

Oregon Birth Record ORDER FORM

QUANTITY _____ Number of certified records requested.
\$25 each certificate

1. Full name on record: _____
(first) (middle) (last)

2. Date of birth: _____ 3. Sex: _____ 4. Place of birth: _____ **OREGON**
(mm/dd/yyyy) (M or F) (city) (county)

5. Mother/Parent A's legal name at birth/prior to first marriage _____
(first) (middle) (last name at mother's/parent A's birth)

6. Father/Parent B's legal name at birth/prior to first marriage _____
(first) (middle) (last name at father's/parent B's birth)

7. Your relationship to person named in line 1: _____

8. Reason for needing record: _____

9. Daytime telephone number: _____ 10. Email: _____

11. Name of person ordering: _____

12. Your address: _____

13. City/State/ZIP: _____

14. Person ordering: Attach legible photocopy of current, valid ID or legal representative document and representative's ID. See back of form for alternative ID options.

15. Required signature of person ordering: _____

In accordance with law — ORS 432.380, only the person named on the record, immediate family members, legal representatives and government agencies are eligible to access birth records. For all others, access to birth records is restricted for 100 years. Legal guardians must enclose a copy of the legal document and representative's ID. If you are not eligible, enclose a written permission note with a notarized signature of an eligible person.

Send to: OREGON VITAL RECORDS PO BOX 14050 PORTLAND OR 97293-0050	Make checks/money orders payable to: OHA/Vital Records PLEASE DO NOT SEND CASH Checks/money orders in U. S. Dollars
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OFFICE USE ONLY		
DO NOT WRITE IN THIS SPACE		
Certificate number: _____		
	1	2
Film		
Film (P)		
Computer		
Indexes		
Index (P)		
DF/CO		
Refund: \$ _____		
<input type="checkbox"/> Excess fee	<input type="checkbox"/> Out/state	
<input type="checkbox"/> No record	<input type="checkbox"/> Uncompleted	
Check #: _____		
File date: _____	Amendment fee: _____	
NRL/ref. issued: _____	Full issued: _____	
Follow-up: _____	Computer copy: _____	

WARNING: Providing false information is a felony under ORS 432.993.
\$25 FOR THE FIRST RECORD; \$25 FOR EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME. The \$25 fee is non-refundable once the search for the record has been completed. Administrative Rule OAR 333-011-0340(1).

This form available in alternative formats. See back for details.

Non-Sufficient Funds (NSF) check processing policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically. In the ordinary course of business, your check will not be provided to you with your bank statement, but a copy can be retrieved by other means. A penalty, not to exceed \$35, may be assessed for NSF checks per ORS 30.701(5).

See second page of form for ordering options and processing times. Information is also available on our Web page at: www.healthoregon.org/chs or by calling 971-673-1190.

ENTER YOUR MAILING ADDRESS
THIS SECTION WILL BE DETACHED AND USED AS A MAILING LABEL

Name		
Street		
City	State	ZIP