

Form F – Name Change of Parent and Minor Children  
With the Notarized Consent of the Other Parent

**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** (located on pages 6 to 9)

- (1) This is the official heading. Type in the **full, legal name** of the parent filing the Petition. Type the child's full name exactly as it appears on the birth certificate (unless it has been legally changed) in the space after "for and on behalf of."
- (2) Type the full, legal name of the parent filing the Petition.
- (3) Type "his" or "her" depending on who is filing the Petition.
- (4) Type in all the information requested by the Petitioner. Type Petitioner's father's full name and mother's first and maiden name.
- (5) Type Petitioner's name that appears on the birth certificate or certificate of naturalization.
- (6) Type all other names Petitioner has used or is using.
- (7) Type the full, legal name of non-petitioning parent and their residence address.
- (8) Type in Petitioner's current State of residence. For those locations where there are no street addresses, P.O. Boxes may be entered, but please describe the general location of residence.
- (9) Type in the names of Petitioner's minor children even if their names are not being changed.
- (10) 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.
- (11) Type the new name exactly as you want it spelled once it is legally changed.
- (12) Type the full name of Petitioner and each minor and the new name exactly as you want it spelled.
- (13) Type the date, either at the time you have it notarized or before you have it notarized. If you date it after the date it is notarized, it will not be processed. Type in the city.
- (14) Sign the petition in your full, legal name exactly as it is typed in the heading. Do not use initials or nicknames in the signature. Type the County followed by Petitioner's full, legal name.
- (15) Sign petition in black ink in front of a State of Hawaii notary public. **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 (pages 12 to 13)**

- At the top of the page, type your name, address and telephone number.
- Type the heading exactly as you did in the Petition.
- Type the Petitioner's full, legal name in the next two blanks followed by the full, legal name of the minor Child and then the name as you wish it changed to.

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 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 an 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 by the end of the sixty (60) days, 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 sixty (60) days.

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

## INSTRUCTIONS FOR COMPLETING THE ORDER (pages 14 to 15)

- Halfway down the page, type the Petitioner's name, address and telephone number in the space provided.
- Type the heading exactly as it appears in the Petition.
- On the next page type the Petitioner's and Child's full, legal name exactly as it appears in the heading and then the name you want it to be changed to.
- We will fill in the dates of publication.
- 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 administrative **ORDER** and it will be sent to you. You must file the original **ORDER** with the Bureau of Conveyances within sixty (60) days after the signing of the **ORDER**. (See H.R.S. 574-6b).

## INSTRUCTIONS FOR SUBMITTING DOCUMENTS

Mail or deliver the documents to:

Office of the Lieutenant Governor  
Hawaii 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 Office of the Lieutenant Governor:**

BIRTH CERTIFICATE OR CERTIFICATE OF NATURALIZATION- a *certified* copy of your original birth certificate from the state in which you were born. Certification of the birth certificate must not be older than 90 days prior to submission of your name change Petition. 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 of 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 checks will be accepted. Cash will only be accepted when 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, and prior name change decree, if applicable (copies acceptable).

CONSENT FORM- Consent Form, signed by minor child over 10 years of age.

ENVELOPES- Please enclose 2 self-addressed-stamped-envelopes:  
1 each- #10 (regular) 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

In the Matter of the Petition )  
 )  
 of )  
 )  
(1) \_\_\_\_\_ )  
 )  
 for and on behalf of )  
 )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 minor children )  
 )  
 For Change of Name )

PETITION

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

(2) COMES NOW \_\_\_\_\_ your petitioner herein,  
(3) and respectfully prays that an order be entered herein changing \_\_\_\_ name and the names of minor(s)  
named above, and in support thereof represents as follows:

I.

(4) That the Petitioner is \_\_\_\_\_;  
date of birth is \_\_\_\_\_;  
(petitioner)  
place of birth is \_\_\_\_\_;  
(petitioner)  
petitioner's father's name is (Names as shown on birth certificate)  
\_\_\_\_\_  
petitioner's mother's maiden name is \_\_\_\_\_;  
(First) (Middle) (Surname)

II.

(5) That the name on your Petitioner's birth certificate and/or certificate of naturalization is \_\_\_\_\_.

III.

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

IV.

(7) That the father or mother of the minor(s) is \_\_\_\_\_ who resides at \_\_\_\_\_; and who has attached a signed and notarized consent to change of name of the minor.

V.

(8) That your petitioner is a resident of the State of Hawaii, and present address is \_\_\_\_\_.

VI.

(9) That you Petitioner is the parent of the following minor children:

<u>Names on Birth Certificate</u>	<u>Date of Birth</u>	<u>Place of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VII.

(10) That you 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.

VII.

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.

XI.

(11) That your Petitioner is now requesting a Change of Name to

\_\_\_\_\_ and that the names(s) of Petitioner's minor(s) also be changed to \_\_\_\_\_ and \_\_\_\_\_.



(12) WHEREFORE, your Petitioner prays that an order be entered herein changing Petitioner's name and those of the minor(s) listed herein  
from \_\_\_\_\_ to \_\_\_\_\_; and  
from \_\_\_\_\_ to \_\_\_\_\_; and  
from \_\_\_\_\_ to \_\_\_\_\_; and  
from \_\_\_\_\_ to \_\_\_\_\_.

(13) DATED: \_\_\_\_\_, Hawaii.

(14)

\_\_\_\_\_  
Petitioner (sign name in full)

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

(15) \_\_\_\_\_, being first duly sworn on oath depose 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 Petitioner's knowledge.

(16)

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

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

(Notary Stamp or Seal)

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

The following is to be signed by the minor (over the age of 10) and returned with the Petition for change of name.

**CONSENT TO CHANGE OF NAME**

I, \_\_\_\_\_, whose parent  
(Petitioner) is \_\_\_\_\_ presently  
residing at \_\_\_\_\_, do hereby consent to having my name changed  
from \_\_\_\_\_ to \_\_\_\_\_.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Minor

\_\_\_\_\_  
Signature of Petitioner

The following is to be filled out and signed before a notary by the non-petitioning parent of the minor child, and filed with the Petition for Change of Name.

CONSENT TO CHANGE OF NAME

I, \_\_\_\_\_; parent of \_\_\_\_\_, residing at \_\_\_\_\_, do hereby consent to having the name of my minor child changed from \_\_\_\_\_, to \_\_\_\_\_.

\_\_\_\_\_  
Signature of Petitioner

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

On this \_\_\_\_\_, day of \_\_\_\_\_ before me personally appeared \_\_\_\_\_ known to me to be the person described and who executed the foregoing instrument and acknowledged that the same was executed as their free act deed.

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: \_\_\_\_\_  
\_\_\_\_\_  
Notary Signature Date (Stamp or seal)

FACT SHEET

(INFORMATION REGARDING THE PETITIONER OF MINOR CHILD)

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

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

2. What is the name on your Certificate of Naturalization?                      What is the 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 placed thereof:

Married to	Date of Marriage	Place of Marriage
------------	------------------	-------------------

Divorced From	Date of Divorce	Place of Divorce
---------------	-----------------	------------------

6. List the names, dates 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:

_____	_____	_____
First Name	Middle Name	Last Name

_____	_____	_____
First Name	Middle Name	Last Name

_____	_____	_____
First Name	Middle Name	Last Name

_____	_____	_____
First Name	Middle Name	Last Name

FACT SHEET

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\_\_\_\_\_

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

3. What name appears on your social security card?

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Married to	Date of Marriage	Place of Marriage
------------	------------------	-------------------

Divorced From	Date of Divorce	Place of Divorce
---------------	-----------------	------------------

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_____	_____	_____
First Name	Middle Name	Last Name

_____	_____	_____
First Name	Middle Name	Last Name

_____	_____	_____
First Name	Middle Name	Last Name

_____	_____	_____
First Name	Middle Name	Last Name

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 and on behalf of )  
 )  
 \_\_\_\_\_ )  
 - )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 minor children )  
 )  
 For Change of Names )

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 names of \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, shall be changed to \_\_\_\_\_,



\_\_\_\_\_, and \_\_\_\_\_ upon a single  
publication in the Honolulu Star-Advertiser, a newspaper of general circulation in the State of Hawaii,  
published in Honolulu, Hawaii.

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

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



ORDER

The Notice of Change of Names of \_\_\_\_\_,  
\_\_\_\_\_, and \_\_\_\_\_ 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 the names of \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, and  
\_\_\_\_\_, shall be changed to \_\_\_\_\_,  
\_\_\_\_\_, and \_\_\_\_\_,  
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 \_\_\_\_\_