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

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

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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 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. **(Add name below.)**
Mailing address	If a child's name is not provided, the certificate shall show either "Baby Boy" or "Baby Girl", as appropriate.
(Street / PO Box)	
(City, State, Zip)	**APPLICANT SIGNATURE (REQUIRED)**

Information needed to locate the record				
Child's full name				
	(first)	(middle)	(last)	(suffix)
Date of delivery		Hospital or facility of delivery		
City or village of delivery				
Mother / Parent A's name prior to marriage				
	(first)	(middle)	(last)	
Father / Parent B's name prior to marriage				
	(first)	(middle)	(last)	

Order information

Count		Cost
	Commemorative stillbirth certificates ($30 first copy, $25 each additional copy of the same record ordered at the same time)	$

Domestic shipping information (select one or call 907-465-3391 for information on international shipping)

☐	**Regular mail** (no fee, no tracking)	$
☐	**USPS Priority Mail® with tracking** ($13.00)	$
☐	**USPS Priority Mail® with tracking and signature on delivery** ($18.00) Note: Alaska Vital Records is not responsible for items once they have been shipped. If your documents cannot be delivered, are returned, or are lost, you will need to submit a new request along with your ID and payment.	$
	Total payment to be submitted:	$ 0.00
	Did you sign above and include a copy of your ID?	☐
	Did you include legal documentation if needed (see instruction page)?	☐

Payment information (only complete for mail or fax applications. We do not process refunds for duplicate orders.)

☐ 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