

COMMEMORATIVE CERTIFICATE OF STILLBIRTH REQUEST FORM

Alaska Health Analytics & Vital Records Section
 PO Box 110675
 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, Suffix)

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

Relationship to the Child: _____

Signature: _____ **Contact Phone #:** _____
Electronic/typed signature not accepted

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.

<p>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.</p> <p>Payable to: Bureau of Vital Statistics P.O. Box 110675 Juneau, AK 99801-0675</p> <p>Phone: (907) 465-3391 Fax: (907) 465-3618</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">_____</td> <td style="text-align: right;">Commemorative Certificates @ \$20/each</td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3">Ship by:</td> </tr> <tr> <td>_____</td> <td>Regular Mail (no tracking available)</td> <td></td> </tr> <tr> <td>_____</td> <td>Priority Mail (Add \$8.00 S&H)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>_____</td> <td>Express Mail (Add \$26.00 S&H)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>_____</td> <td>FedEx (No PO Box / Add \$24.25)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total</td> <td style="text-align: right;">\$</td> </tr> </table> <p><i>(Call our office for shipping rates outside the U.S.)</i></p>	_____	Commemorative Certificates @ \$20/each	\$	Ship by:			_____	Regular Mail (no tracking available)		_____	Priority Mail (Add \$8.00 S&H)	\$	_____	Express Mail (Add \$26.00 S&H)	\$	_____	FedEx (No PO Box / Add \$24.25)	\$	Total		\$
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_____	FedEx (No PO Box / Add \$24.25)	\$																				
Total		\$																				

Name on credit card: _____

Billing address: _____

Number: _____ **Expiration date:** _____

Visa
 MasterCard
 Discover

Cardholder signature *(required, electronic/typed signature not accepted):* _____

Please mail the certificate to the following address:

Name: _____

Street or PO Box: _____

City, State, Zip Code: _____