



OFFICE OF THE LIEUTENANT GOVERNOR

State Capitol, Fifth Floor
Honolulu, Hawaii 96813
Phone: (808) 586-0255
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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)

Mailing Address

City, State, Zip

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 copies requested

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. 5th 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.