Alaska DIVORCE Certificate Request Form Instructions

Expedited service is only available online through https://www.vitalchek.com/. Additional fees apply.

How to submit a request:

- Visit https://www.vitalchek.com/ OR
- Complete this form and submit it via mail, fax, or in-person. (Addresses, hours, and fax number are listed below)
- Include payment and a copy of your ID.
- Choose <u>one</u> 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

Who may obtain a divorce certificate?

- Either party listed on the current certificate.
- Attorneys & government agencies must have a letter on their letterhead stating who they represent and why the record is needed. Supporting original certified or notarized documentation must be provided.
- All others: please call (907) 465-3391 for assistance.

Accepted forms of ID: (If expired, must be less than one year)

- Driver's license
- State-issued ID
- Passport
- Military ID
- Tribal/BIA card (with picture)
- School ID
- If you have none of the above forms of ID, please contact (907) 465-3391 for assistance

Mailing Address and Fax Number Health Analytics and Vital Records P.O. Box 110675 Juneau, Alaska 99811-0675

Fax orders: (907) 465-3618

Juneau Office

Walk-in Office Hours: Mon – Fri, 8:30am – 4:30pm 5441 Commercial Blvd. Juneau, Alaska 99801 Phone: (907) 465-3391

Anchorage Office

Walk-in Office Hours: Mon – Fri, 8:30am – 4:30pm 3901 Old Seward Hwy, Ste. 101 Anchorage, Alaska 99503 Phone: (907) 269-0991

Please note: All corrections to a divorce certificate must be mailed or hand delivered as original documents and/or certified copies of forms are required.

The standard processing time for these special services is 3 months, expedited services are not available.

For additional information on how to amend a certificate, please contact our Special Services Unit at (907) 465-1200.

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Requests that do not include an applicant signature, copy of a government issued ID, and payment will not be processed. This form is **only** for the purpose of the financial transaction and **location** of the requested record. For expedited service, order through https://www.vitalchek.com/

Applicant Info	ormation					
Applicant name			Choose your relationship to individuals on the record:			
Mailing name (if different)			Self / Spouse			
Email address			Legal representative (with documentation)			
Phone number			Purpose of request:			
Mailing address			Personal records	Driver's license		
	_	(Street / PO Box)	Legal purposes	Government b	enefits	
			Other (please specify)			
		(City, State, Zip)	Applicant signature (required)			
Information n	eeded to locat	e the record				
Date of divorce			Date of marriage			
		(mm/dd/yyyy) (mm/d			dd/yyyy)	
City or village	of marriage			· · ·		
Spouse A's na	me					
		(first)	(middle)		last)	
Spouse B's na	me	(11130)	(madic)		1431)	
		(first)	(middle)		last)	
Order informa	ation	(III3t)	(Illiadie)	(iastj	
Count					Cost	
		orce certificates			\$	
(\$30 first copy, \$25 each additional copy of the same record ordered at the same time) Divorce certificate correction processing fee (\$30)					\$	
Apostille fee (\$12 first copy, \$2 each additional copy)					\$	
Apostille country					· ·	
		,				
Domestic shir	pping informati	on (select one or call 907-465-3391 f	or information on international shipping)			
		(no fee, no tracking)	oo			
Priority mail with tracking (\$10)					\$	
Priority mail with tracking and signature on delivery (\$14) This option is recommended, 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.					\$	
Total payment to be submitted:					\$	
Did you sign above and include a copy of your ID?						
Did you include legal documentation if this request is not for yourself?						
Payment info	rmation					
		der (made out to Alaska Vital Record NSF fee for returned checks.	s Office)	Cash (walk-in ONLY)		
			er, and American Express; complete infor	mation below)		
Name on card			Expiration date B	illing ZIP Code		
Card number			Cardholder signature (required for C	CC)		