

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: Parent	
Mailing name (if different)		
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.) If a child's name is not provided, the certificate shall show either "Baby Boy" or "Baby Girl", as appropriate.	
Mailing address		
(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)		
Priority mail with tracking (\$10)		\$
Priority mail with tracking and signature on delivery (\$14) 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 needed (see instruction page)?		
Payment information		
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