

**COMMEMORATIVE CERTIFICATE OF STILLBIRTH REQUEST FORM**  
**Alaska Health Analytics & Vital Records Section**

Version 10/2023

**Baby's Name:**

*(First Name, Middle Name, Last Name, Suffix)*

**Date of Delivery:**

**City or Village of  
Delivery:**

**Hospital or Facility of  
Delivery:**

**Relationship to  
the Child:**

**Mother's Name:**

*(First Name, Middle Name, Last Name, Suffix)*

**Father's Name:**

*(First Name, Middle Name, Last Name, Suffix)*

**Mailing Address (Street,  
City, State, Zip Code):**

**Signature:**

**Contact Phone Number:**

*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.*

*I wish to provide this child's name on the certificate:*

*(First Name, Middle Name, Last Name, Suffix)*

**How to submit a request:**

- Complete this form, include payment and a legible copy of your government issued photo ID.
- For walk in service, you can visit the Anchorage or Juneau office. Address and contact information is below.
- For mail, fax, or online orders: 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)

**Please note:**

- **Faxed orders\*:** please call 10 minutes after sending your fax to confirm receipt.
- **Expedited requests must be faxed. Expedited requests sent via mail will not be expedited.**
- For additional information on how to amend a stillbirth certificate, please contact our Special Services Unit at 907-465-1200.

<p><b>Juneau (Main Office)</b>  <i>Walk-in Office Hours:</i>  Monday - Friday, 8:30 am - 4:30 pm  <i>Physical Address:</i>  5441 Commercial Blvd.  Juneau, Alaska 99801  <i>Phone:</i> (907) 465-3391  <i>Fax:</i> (907) 465-3618  * Please do not send mail to the physical address.</p>	<p><b>Mail and Fax Orders</b>  <i>HAVRS Mailing Address:</i>  P.O. Box 110675  Juneau, AK 99811-0675  <i>Fax:</i> (907) 465-3618</p>	<p><b>Anchorage Office</b>  <i>Walk-in Office Hours:</i>  Monday - Friday  8:30 am - 4:30 pm  3901 Old Seward Highway,  Ste. 101  Anchorage, AK 99503  <i>Phone:</i> (907) 269-0991  Note: Please mail requests to the Juneau Office.</p>
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### What would you like to order?

Fee:

**Number of Commemorative Certificates (\$30 one copy, \$25 each additional copy of the same record ordered at the same time)**  
**\*Expedited/Rush Service (FAX ORDERS ONLY) (\$11)**

Please note: If the record is not registered or has an administrative hold, it cannot be rushed.

### How would you like it shipped?

**Please note: 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. Vital Record certificates are legal documents that should be in your control only. Lost certificates may end up in the hands of criminals who could use the certificate to steal your identity or the identity of your loved ones. HAVRS strongly recommends you choose a method of shipping that allows you to track the shipment and sign for it upon receipt. Call 907-465-3391 for more information on International Shipping.**

Choose one:

- Regular Mail** (No fee, NO tracking available!)
- Priority Mail** (\$10.00. Includes tracking. No signature required).
- Priority Mail** (\$14.00. Includes tracking and signature).

### Total for all Items

### Credit/Debit Card Information

*(We accept: Visa, MasterCard, Discover, and American Express)*

Name on Credit Card  
Credit Card Number  
Expiration Date

Billing Zip Code  
Cardholder Signature (REQUIRED; ELECTRONIC/TYPED SIGNATURE NOT ACCEPTED) \_\_\_\_\_

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