

# 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](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, 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.

<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>  Payable to: Bureau of Vital Statistics P.O. Box 110675 Juneau, AK 99801-0675  Phone: (907) 465-3391 Fax: (907) 465-3618	_____ Commemorative Certificates @ \$30/each	\$ _____	
	Ship by:	_____ Regular Mail ( <b>no tracking available</b> )	
	<i>(Call our office for shipping rates outside the U.S.)</i>	_____ Priority Mail (Add \$8.00 S&H)	\$ _____
		_____ Express Mail (Add \$26.00 S&H)	\$ _____
		_____ FedEx (No PO Box / Add \$24.25)	\$ _____
	<b>Total</b>	\$ _____	

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: \_\_\_\_\_