

STATE OF ALASKA
VETERAN DEATH CERTIFICATE REQUEST FORM

- Up to four certified copies of the death certificate of a veteran may be issued without charge. The death certificates are only available to qualified individuals. Qualified individuals include:
 - (i) a personal representative of the veteran's estate;
 - (ii) a trustee of a revocable trust of which the veteran was the settlor; or
 - (iii) a person who needs a certified copy of the veteran's death certificate for the purpose of satisfying an eligibility requirement for a benefit related to the death of the veteran.
- "Veteran" means an individual who was:
 - (i) on active duty at the time of the veteran's death or had received an honorable or general discharge from a branch of the armed services of the United States, the National Guard, a reserve unit of the United States armed services, the Alaska Scouts, the Alaska Territorial Guard, or the Alaska Naval Militia; and
 - (ii) a resident of the state at the time of the individual's death.
- When submitting this request you must provide the following documents:
 - (i) Proof of the decedent's veteran status. Acceptable documents include a DD214, a photocopy of a military or a retiree ID card, or a letter of verification from the Veteran's Administration.
 - (ii) Documentation the death certificate is needed to satisfy an eligibility requirement related to the death of the veteran.
 - (iii) A copy of a government-issued Picture ID of the person requesting the record.
- Express shipping options are available for a fee. Please complete the shipping and payment sections below. You may pay by check or credit card. If paying by check, please make your check payable to the Alaska Vital Records Office. Checks must be preprinted with your name and address.
- If you need more than four copies, additional copies are available for a fee. Please complete and submit the order form at http://dhss.alaska.gov/dph/VitalStats/Documents/death/death_form.pdf along with this request.

FULL Name of the Deceased:	<input style="width: 90%;" type="text"/>		
Date of Death:	<input style="width: 150px;" type="text"/>	City or Village of Death:	<input style="width: 150px;" type="text"/>
Your Relationship to the Deceased:	<input style="width: 90%;" type="text"/>		
<small>(Spouse, parent, child, sibling, legal representative, etc.)</small>			
Signature of the Person Requesting the Record:	<input style="width: 600px;" type="text"/>		Contact Phone Number:
		<input style="width: 100px;" type="text"/>	
		<small>(Electronic/typed signature not accepted)</small>	
Number of Copies Requested:	<input style="width: 50px;" type="text"/>		

Please mail this form, along with the necessary documents and payment (for express shipping), to the address below.

Bureau of Vital Statistics
P.O. Box 110675
Juneau, AK 99811-0675

Counter service is also available in our Juneau and Anchorage offices. Please visit <http://dhss.alaska.gov/dph/VitalStats/Pages/default.aspx> for more information.

Express Shipping Options. Please be sure and include payment with your request.

<input type="radio"/> Priority Mail (\$8.00 S&H)	<input style="width: 50px;" type="text"/>
<input type="radio"/> Express Mail (\$26.00 S&H)	<input style="width: 50px;" type="text"/>
<input type="radio"/> FedEx (No PO Box / \$24.25)	<input style="width: 50px;" type="text"/>

Credit Card Information (When paying by credit card)

Name on credit card: _____

Billing address: _____

Number: _____ **Expiration date:** _____

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

Visa MasterCard Discover

PLEASE ENTER YOUR MAILING ADDRESS BELOW

Name: _____

Street: _____

City, State, Zip: _____

(Rev. 01/19)