

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
Division of Public Assistance

REQUEST FOR CONFIDENTIAL VERIFICATION OF VITAL EVENT

TO: District _____
 Case No. _____
 Case Name _____
 Address _____

Verification of the event checked below is necessary in the determination of eligibility to secure benefits provided in the public assistance program of the State of Alaska. An uncertified copy of the vital record on file is requested.

SIGNATURE	TITLE	DATE
<input type="checkbox"/> DIVORCE	MAN'S NAME	DATE OF BIRTH
	MAIDEN NAME OF WOMAN	DATE OF BIRTH
	DATE OF MARRIAGE	PLACE OF MARRIAGE
	DATE OF DIVORCE	PLACE OF DIVORCE
<input type="checkbox"/> LEGAL SEPARATION	DATE OF LEGAL SEPARATION	PLACE OF LEGAL SEPARATION
	NAME OF PLAINTIFF	NO. OF CHILDREN AFFECTED BY DECREE
	CUSTODY OF CHILDREN	TO PLAINTIFF (No. of Children)
		TO DEFPENDANT (No. of Children)
	SUPPORT ORDER	
	\$ _____ PER MONTH	
	PROPERTY SETTLEMENT INCLUDED	

VERIFICATION BY COURT

- Uncertified copies enclosed as requested
- Uncertified copies are not enclosed - The statistics on divorce or legal separation indicated above have been verified by this office. They are recorded under registration number _____. Any exceptions are noted below.
- The statistics indicated above cannot be verified.

Remarks:

REPLY TO: _____
 NAME: _____
 OFFICE: _____
 ADDRESS: _____
 CITY: _____ ZIP CODE _____

(Signature)

(Title)

(Office)

<input type="checkbox"/> BIRTH <input type="checkbox"/> DEATH <input type="checkbox"/> MARRIAGE	NAME(S) ON RECORD		SEX M F
	DATE OF EVENT	PLACE OF EVENT	
	BIRTH AND DEATH ONLY	FATHER'S NAME	MOTHER'S NAME
	DEATH ONLY	AGE OR BIRTHDATE OF DECEASED	BIRTHPLACE OF DECEASED

<input type="checkbox"/> BIRTH <input type="checkbox"/> DEATH <input type="checkbox"/> MARRIAGE	NAME(S) ON RECORD		SEX M F
	DATE OF EVENT	PLACE OF EVENT	
	BIRTH AND DEATH ONLY	FATHER'S NAME	MOTHER'S NAME
	DEATH ONLY	AGE OR BIRTHDATE OF DECEASED	BIRTHPLACE OF DECEASED

<input type="checkbox"/> BIRTH <input type="checkbox"/> DEATH <input type="checkbox"/> MARRIAGE	NAME(S) ON RECORD		SEX M F
	DATE OF EVENT	PLACE OF EVENT	
	BIRTH AND DEATH ONLY	FATHER'S NAME	MOTHER'S NAME
	DEATH ONLY	AGE OR BIRTHDATE OF DECEASED	BIRTHPLACE OF DECEASED

<input type="checkbox"/> BIRTH <input type="checkbox"/> DEATH <input type="checkbox"/> MARRIAGE	NAME(S) ON RECORD		SEX M F
	DATE OF EVENT	PLACE OF EVENT	
	BIRTH AND DEATH ONLY	FATHER'S NAME	MOTHER'S NAME
	DEATH ONLY	AGE OR BIRTHDATE OF DECEASED	BIRTHPLACE OF DECEASED

<input type="checkbox"/> ADOPTION	NAME AT BIRTH		SEX M F
	NATURAL FATHER'S OR SURVIVING RELATIVE'S NAME		NATURAL MOTHER'S OR SURVIVING RELATIVE'S NAME
	NAME AFTER ADOPTION		
	ADOPTIVE FATHER'S OR SURVIVING RELATIVE'S NAME		ADOPTIVE MOTHER'S OR SURVIVING RELATIVE'S NAME
	DATE OF ADOPTION		PLACE OF ADOPTION

VERIFICATION BY STATE VITAL STATISTICS OFFICE

Uncertified copies enclosed as requested. Any exceptions are noted below.

Remarks:

Date _____

(Signature)

(Title)

(Office)