

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 |

| | | | |
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| | 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)