

OFFICE OF THE LIEUTENANT GOVERNOR

Ke Ke'ena O Ka Hope Kia'āina State Capitol, Fifth Floor Honolulu, Hawaii 96813 Phone: (808) 586-0255 email: ltgov.help@hawaii.gov www.hawaii.gov/ltgov

SYLVIA LUKE LIEUTENANT GOVERNOR

Application for Apostille or Certification of Documents

STATEMENT OF LEGAL EFFECT OF APOSTILLE

Apostilles certify only that a document has been signed by, and bears the seal and stamp of, a duly commissioned Notary Public or Officer of the State of Hawaii. An Apostille does not validate the substance, contents, and/or legal effect of the document, nor that the document has been approved and/or endorsed by the Lieutenant Governor, the State of Hawaii, or any court of competent jurisdiction.

			Mail*:	*Please includ
Address:City, State, Zip Code:				
Email Address (if any)				
Please include \$3 fee for one staple payment or applications.	each document (not per page). Cas ation to documents.	h, cashier's check or money order	accepted. Do no	ot
. Identify the document(s) documents, specify the q) that you are submitting for apost uantity.	tille or certification. If submitting	multiple copie	s of
1.	2.	3.		
20 Identify the foreign cour	ntry(s) the document will be prese	ented to:		
30 For what purpose is the	document being used?			
I ACKNOWLEDGE TH OF APOSTILLE. I PROVIDED HEREIN IS	ACKNOWLEDGEME AT I HAVE READ AND UNDE ALSO HEREBY CERTIFY UNI TRUE AND CORRECT, AND T R PRESENTATION TO THE DE OTHER	RSTAND THE ABOVE STATE DER PENALTY OF LAW THAT HAT THE REQUESTED APOST	MENT OF LEG THE INFORI	MATION RTIFICATION
Signature		Date		
Print Name				
DO NOT COMPLETE TH	IIS SECTION (FOR COMPLETIO	N BY THE OFFICE OF THE LIE	UTENANT GO	VERNOR)
Apostille Number	Commen	nts:		
Receipt Number				