

**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](http://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.

<b>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.</b>  <b>Payable to: Bureau of Vital Statistics</b> <b>P.O. Box 110675</b> <b>Juneau, AK 99801-0675</b>  <b>Phone: 907.465.3391</b> <b>Fax: 907.465.3618</b>	_____ <b>Commemorative Certificates @ \$30/each</b>	<b>\$</b> _____	
	<b>Ship by:</b>	_____ <b>Regular Mail (no additional fee)</b>	<b>\$</b> _____
		_____ <b>Priority Mail (Add \$6.45)</b>	<b>\$</b> _____
		_____ <b>Express Mail (Add \$22.95)</b>	<b>\$</b> _____
	<b>(Call our office for shipping rates outside the U.S.)</b>	_____ <b>FedEx (No PO Box / Add \$24.25)</b>	<b>\$</b> _____
	<b>Total</b>	<b>\$</b> _____	

**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:** \_\_\_\_\_