

Alaska DIVORCE Certificate Request Form Instructions

Expedited service is only available online through <https://www.vitalchek.com/>. Additional fees apply.

How to submit a request:

- Visit <https://www.vitalchek.com/> OR
- Complete this form and submit it via mail, fax, or in-person. (Addresses, hours, and fax number are listed below)
- Include payment and a copy of your ID.
- Choose **one** method of submission. Please be advised that if you submit your requests via more than one method, you will be charged for each request.
- For all current fees and processing times please visit our website: www.vitalrecords.alaska.gov

Who may obtain a divorce certificate?

- Either party listed on the divorce certificate.
- All others: please call (907) 465-3391 for assistance.

Accepted forms of ID: (If expired, must be less than one year) – please send a photocopy, not the original:

- Driver's license
- State-issued ID
- Passport
- Military ID
- Tribal/BIA card (with picture)
- School ID
- If you have none of the above forms of ID, please contact (907) 465-3391 for assistance

Mailing Address and Fax Number

Health Analytics and Vital Records
P.O. Box 110675
Juneau, Alaska 99811-0675
Fax orders: (907) 465-3618

Juneau Office

Walk-in Office Hours:
Mon – Fri, 8:30am – 4:30pm
5441 Commercial Blvd.
Juneau, Alaska 99801
Phone: (907) 465-3391

Anchorage Office

Walk-in Office Hours:
Mon – Fri, 8:30am – 4:30pm
3901 Old Seward Hwy, Ste. 101
Anchorage, Alaska 99503
Phone: (907) 269-0991

Please note: All Corrections to a divorce certificate must be mailed or hand delivered as original documents and/or certified copies of forms are required.

The standard processing time for these services is 3 months and expedited services are not available.

For additional information on how to amend a birth certificate, please contact our Special Services Unit at (907) 465-1200.

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Requests that do not include an applicant signature, **copy of a government issued ID**, and payment will not be processed. This form is **only** for the purpose of the financial transaction and **location** of the requested record. For expedited service, order through <https://www.vitalchek.com/>

Applicant Information		
Applicant name	Choose your relationship to persons named on the record: Spouse / Self Legal representative (with documentation)	
Mailing name (if different)		
Email address		
Phone number	Purpose of request: Personal records Driver's license Legal purposes Government benefits Other (please specify)	
Mailing address		
(Street / PO Box)		
(City, State, Zip)		
Information needed to locate the record		
Date of marriage	City or village of marriage	
Date of divorce		
Spouse A's name		
(first)	(middle)	(last)
Spouse B's name		
(first)	(middle)	(last)
Order information		
Count		Cost
	Certified divorce certificates (\$30 first copy, \$25 each additional copy of the same record ordered at the same time)	\$
	Divorce certificate correction processing fee (\$30)	\$
	Apostille fee (\$12 first copy, \$2 each additional copy; for foreign country use only)	\$
	Apostille country (foreign countries only):	
	Public Record White Copy (\$15, use for divorces that occurred more than 50 years prior to application date)	\$
Domestic shipping information (select one or call 907-465-3391 for information on international shipping)		
Regular mail (no fee, no tracking)		\$
Priority mail with tracking (\$10.50)		\$
Priority mail with tracking and signature on delivery (\$15.50) This option is recommended, Alaska Vital Records assumes no responsibility for items after they have been shipped. If documents are lost or stolen you will need to resubmit your order with ID and payment.		\$
Total payment to be submitted:		\$
Did you sign above and include a copy of your ID?		
Did you include legal documentation if this request is not for yourself?		
Payment information (only complete for mail or fax applications)		
Check or Money Order (made out to Alaska Vital Records Office) There will be a \$30 NSF fee for returned checks.		Cash (walk-in ONLY)
Credit / Debit Card (We accept Visa, MasterCard, Discover, and American Express; complete information below)		
Name on card	Expiration date	Billing ZIP Code
Card Number	Cardholder signature (required)	

Clear Form