

# Alaska Commemorative Certificate of Stillbirth Request Form Instructions

## How to submit a request:

- 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](http://www.vitalrecords.alaska.gov)

## Who may obtain a commemorative certificate?

- Parent(s) listed on the certificate.

## Can we add a name to the certificate?

- Yes.

Alaska Statute (AS) 18.50.235 gives the parent who requests a certificate of birth resulting in stillbirth the option of providing a child's name on the certificate if no name was originally provided. If a child's name is not provided, the certificate shall show either "Baby Boy" or "Baby Girl", as appropriate.

## Accepted forms of ID (If expired, must be less than one year):

- Driver's license
- State-issued ID
- Passport
- Military ID
- Tribal/BIA card (with picture)
- 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

# Alaska Commemorative Certificate of Stillbirth Request Form

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 individual named on the record:  |                     |
| Mailing name (if different)   | Parent   |                     |
| Email address   |  |                     |
| Phone number  | I wish to provide this child's name on the certificate even if it was not originally provided. <b>(Add name below.)</b>                  |                     |
| Mailing address   | If a child's name is not provided, the certificate shall show either "Baby Boy" or "Baby Girl", as appropriate.                          |                     |
| _____<br>(Street / PO Box)  |  |                     |
| _____<br>(City, State, Zip)   | <b>Applicant signature (required)</b>  |                     |
| Information needed to locate the record   |  |                     |
| Child's full name   |  |                     |
| _____<br>(first)  | _____<br>(middle)  | _____<br>(last)     |
| _____<br>(suffix)   |  |                     |
| Date of delivery  | Hospital or facility of delivery   |                     |
| City or village of delivery   |  |                     |
| Mother / Parent A's name prior to marriage  |  |                     |
| _____<br>(first)  | _____<br>(middle)  | _____<br>(last)     |
| Father / Parent B's name prior to marriage  |  |                     |
| _____<br>(first)  | _____<br>(middle)  | _____<br>(last)     |
| Order information   |  |                     |
| <b>Count</b>  |  | <b>Cost</b>         |
|   | <b>Commemorative stillbirth certificates</b><br>(\$30 first copy, \$25 each additional copy of the same record ordered at the same time) | \$                  |
|   |  |                     |
|   |  |                     |
| <b>Domestic shipping information</b> (select one or call 907-465-3391 for information on international shipping)  |  |                     |
| <b>Regular mail</b> (no fee, no tracking)   |  |                     |
| <b>Priority mail with tracking</b> (\$10)   |  | \$                  |
| <b>Priority mail with tracking and signature on delivery</b> (\$14)<br>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. |  | \$                  |
| <b>Total payment to be submitted:</b>   |  | \$                  |
| <b>Did you sign above and include a copy of your ID?</b>  |  |                     |
| <b>Did you include legal documentation if needed (see instruction page)?</b>  |  |                     |
| Payment information   |  |                     |
| Check or Money Order (made out to Alaska Vital Records Office)<br>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   | <b>Cardholder signature (required)</b>   |                     |

Clear Form