

## OFFICE OF THE LIEUTENANT GOVERNOR

State Capitol, Fifth Floor Honolulu, Hawaii 96813 Phone: (808) 586-0255 Fax: (808) 586-0231 email: Itgov@hawaii.gov www. hawaii.gov/ltgov

BRIAN SCHATZ 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 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.

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Name:		
Address:	Pick-U <sub>I</sub>	p: Mail: City,
State, Zip Code:	Phone #:	E-Mail
Address (if any):		
1. Please identify the document(s) that you	wish to have an Apostille/Certific	cation affixed:
2. What foreign country will the document(	(s) be presented to:	
ACKNOWLEDGEMENT & CERTIFICATION		
I ACKNOWLEDGE THAT I HAVE READ AND EFFECT OF APOSTILLE. I ALSO HEREBY C INFORMATION PROVIDED HEREIN IS TRUE APOSTILLE OR CERTIFICATION SHALL BE COUNTRY NAMED ABOVE, AND FOR NO O	CERTIFY UNDER PENALTY OF LA E AND CORRECT, AND THAT THE USED FOR PRESENTATION TO TI	W THAT THE E REQUESTED
Signature Date		
Name Printed		
DO NOT COMPLETE THIS SECTION (FOR COM	MPLETION BY THE OFFICE OF THE L	IEUTENANT GOVERNOR)
APPROVED □ DISAPPROVED □		
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