STATE OF HAWAI'I FAMILY COURT OF THE FIRST CIRCUIT	
This document is prepared by [] Self-Represented □ Petitioner/Plaintiff □ Re [] Attorney for □ Petitioner/Plaintiff □ Respond	ondent/Defendant t/Defendant
Name (and if applicable, Attorney No.)	
Address	
City, State, Zip Code	
Telephone Number	
E-Mail Address	
CASE NAME	CASE ID/NUMBER
TITLE OF DOCUMENT	
	KG-AC-508(10/2022) WF

S	TATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	Request Regarding Adoption Record Family Court (Act 8	ls of the	CASE NUMBER FC-A No	
(Тур	e or print in black ink)				
1.	PRESENT NAME OF	APPLICANT: (First, mide	lle, and last name	es)	
2.		TIONSHIP TO ADOPTEE natural parent [] adop	,	(check 1 box)	
3.		PTEE (First, middle, and ever is known):		e adoptee's name at birth or	
4.	ADOPTEE'S BIRTHD	ATE: BIRTH F	PLACE:	(City, State)	
5.	NAME OF ADOPTIVE	FATHER (if known):			
6.	NAME OF ADOPTIVE MOTHER (if known):				
7.	NAME OF NATURAL	FATHER (if known):			
8.	NAME OF NATURAL	MOTHER (if known):			
9.	[] Copy of Adop [] Letter to CSE	thnic Background informa			
10.	REASON FOR REQU	EST:			
11.	APPLICANT'S MAILI	NG ADDRESS:		-	
12.	APPLICANT'S TELE	PHONE NUMBERS: (incl	ude area codes)	-	
	(Home)	(Cell)			
FC Adm 1	11/23/16	Page 1 of 2		(Court Use Only) Request Regarding Confidential Adoption Record of the Family Court (Act 80 of 2016) 1F-P-77(

STATE OF HAWAI'I	Request Regarding Confidential				
FAMILY COURT FIRST CIRCUIT	Adoption Records of the Family Court (Act 80 of 2016)	FC-A No			
PIRST CIRCUIT Family Court (Act 80 of 2016) 13. APPLICANT DECLARES UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF. 14.					
Dat	e Applic	ant's Signature			
Print Applica	ant's complete name:				
Document Title: Request Regarding Confidential Adoption Records of the Family Court (Act 80 of 2016) Document Date:					
	(Print Name of Notary Public)				
Date:					
My commission expires:		Affix Seal			
FOR FAMILY COURT USE ONLY: (if Request is signed in front of court staff)					
[] Picture ID verified	Clerk's initials:	_			
REQUEST IS: [] APPROVED [] DENIED					
Judge, Family Court of the First Circuit					
Print Name of Judge:					
In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax no. 954-8308, or via email at adarequest@courts.hawaii.gov at least ten (10) days prior to your hearing or appointment date.					