

COMMEMORATIVE CERTIFICATE OF STILLBIRTH REQUEST FORM
Alaska Health Analytics & Vital Records Section

11/2021

Baby's Name: _____
(First Name, Middle Name, Last Name, Suffix)
City or Village of Delivery: _____

Date 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 Number:** _____

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: _____

How to submit a request:

- Complete this form, include payment and a legible copy of your government issued photo ID.
- For walk in service, choose one of the following sites: Anchorage or Juneau. Address and contact information is below.
- For mail, fax, or online orders: 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

Please note:

- **Faxed orders*:** please call 10 minutes after sending your fax to confirm receipt.
- **Expedited requests must be faxed or submitted via VitalChek.**
- For additional information on how to amend a stillbirth certificate, please contact our Special Services Unit at

Juneau (Main Office) Walk-in Office Hours: Monday - Friday, 8:00 am - 5:00 pm Physical Address: 5441 Commercial Blvd. Juneau, Alaska 99801 Phone: (907) 465-3391 Fax: (907) 465-3618 * Please do not send mail to the physical address. Please send to HAVRS mailing address: P.O. Box 110675 Juneau, AK 99811-0675	Anchorage (Frontier Building) Walk-in Office Hours: Monday - Friday 8:00 am - 4:30 pm 3901 Old Seward Hwy, Ste. 101 Anchorage, AK 99503 Phone: (907) 269-0991 Note: Please mail requests to the Juneau Office.	Mail, Fax, and Online Orders HAVRS Mailing Address: P.O. Box 110675 Juneau, AK 99811-0675 Fax: (907) 465-3618 Online: VitalChek https://www.vitalchek.com/
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What would you like to order?

_____ **Number of Commemorative Certificates (\$20 each)**

_____ ***Expedited/Rush Service** (Fax orders) (\$11)

Please note: If birth is not registered or has an administrative hold, it cannot be rushed.

Fee:

11/2021

How would you like it shipped?

Please note: 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. Vital Record certificates are legal documents that should be in your control only. Lost certificates may end up in the hands of criminals who could use the certificate to steal your identity or the identity of your loved ones. HAVRS strongly recommends you choose a method of shipping that allows you to track the shipment and sign for it upon receipt. Call 907-465-3391 for more information on International Shipping.

Choose one:

_____ **Regular Mail** (No fee, NO tracking available!)

_____ **Priority Mail** (\$9.00. Includes tracking. No signature required).

_____ **Priority Mail** (\$12.00. Includes tracking and signature).

_____ **FedEx Alaska** (No P.O. Boxes; \$25.00. Includes tracking and signature).

_____ **FedEx USA** (No P.O. Boxes; \$30.00. Includes tracking and signature).

_____ Do you want a signature? Yes ___ No ___

_____ Do you want a signature? Yes ___ No ___

Total for all Items

Credit Card Information

(We accept: Visa, MasterCard, Discover, and American Express)

Name on Credit Card _____

Credit Card Number _____

Expiration date _____

Zip Code _____

Cardholder Signature (REQUIRED; ELECTRONIC/TYPED SIGNATURE NOT ACCEPTED) _____