____	Receipt No. _____
<u>No. of certifications</u> _____	Rec'd By: _____
<u>Postage/Fax</u> _____	Request Rec'd By: Phone <input type="checkbox"/> Mail <input type="checkbox"/>
<u>Handling Fee</u> _____	PickUp: Archives <input type="checkbox"/> Mail <input type="checkbox"/>
<u>TOTAL</u> _____	Call when Ready: Yes <input type="checkbox"/> No <input type="checkbox"/>