

COMMEMORATIVE CERTIFICATE OF STILLBIRTH REQUEST FORM

Alaska Bureau of Vital Statistics
PO Box 1106475 5441 Commercial Boulevard
Juneau, AK 99811-0675
Phone: 907.465.3391
Web site: www.vitalrecords.alaska.gov

Baby's Name: _____
(First Name, Middle Name, Last Name, Suffix)

Date of Delivery: _____ City or Village of Delivery: _____

Hospital or Facility of Delivery: _____

Mother's Name: _____
(First Name, Middle Name, Last Name)

Father's Name: _____
(First Name, Middle Name, Last Name, Suffix)

Relationship to the Child: _____

Signature: _____ Contact Phone #: _____

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: _____

Please provide a legible copy of a government issued photo ID with this request.

Mail this form with a money order, a personal check, or fill out the credit card information below. Checks must be preprinted with your name and address. Please note there is a \$30.00 NSF fee for returned checks. Payable to: Bureau of Vital Statistics P.O. Box 110675 Juneau, AK 99801-0675 Phone: 907.465.3391 Fax: 907.465.3618	_____ Commemorative Certificates @ \$20/each	\$ _____
	Ship by: _____ Regular Mail (no additional fee)	\$ _____
	_____ Priority Mail (Add \$4.95)	\$ _____
	(Call our office for shipping rates outside the U.S.) _____ Express Mail (Add \$17.50)	\$ _____
	_____ FedEx (No PO Box / Add \$18.50)	\$ _____
	Total	\$ _____

Name on credit card: _____
Billing address: _____
Number: _____ Expiration date: _____
 Visa MasterCard Discover
Cardholder signature (required): _____

Please mail the certificate to the following address:

Name: _____

Street or PO Box: _____

City, State, Zip Code: _____