



**OFFICE OF THE LIEUTENANT GOVERNOR**

State Capitol, Fifth Floor  
Honolulu, Hawaii 96813  
Phone: (808) 586-0255  
email: Ltgov.help@hawaii.gov  
Ltgov.hawaii.gov

**SYLVIA LUKE**  
LIEUTENANT GOVERNOR

Name Change Record Order Form

**THIS FORM IS ONLY TO REQUEST CERTIFIED COPIES OF A COMPLETED NAME CHANGE ORDER.  
THIS FORM DOES NOT START A NEW NAME CHANGE.**

Current Name (Last, First)

Address

City, State  Zip Code

Email  Phone Number

Relationship to Petitioner (Example: Self, Parent, etc.)

Former Name (Last, First)

Name after Change (Last, First)

Year of Name Change  Number of Certified Copies Requested  (\$2 per copy)

**Payment:** Cash, Cashier's Check or Money Order (no personal checks).  
Make cashier's check or money order payable to the Office of the Lieutenant Governor.

**Mail Completed Form To:**  
Office of the Lieutenant Governor, 415 S. Beretania St. 5<sup>th</sup> Floor, Honolulu, HI 96813  
Please include a self-addressed, stamped envelope.

Signature \_\_\_\_\_ Date \_\_\_\_\_

To request a copy of the petition and fact sheet please contact us at  
(808) 586-0255 or by email at LTgov.help@Hawaii.gov