DEATH CERTIFICATE ORDER ACKNOWLEDGEMENT FORM

I, _____ , do request Garden Island Mortuary
Print Name

Ltd., to place and order of _____ Death Certificates for my
# of Copies

_____ , _____ .
Relationship of Deceased | Name of Deceased

I hereby acknowledge that I have been informed by the staff of Garden Island Mortuary, Ltd. that the order for certified copies of the death certificate will be initiated only after the case has been medically certified and officially accepted by the State of Hawaii Department of Health. I understand that the estimated timeframe for the filing and delivery of said order is approximately 45 business days from the date of state acceptance; however, I recognize that this is strictly an estimate and actual delivery times may vary. I further understand and agree that Garden Island Mortuary, Ltd., and its agents, exercise no jurisdictional control over the processing schedules, administrative delays, or mailing procedures of third-party government agencies. Accordingly, I release the mortuary from any liability regarding the specific date of delivery or any delays originating from the state's vital records department.

_____ _____
Signature | Date

DEATH CERTIFICATE ACKNOWLEDGEMENT OF RECEIPT

I acknowledge the delivery and receipt of the requested Death Certificate certified copies. I accept these documents as the completed fulfillment of my order with Garden Island Mortuary, Ltd. and verify receipt.

_____ _____
Signature of Witness | Date