



**OFFICE OF THE LIEUTENANT GOVERNOR**

*Ke Ke'ena O Ka Hope Kia'āina*

State Capitol, Fifth Floor

Honolulu, Hawaii 96813

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[www.hawaii.gov/ltgov](http://www.hawaii.gov/ltgov)

**SYLVIA LUKE**

LIEUTENANT GOVERNOR

**Name Change Record Order Form**

Name (First, Last)

Address

City/State  Zipcode

Email

Phone  Date

Relationship to Petitioner

Former Name (First, Last)

Name after Change (First, Last)

Year of Name Change

**Request Certified Copy of Order (\$2 Per Copy):**      Quantity

Make check(s) or money order(s) payable to the Office of the Lieutenant Governor.  
Please include a self-addressed, stamped envelope. Mail the complete and signed form, with payment, to:

**Office of the Lieutenant Governor 415 S. Beretania 5th Floor, Honolulu Hawaii 96813**

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Signature

To request a copy of the petition and fact sheet please call us at  
(808) 586-0255 or email us at [ltgov.help@hawaii.gov](mailto:ltgov.help@hawaii.gov)