

## Form A- Name Change of Individual

### **INSTRUCTIONS FOR CHANGE OF NAME**

Please read the Instructions for Change of Name carefully or have someone explain them to you. **All forms must be typed.**

THE FOLLOWING FORMS ARE INCLUDED IN THIS PACKET AND MUST BE SUBMITTED UPON COMPLETION:

**PETITION**

**FACT SHEET**

**NOTICE OF CHANGE OF NAME**

**ORDER**

#### **NOTICE TO CONVICTED SEXUAL OFFENDERS**

PURSUANT TO ACT 47, SESSION LAWS OF HAWAII 2007, IF YOU ARE A CONVICTED SEXUAL OFFENDER, WITH AN OBLIGATION TO REGISTER UNDER CHAPTER 846E, HAWAII REVISED STATUTES, YOU ARE PROHIBITED FROM CHANGING YOUR LEGAL NAME IN THE OFFICE OF THE LIEUTENANT GOVERNOR, WITHOUT PRIOR COURT APPROVAL.

TO ENSURE COMPLIANCE WITH THE LAW, THE OFFICE OF THE LIEUTENANT GOVERNOR WILL CONDUCT A CRIMINAL BACKGROUND CHECK ON ALL NAME CHANGE APPLICANTS.

#### **\$50 NON-REFUNDABLE FILING FEE**

A filing fee in the amount of \$50.00 is required for each name change Petition. Once received by the Office of the Lieutenant Governor, this fee is **non-refundable**. All Petitions must be accompanied by a Money Order or Cashier's Check made payable to the Office of the Lieutenant Governor in the amount of \$50.00. No personal checks will be accepted. Cash payment will only be accepted when the Petitioner hand carries documents into the Office of the Lieutenant Governor.

## **INSTRUCTIONS FOR COMPLETING THE PETITION – Pages 6 to 8**

- (1) This is the official heading. Type in your **full, legal name**, which is your name exactly as it appears on your birth certificate, unless you have subsequently married or legally, changed your name.  
**DO NOT TYPE IN THE NAME YOU ARE USING NOW UNLESS IT IS YOUR LEGAL NAME.**
- (2) Type your full, legal name in the space.
- (3) Type in either “his” or “her” in the space provided.
- (4) Type in all information requested. Type in both your mother’s and father’s names as they appear on your birth certificate. If your father’s name is not listed on the birth certificate, type in “unknown”.
- (5) Type in the name that appears on your birth certificate or certificate of naturalization.
- (6) Type in all other names you have used even if they were not legal names. If your name has been changed previously, provide the former name, date and the place where the name change(s) was granted. This includes divorced persons whose divorce decree changes their names.
- (7) You must provide a street address. For those locations where there are no street addresses, P.O. Boxes may be entered, but please describe the general location of your residence.
- (8) Check the appropriate response. If Petitioner has been convicted of a felony or a sexual offense, please state the type and date of conviction, and final disposition of the case. Fully explain the charges, the sentence, the terms and conditions of parole or probation, the date of final discharge of the sentence, whether there was a deferred acceptance of a guilty or no-contest plea, if there was a pardon, and by whom the pardon was granted.
- (9) Type in your new name exactly as you want it spelled once it is legally changed.
- (10) Type in your full legal name and your new name exactly as you want it spelled. Make sure you date the petition here, either at the time you have it notarized or before you have it notarized. If you date after it is notarized, it will not be processed.
- (11) Sign the petition in black ink, exactly as it is typed in the heading. **DO NOT USE INITIALS OR NICKNAMES IN THE SIGNATURE.**
- (12) This is the notarized acknowledgment, which must be included with every petition. Type in your legal name, exactly as it is in the heading.
- (13) Sign this in front of the notary, in black ink, exactly as your name appears in the heading. **DO NOT USE INITIALS OR NICKNAMES IN THE SIGNATURE.** The notary will complete their portion of this page. The Notary Public must be commissioned in the State of Hawaii.

**INSTRUCTIONS FOR COMPLETING THE NOTICE OF CHANGE OF NAME – Page 10**

- At the top of the page, type your name, address and telephone number in the space provided;
- Type in the full, legal name in the heading exactly as you did on the Petition;
- Type your legal name in the next two (2) spaces on the document;
- Type the new name on the third space.

Submit one (1) original of NOTICE OF CHANGE OF NAME. Copies are not required. Once your Petition has been approved, the Lieutenant Governor will sign the NOTICE and it will be returned to you. **You will be responsible for submitting the NOTICE OF CHANGE OF NAME to the newspaper agency for publication.** The NOTICE OF CHANGE OF NAME must be published in the newspaper and an affidavit executed within **sixty (60) calendar days** after it is signed by the Lieutenant Governor. **Failure to publish within the time required automatically voids the Petition for Change of Name.**

The newspaper will mail the AFFIDAVIT of publication to our office and a copy of the AFFIDAVIT to you for your files. If we do not receive an AFFIDAVIT from the newspaper, we will assume that you did not have the NOTICE OF CHANGE OF NAME published and your petition will be voided at the end of the sixty (60) days.

NOTE: The newspaper provides the AFFIDAVIT; you do not have to provide that form.

## **INSTRUCTIONS FOR COMPLETING THE ORDER – Pages 11 and 12**

- Halfway down the page, type your name, address and telephone number in the space provided.
- Type in your full, legal name in the heading exactly as you did on the Petition.
- Leave the spaces for the date in the body of the document blank, but type in your legal name and your new name in the proper spaces.
- We will fill in the date of publication and date of the Lieutenant Governor's signature.
- Submit one (1) original and five (5) copies of the ORDER to our office along with the original Petition.

Once our office receives the AFFIDAVIT from the newspaper showing publication of your name change, the Lieutenant Governor will sign the ORDER and it will be sent to you. You must file a copy of the ORDER with the Bureau of Conveyances within sixty (60) days after the signing of the ORDER, (See H.R.S. 574-6b).

## **INSTRUCTIONS FOR RETURNING DOCUMENTS**

Mail or deliver documents to:

Office of the Lieutenant Governor  
State Capitol  
415 South Beretania Street, 5th Floor  
Honolulu, Hawaii 96813

Please do not hesitate to contact our office prior to submitting documents and payment if you have any questions, as the filing fee is non-refundable.

Phone: (808) 586-0255  
Website: [www.ltgov.hawaii.gov](http://www.ltgov.hawaii.gov)

**The following must be submitted to the Lieutenant Governor's Office:**

BIRTH CERTIFICATE OR CERTIFICATE OF NATURALIZATION- a certified copy of your original birth certificate issued within the last 90 days prior to submission of your name change forms. Obtain the certificate from the state in which you were born. Original Certificate of Naturalization (if applicable) must also be submitted.

If you are not a U.S. Citizen, please provide a photocopy of your passport AND either of the following: (1) foreign birth certificate, which must be translated into English and notarized; (2) family register; or (3) alien registration card. Parents will submit a photocopy of their birth certificates.

PETITION – notarized by a State or Hawaii notary public within 30 days prior to submission of name change forms.

FACT SHEET – completed fact sheet.

NOTICE OF CHANGE OF NAME- one original.

ORDER- original plus five (5) copies

NON-REFUNDABLE FILING FEE- Money Order or Cashier's Check made payable to the Office of the Lieutenant Governor in the amount of \$50.00. No personal check will be accepted. Cash will only be accepted when the petitioner hand carries documents into the Office of the Lieutenant Governor.

SUPPORTING DOCUMENTS - Marriage Certificate, Divorce Decree, Death Certificate, Paternity Documents, Adoption Decree, Guardianship documents, prior name change decree, if applicable (copies acceptable).

ENVELOPES- Please enclose 2 self-addressed stamped envelopes  
1 each- #10 (regular letter size) envelope with 1 first class stamp  
1 each- large flat manila envelope with \$2.00 stamps

CORRECTIONS - Petitions with liquid paper corrections must be initialed by the State of Hawaii notary public.

**A PETITION CONTAINING TYPOGRAPHICAL ERRORS, MISSING INFORMATION OR OTHERWISE NOT IN CONFORMANCE WITH THESE INSTRUCTIONS WILL NOT BE ACCEPTED FOR PROCESSING.**

**NOTICE REGARDING LEGAL ADVICE**

The Office of the Lieutenant Governor cannot render legal advice regarding name changes. We can only answer questions related to the procedures involved in processing name changes. **IF YOU HAVE LEGAL QUESTIONS, YOU SHOULD CONTACT AN ATTORNEY.**

IN THE OFFICE OF THE LIEUTENANT GOVERNOR  
OF THE STATE OF HAWAII

(1) In the Matter of the Petition \_\_\_\_\_ )  
of \_\_\_\_\_ )  
\_\_\_\_\_ )  
For Change of Name \_\_\_\_\_ )  
\_\_\_\_\_ )

PETITION

TO THE HONORABLE DOUGLAS S. CHIN, LIEUTENANT GOVERNOR OF  
THE STATE OF HAWAII:

(2) COMES NOW \_\_\_\_\_

your petitioner herein, and respectfully prays that an order be entered herein

(3) changing \_\_\_\_\_ name and in support thereof represents as follows:

I.

(4) That your Petitioner's date of birth is \_\_\_\_\_

place of birth is \_\_\_\_\_

father's name is \_\_\_\_\_

(Name as shown on birth certificate)

mother's maiden name is \_\_\_\_\_

(First)

(Middle)

(Surname)

II.

(5) That the name on your Petitioner's birth certificate or certificate of naturalization is

\_\_\_\_\_

(First)

(Middle)

(Surname)

III.

(6) That other names Petitioner is using or has used are as follows:

\_\_\_\_\_

IV.

(7) That your Petitioner is a resident of the State of \_\_\_\_\_

and Petitioner's present address is \_\_\_\_\_

(Residence address)

\_\_\_\_\_

V.

(8) That your Petitioner:

\_\_\_\_\_ has not been convicted of a felony or a sexual offense.

\_\_\_\_\_ has been convicted of a felony.

\_\_\_\_\_ has been convicted of a sexual offense

Felony or Sexual Offense

Date of Conviction

Disposition

If Petitioner has been convicted of a felony or a sexual offense, respond to the following questions:

1. Fully explain the charges.
2. Fully explain the sentence.
3. Fully explain the terms and conditions of parole or probation.
4. Fully explain the date of final discharge of the sentence.
5. Fully explain whether there was a deferred acceptance of a guilty or no contest plea.
6. Fully explain if there was a pardon, by whom the pardon was granted.

VI.

That this Petition is not filed for the purpose of avoiding payment of debts to creditors; your Petitioner has been and is a good law-abiding citizen and your Petitioner states that this Petition for Change of Name is not for wrong or fraudulent purposes.

VII.

That your Petitioner is now requesting a Change of Name to

(9) \_\_\_\_\_  
WHEREFORE, your Petitioner prays that an order be entered herein Changing Petitioner's

(10) name from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_

DATED: \_\_\_\_\_ Hawaii  
(City)

(11) \_\_\_\_\_  
Petitioner (Sign name in full)

STATE OF HAWAII )  
)  
COUNTY OF \_\_\_\_\_ )  
(Honolulu, Hawaii, Maui, Kauai)

SS.

(12) \_\_\_\_\_, being first duly sworn on oath  
(Name of Petitioner)  
deposes and says:

That Petitioner is the person named herein, that Petitioner has read the foregoing Petition,  
knows the contents thereof, and that the same is true to the best of the Petitioner's knowledge.

(13) \_\_\_\_\_  
Petitioner (Sign name in full)

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (Notary Stamp or Seal)

\_\_\_\_\_  
Notary Public, State of Hawaii  
Printed Name: \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

Doc. Date: _____	# Pages: _____
Notary Name: _____	___ Circuit
Doc. Description: _____	
_____	(Stamp or seal)
Notary Signature	Date



**FACT SHEET**

Petitioner shall answer the following questions fully and completely and submit this FACT SHEET with your Petition for Change of Name.

1. What is the name on your Birth Certificate? Certificate or File No? Dated  
\_\_\_\_\_

2. What is the name on your Certificate of Naturalization? Certificate No? Dated  
\_\_\_\_\_

3. What name appears on your social security card?

4. What name do you use in your employment?

5. List all of your marriages, divorces, dates and places thereof:

Married to Date of Marriage Place of Marriage

Divorced From Date of Divorce Place of Divorce

6. List the names, date and place of birth of all your living children:

Name Date of Birth Place of Birth

7. What is the reason for legalizing this name change?  
\_\_\_\_\_  
\_\_\_\_\_

8. I was born in the State of Hawaii, and wish to have the name on my birth certificate amended in the following way:

(1) \_\_\_\_\_  
First name Middle Name Last Name

Name:  
Address:  
City, State, Zip Code:  
Telephone #:

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IN THE OFFICE OF THE LIEUTENANT GOVERNOR

STATE OF HAWAII

In the Matter of the Petition                    )  
  )  
                  of    )  
  )  
\_\_\_\_\_    )  
  )  
For Change of Name                                )  
\_\_\_\_\_    )

NOTICE OF CHANGE OF NAME

Upon consideration of the Petition of \_\_\_\_\_

and there appearing to me to be good reasons for granting the same:

NOW, THEREFORE, by virtue of the authority vested in me by law and thereunto enabling, I, Douglas S. Chin, Lieutenant Governor of the State of Hawaii, do hereby give public notice that the name of \_\_\_\_\_ shall be changed to \_\_\_\_\_ upon a single publication in the Honolulu Star-Advertiser, a newspaper of general circulation in the State of Hawaii, published at Honolulu, Hawaii.

DATED: Honolulu, Hawaii \_\_\_\_\_

\_\_\_\_\_  
DOUGLAS S. CHIN  
Lieutenant Governor of the State of Hawaii

)  
)  
)  
)  
)  
)  
)  
)  
)  
)  
)

LAND COURT

REGULAR SYSTEM

Name:

Address:

City, State, Zip Code:

Telephone #:

IN THE OFFICE OF THE LIEUTENANT GOVERNOR

STATE OF HAWAII

In the Matter of the Petition

of

\_\_\_\_\_ )  
For Change of Name )  
\_\_\_\_\_ )

ORDER

The Notice of Change of Name of \_\_\_\_\_

having been published on \_\_\_\_\_ in a newspaper of general circulation in the State of Hawaii,

I, Douglas S. Chin, Lieutenant Governor of the State of Hawaii, by virtue of the authority vested in me

by law and thereunto enabling, do hereby order that the name of \_\_\_\_\_

\_\_\_\_\_ be changed to \_\_\_\_\_

effective\_\_\_\_\_.

Dated: Honolulu, Hawaii \_\_\_\_\_

\_\_\_\_\_  
DOUGLAS S. CHIN  
Lieutenant Governor of the State of Hawaii

SURVEY SHEET ON VOTER REGISTRATION FOR AMERICAN CITIZENS ONLY

(CHECK ONLY ONE)

I am not a registered voter and I am NOT interested in registering under my new name at this time. STOP. DO NOT FILL OUT OR SIGN THIS FORM.

I am NOT a registered voter, but would like to register to vote under my new name.

I am a registered voter and would like my name changed on the voter registration list. PLEASE COMPLETE THIS FORM, SIGN IT AND RETURN WITH YOUR NAME CHANGE FORMS.

I am a registered voter and would like my name and address changed on the voter registration list. PLEASE COMPLETE THIS FORM, SIGN IT AND RETURN WITH YOUR NAME CHANGE FORM.

When you have your name changed legally, you need to change your voter registration as well. Please fill out the information below and return this form with your name change Petition. When your name change order is signed by the Lieutenant Governor, your voter registration will automatically be updated to reflect your new name.

1. I am a registered voter on \_\_\_\_\_(Island)
2. My name is being changed from \_\_\_\_\_ to \_\_\_\_\_
3. My residence address is \_\_\_\_\_
4. My telephone number is (home) \_\_\_\_\_ (work) \_\_\_\_\_
5. My mailing address is \_\_\_\_\_
6. My social security number is \_\_\_\_\_
7. My date of birth is \_\_\_\_\_

\_\_\_\_\_  
Signature (New name)

\*\*\*\*\*

(FOR OFFICE USE ONLY)

Name Change Effective on: \_\_\_\_\_ Date granted by Lt. Governor \_\_\_\_\_