

**VETERAN DEATH CERTIFICATE REQUEST FORM**  
**Alaska Health Analytics & Vital Records Section**

11/2021

- 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 showing 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](http://dhss.alaska.gov/dph/VitalStats/Documents/death/death_form.pdf) along with this request.

**How to submit a request:**

- Complete this form, include payment and a legible copy of your government issued photo ID.
- For walk in service, you can visit the Anchorage or Juneau office. 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](http://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. Expedited requests sent via mail will not be expedited.**
- For additional information on how to amend a stillbirth certificate, please contact our Special Services Unit at (907) 465-1200.

<p><b>Juneau (Main Office)</b>  <i>Walk-in Office Hours:</i>          Monday - Friday, 8:00 am - 5:00 pm  <i>Physical Address:</i> 5441 Commercial Blvd.          Juneau, Alaska 99801  <i>Phone:</i> (907) 465-3391  <i>Fax:</i> (907) 465-3618</p> <p><small>* Please do not send mail to the physical address. Please send to HAVRS mailing address: P.O. Box 110675 Juneau, AK 99811-0675</small></p>	<p><b>Anchorage (Frontier Building)</b>  <i>Walk-in Office Hours:</i>          Monday - Friday          8:00 am - 4:30 pm          3901 Old Seward Hwy, Ste. 101          Anchorage, AK 99503  <i>Phone:</i> (907) 269-0991</p> <p>Note: Please mail requests to the Juneau Office.</p>	<p><b>Mail, Fax, and Online Orders</b>  <i>HAVRS Mailing Address:</i>          P.O. Box 110675          Juneau, AK 99811-0675  <i>Fax:</i> (907) 465-3618  <i>Online:</i> VitalChek  <a href="https://www.vitalchek.com/">https://www.vitalchek.com/</a></p>
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## VETERAN DEATH CERTIFICATE REQUEST FORM

### Information needed to locate the record:

FIRST Name of the Deceased (at time of death) _____	APPLICANT NAME _____
MIDDLE Name of Deceased _____	Contact Phone Number _____
LAST/FAMILY Name of Deceased _____	Contact E-mail Address _____
Date of Death _____	Mailing Name _____
Date of Birth of Deceased _____	Mailing Address: Street/P.O. Box _____
City/Village of Death _____	City, State, Zip _____

Purpose of Request: Ex: Personal records, legal purpose, government benefits, etc.

\_\_\_\_\_  
Signature of Person Requesting the Record (Electronic/Typed Not Accepted)

Your relationship to the deceased:

Legal representative (with documentation)

Other (Please specify) \_\_\_\_\_

### What would you like to order?

Number of Veteran Death Certificates (Free up to 4 copies)

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

Fee:

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

### 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:

<input type="checkbox"/> Regular Mail (No fee, NO tracking available!)	
<input type="checkbox"/> Priority Mail (\$9.00. Includes tracking. No signature required).	_____
<input type="checkbox"/> Priority Mail (\$12.00. Includes tracking and signature).	_____
<input type="checkbox"/> FedEx Alaska (No P.O. Boxes; \$25.00. Includes tracking and signature).	_____ Do you want a signature? Yes ___ No ___
<input type="checkbox"/> FedEx USA (No P.O. Boxes; \$30.00. Includes tracking and signature).	_____ Do you want a signature? Yes ___ No ___

### Total for all Items

### Credit/Debit Card Information

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

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration date \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

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

Click to Clear Form \_\_\_\_\_