

# STATE OF ALASKA

DEPT. of HEALTH and SOCIAL SERVICES

TONY KNOWLES, GOVERNOR

BUREAU of VITAL STATISTICS  
P.O. BOX 110675  
JUNEAU, AK 99811-0675  
PHONE: (907) 465-3392

I, \_\_\_\_\_, authorize the Alaska Department of Health and Social Services, Bureau of Vital Statistics, to release a certified copy of the [birth, death, marriage, divorce] (select one) certificate for \_\_\_\_\_ (COMPLETE INFORMATION ON REVERSE) to be mailed to the name & address stated below.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

\*\*\*\*\*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Signed \_\_\_\_\_

Notary Public in and for the state of \_\_\_\_\_

My commission expires \_\_\_\_\_