STATE OF ALASKA

DEPARTMENT of HEALTH and SOCIAL SERVICES

SEAN PARNELL, GOVERNOR

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REQUEST FOR A BIRTH CERTIFICATE PRIOR TO ADOPTION

Date of Request:			
Name of Adoptee: (First)	(Middle)	(Last)	(Maiden)
Date of Birth:	Place of Birt	th:	
Adoptive mother's full name:			
·	rst) (Middle)	(Last)	(Maiden)
Adoptive father's name:	(Middle)	7	
(First)	(Middle)	(Last)	
Phone number:	-1		(Work)
(Hom	e)		(WORK)
Your current mailing address:	Name		
:	Street		Apt.#
	City	State	Zip
Signature:	<u> </u>		
Requesters Identification verification	cation (to be completed b	y Notary Public):	
ID	Type (Driver's License, N	<u> </u>	
		ID Number:	
		Expiration Date:	
			NOTARY SEAL
Notary Signature:			
Data			
My commission expires:			

An uncertified copy of your original birth certificate is available for a fee of \$25.00. Certified copies of the original birth certificate are not available as a new birth certificate has been issued. This record provides the facts at birth as they were given. The Bureau of Vital Statistics does not update adoption files. Information on siblings or other family members is not available as their records are confidential.