

BIRTH CERTIFICATE REQUEST FORM INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS CAREFULLY.
Failure to do so will cause a significant delay in processing your request.

A person may obtain only his or her own birth certificate, except for parents who may obtain their own child's certificate. Send the request form or a letter which includes the following information:

- Full first, full middle and full last name as it appears on the birth certificate
- Date of birth
- Town, city, or village in Alaska where the birth occurred
- Father's full first, full middle, and last name if listed on the birth certificate
- Mother's full first, full middle, and maiden name
- Your relationship to the person named on the certificate

A COPY OF A GOVERNMENT-ISSUED PHOTO ID OF THE PERSON REQUESTING THE CERTIFICATE MUST ACCOMPANY THE REQUEST FORM.

Enlarge the copy and lighten it as much as possible so that it is clear and readable when sent to the Bureau. A signature under the copied ID is also required.

- **SUBMITTING REQUEST** - Print and complete the request form and mail it to the address as indicated. Remember to sign your request and enclose the correct fees as well as a copy of a government-issued picture ID. For births which occurred outside of Alaska, requests must be sent directly to the appropriate state.
- **PROCESSING TIME**- Requests sent by regular mail will be processed approximately 3-5 working days after receipt by the Bureau of Vital Statistics. Faxed requests submitted with credit card payment will normally be processed within 3 working days after receipt. Please allow additional time for mailing. The \$11.00 charge for using a credit card is **not** for expedited service.
- **FEES** - Each certified copy of a certificate is \$20.00. **This fee is nonrefundable.** If the requested record cannot be found, the \$20.00 will be used for a 3-year search and a statement of search will be issued. Enclose an additional \$1.00 per year for an extended search.

Birth Certificates requiring authentication for a foreign country have additional fees. The additional charge is \$12.00 for the first record, with \$2.00 added for each additional copy of the same record. This includes the \$2.00 fee for the Lt. Governor's office. The country that the record is being sent to must be noted on your request.

All NSF checks will be sent to a collection agency. There will be a \$30.00 charge.

- **CREDIT CARDS** - Purchase by credit card requires an additional \$11.00 fee. Orders may be processed by completing the request form and sending it to the Bureau of Vital Statistics by fax or mail, or may be processed directly online at:

www.vitalchek.com

Faxed requests submitted with credit card payment will normally be processed 3 working days after receipt by the Bureau of Vital Statistics. Please note that the \$11 credit card fee is **not** for expedited service.

- **CONTACT INFORMATION** - For additional information on obtaining Alaska Vital Records, please contact the Records Processing Unit in Juneau at (907) 465-3391.

**STATE OF ALASKA
BIRTH CERTIFICATE REQUEST FORM**

- You may type directly on this form and print it or you may print the form first and then complete it by hand.
- If completed by hand, be sure that all information is printed and legible.
- Requests sent by regular mail will be processed within 3-5 working days of receipt by the Bureau of Vital Statistics.
- Faxed requests submitted with credit card payment will be processed within 3 working days after receipt.
- Due to identity theft concerns, requests **must** include full first, full middle and last names of the parent(s) and child **as they appear on the birth certificate**.
- The information you provide must be complete and accurate. **Incomplete or inaccurate requests will create significant delays in processing.**

REQUIRED INFORMATION

First, Middle and Last Name of Child: _____
(child's full first, full middle, and last name as it appears on the birth certificate)

Date of Birth: _____

City or Village of Birth (in Alaska only): _____, Alaska

Mother's First, Middle, and **Maiden Name**: _____
(mother's full first, full middle, and maiden name as it appears on the birth certificate)

If Father Listed on Certificate;

Father's First, Middle, & Last Name: _____
(father's full first, full middle, and last name as it appears on the birth certificate)

Relationship to Child: _____
(i.e. self, parent, legal guardian)

Signature of Applicant: _____
(individual named on certificate [14 or older], legal guardian, or parent applicant)

**A COPY OF A GOVERNMENT-ISSUED PHOTO ID OF THE APPLICANT MUST ACCOMPANY THIS FORM.
THE APPLICANT'S SIGNATURE BELOW THE COPY OF THE PHOTO ID IS ALSO REQUIRED.**

ADDITIONAL SEARCH INFORMATION

Name of Hospital of birth or Other Facility: _____

If unsure of birthday, date range of search: _____

Applicant's Full Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

**Mail this form and a check preprinted with your name and address.
Or this form and a money order.**

Payable to: Bureau of Vital Statistics
5441 Commercial Blvd.
Juneau, AK 99801
Phone: (907) 465-3391
Fax: (907) 465-3618
E-Mail: BVSOFFICE@health.state.ak.us

_____ Standard Size Certificates @ \$20/each = \$ _____

_____ Wallet Size Certificates @ \$20/each = \$ _____

Ship by: Regular (No extra charge)

Priority Mail (Add \$3.85) \$ _____

Express (Add \$13.65) \$ _____

DHL (No PO Box / Add \$15.50) \$ _____

Payment by Credit Card (Add \$11.00) \$ _____

To pay by credit card: (additional \$11.00)

Name on Credit Card: _____

Billing Address: _____

Number: _____ Expiration Date: _____

Visa

MasterCard

Discover

AmEx

Cardholder Signature (required): _____

TOTAL CHARGE \$ _____

Please note:
There is a \$30.00 NSF fee for returned checks.