

Form B- Name Change for Couple

INSTRUCTIONS FOR CHANGE OF NAME

Please read the Instructions for Change of Name carefully or have someone explain them to you. **All responses must be typed and form cannot be re-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 HAWAI'I 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 – (PAGES 6 TO 10)

- (1) This is the official heading. Type in both spouses' or civil union partners' **full, legal names (Petitioner 1 and Petitioner 2)** - which would be the names exactly as they appear on your respective birth certificates, unless there has been a name change via marriage, divorce, court order, or other legal means. **DO NOT TYPE IN THE NAME YOU ARE USING NOW UNLESS IT IS YOUR LEGAL NAME.**
- (2) Type in the full, legal names of Petitioners just as they appear in the heading in the spaces provided.
- (3) Type in Petitioner 1's name and all other information requested. Type the name on Petitioner 1's birth certificate or certificate of naturalization, and other names Petitioner 1 is using or has used.
- (4) Type in Petitioner 2's name and all other information requested. Type the name on Petitioner 2's birth certificate or certificate of naturalization, and other names Petitioner 2 is using or has used.
- (5) Petitioners must be residents of the State of Hawai'i. Type in the street address of the petitioners' residence. For those locations where there are no street addresses, P.O. Boxes are allowed, but please describe the general location of residence.
- (6) Type in the date and place of marriage/civil union.
- (7) Check the appropriate response. If either spouse or civil union partner 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.
- (8) Type in the names of each spouse or civil union partner exactly as they want them spelled once they are legally changed.
- (9) Type in the names of each spouse or civil union partner exactly as they appear in the heading and then as they want them to appear after they are changed.
- (10) Date the Petition here, either at the time you have it notarized or before you have it notarized. If you date after it is notarized, it will not be processed. In the space provided, indicate the city and State in which the petition was notarized.
- (11) Sign the petition in black ink, exactly as it is typed in the heading. **DO NOT USE INITIALS OR NICKNAMES IN THE SIGNATURE.**
- (12) Type the full, legal names of both Petitioners.
- (13) Sign the petition in front of the notary, in black ink. **DO NOT USE INITIALS OR NICKNAMES**

IN THE SIGNATURE. The notary will complete his/her portion of this page. The Notary Public must be commissioned by the State of Hawaii or the military of the United States of America.

INSTRUCTIONS FOR COMPLETING THE NOTICE OF CHANGE OF NAMES – (PAGE 13)

- Where indicated, type in the current legal full name, address, and telephone number in the space provided for each of the spouses or civil union partners.
- Type in the current full, legal name of each spouse or civil union partner below the heading “In the Matter of the Petitioner” exactly as you did in the Petition.
- In the spaces after “Upon the consideration of the Petition of” type the current legal full name of each spouse or civil union partner as they appear on the heading.
- Type in the current legal full name of each spouse or civil union partner, and the newly proposed names in the following two spaces exactly as they want the names to appear after they are legally changed.

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 a newspaper agency for publication.** The NOTICE OF CHANGE OF NAME must be published in a newspaper of general circulation in the State of Hawai'i 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 the 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, 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 the 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)

- Where indicated, type in the current legal full name, address, and telephone number in the space provided for one of the spouses or civil union partners who will be deemed the designated person of contact.
- Below the phrase, “In the Matter of the Petition,” type in the full, legal name of each spouse or civil union partner in the heading exactly as you did on the Petition.
- In the space after “The Notice of Change of Name of” type each spouse’s or civil union partner’s current legal full names.
- Leave the “published on” space blank.
- In the next spaces provided, type each spouse’s or civil union partner’s current legal full name and each spouse’s or civil union partner’s new name exactly as they want the names to appear after they are legally changed.
- DO NOT FILL IN THE DATE. We will fill in the date of publication, effective date and date of the Lieutenant Governor’s signature, upon approval of the order.
- 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 ORDER and it will be sent to you. You must file a copy of the ORDER with the Bureau of Conveyances within sixty (60) days after the signing of the ORDER, (See H.R.S. §574-6(b)).

INSTRUCTIONS FOR RETURNING DOCUMENTS

Mail documents to:

Office of the Lieutenant Governor
Hawai’i State Capitol
415 South Beretania Street, 5th Floor
Honolulu, Hawai’i 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

The following must be submitted to the Lieutenant Governor's Office.

BIRTH CERTIFICATE OR CERTIFICATE OF NATURALIZATION- a certified copy of each spouse's or civil union partner's original birth certificate issued within the last 90 days prior to submission of the name change forms. Obtain the certificate from the state in which each spouse or civil union partner was born. Original Certificate of Naturalization (if applicable) must also be submitted.

If either spouse or civil union partner is not a U.S. Citizen, please provide a photocopy of said spouse's or civil union partner's passport AND either of the following: (1) a certified copy of foreign birth certificate, which must be translated into English with notarized certificate of translation attached; (2) a certified copy of family register, which must be translated into English with notarized certificate of translation attached; or (3) a certified copy of alien registration card.

PETITION notarized by a notary public commissioned by the State of Hawaii or the military of the United States of America 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 (pgs. 16 & 17)

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 the 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, prior name change decree, if applicable (copies acceptable).

ENVELOPES- Please enclose 2 self-addressed stamped envelopes
1 each- #10 (regular letter size) envelope with 1 first class stamp
1 each- large flat manila envelope with \$2.00 stamps

CORRECTIONS - Petitions with corrections must be initialed by the notary public.

A PETITION CONTAINING TYPOGRAPHICAL ERRORS, MISSING INFORMATION OR OTHERWISE NOT IN CONFORMANCE WITH THESE INSTRUCTIONS WILL BE DENIED.

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.**

OFFICE OF THE LIEUTENANT GOVERNOR
OF THE STATE OF HAWAI'I

(1) In the Matter of the Petition)
)
 of)
)
 _____)
 Petitioner 1)
)
 and)
)
 _____)
 Petitioner 2)
)
 For Change of Names)
)

PETITION

TO THE HONORABLE JOSHUA B. GREEN, LIEUTENANT GOVERNOR OF THE STATE OF HAWAI'I:

(2) COMES NOW _____ and
_____ your Petitioners herein, and respectfully
pray that an order be entered herein changing their names and in support thereof represents as
follows:

I. (Petitioner 1)

(3) That your Petitioner 1 is _____
date of birth is _____
place of birth is _____
Petitioner 1's father's name is _____
(Name as shown on birth certificate)
Petitioner 1's mother's maiden name is _____
(First) (Middle) (Surname)

That the name on Petitioner 1's birth certificate or certificate of naturalization is

(First) (Middle) (Surname)

That other names Petitioner 1 is using or has used are as follows:

II. (Petitioner 2)

(4) That your Petitioner 2 is _____

date of birth is _____

place of birth is _____

Petitioner 2's father's name is _____

(Name as shown on birth certificate)

Petitioner 2's mother's maiden name is _____

(First)

(Middle)

(Surname)

That the name on your Petitioner 2's birth certificate or certificate of naturalization is

(First)

(Middle)

(Surname)

That other names your Petitioner 2 is using or has used are as follows:

III.

(5) That your Petitioners are residents of the State of Hawai'i

and your Petitioners' present address is _____

(Residence address)

IV.

(6) That your Petitioners were legally married or legally licensed in a civil union to each other on_

at

(Date)

(City)

(State)

(Country)

V.

(7) That your Petitioner 1:

_____ 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 1 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.

That your Petitioner 2:

_____ 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 2 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.

VI.

That this Petition is not filed for the purpose of avoiding payment of debts to creditors; your Petitioners have been and are good law-abiding citizens and your Petitioners state that this Petition for Change of Name is not for wrong or fraudulent purposes.

VII.

That your Petitioners are now requesting that they be permitted to change their names to

(8) _____ and

WHEREFORE, your couple prays that an order be entered herein changing their names

(9) from _____ and _____ to
 _____ and _____.

(10) DATED: _____
 (City) (State)

(11) (Sign Name in Full) _____
 (Print Name) _____
 Petitioner 1

(Sign Name in Full) _____
 (Print Name) _____
 Petitioner 2

STATE OF _____)
) SS.
 COUNTY OF _____)

(12) _____ and

being first duly sworn on oath deposes and says:

That Petitioners are the person named herein, that Petitioners have read the foregoing
 Petition, knows the contents thereof, and that the same is true to the best of the Petitioners
 knowledge.

(13) _____
 (Sign Name in Full) _____
 (Print Name) _____
 Petitioner 1

Subscribed and sworn to before me
 this _____ day of _____, 20 ____.

(Notary Stamp or Seal)

Notary Public, State of _____
 Printed Name: _____
 My Commission Expires: _____

Doc. Date: _____ # Pages: _____	Notary
Name: _____	Circuit Doc.
Description: _____	(Stamp or seal)
_____	_____
Notary Signature	Date
	Page 11

(14)

(Sign Name in Full) _____

(Print Name) _____

Petitioner 2

Subscribed and sworn to before me
this _____ day of _____, 20____.

(Notary Stamp or Seal)

Notary Public, State of _____

Printed Name: _____

My Commission Expires: _____

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

Notary Signature	Date

FACT SHEET (Petitioner 1)

Each spouse or civil union partner shall answer the following questions fully and completely and submit this FACT SHEET with your Petition for Change of Name.

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

2. What is the name on your Certificate of Naturalization? Certificate 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 places thereof:
Married to Date of Marriage Place of Marriage

Divorced From Date of Divorce Place of Divorce

6. List the names, dates and places of births 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 Hawai'i, and wish to have the name on my birth certificate amended in the following way:

Birth Certificate:

First Name Middle Name Last Name

FACT SHEET (Petitioner 2)

Each spouse or civil union partner shall answer the following questions fully and completely and submit this FACT SHEET with your Petition for Change of Name.

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 places thereof:

Married to Date of Marriage Place of Marriage

Divorced From Date of Divorce Place of Divorce

6. List the names, dates and places of births 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 Hawai'i, and wish to have the name on my birth certificate amended in the following way:

Birth Certificate:

First Name Middle Name Last Name

Name:
Address:
City, State, Zip Code:
Telephone #:

IN THE OFFICE OF THE LIEUTENANT GOVERNOR
STATE OF HAWAI'I

In the Matter of the Petition)
of)
)
)
_____)
(Petitioner 1, current legal name))
and)
)
_____)
(Petitioner 2, current legal name))
)
For Name Changes)

NOTICE OF CHANGE OF NAMES

Upon consideration of the Petition of _____
and _____, 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, Joshua B. Green, Lieutenant Governor of the State of Hawai'i, 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 Hawai'i,
published at Honolulu, Hawai'i.

DATED: Honolulu, Hawai'i _____

JOSHUA B. GREEN
Lieutenant Governor of the State of Hawai'i

ORDER

The Notice of Change of Names of _____
and _____ having been published on
_____ in a newspaper of general circulation in the State of Hawai'i, I, Joshua B. Green,
Lieutenant Governor of the State of Hawai'i, by virtue of the authority vested in me by law
and thereunto enabling, do hereby order that the names of _____
and _____ be changed to
_____ and _____
effective _____.

Dated: Honolulu, Hawai'i _____

JOSHUA B. GREEN
Lieutenant Governor of the State of Hawai'i

SURVEY SHEET ON VOTER REGISTRATION FOR AMERICAN CITIZENS ONLY
(Petitioner 1)

(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 _____

SURVEY SHEET ON VOTER REGISTRATION FOR AMERICAN CITIZENS ONLY
(Petitioner 2)

(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 _____