

Oregon Death Record ORDER FORM

QUANTITY Certified, long form with cause of death

QUANTITY Certified, fact of death
(Available 1978 through the present.)
\$25 each certificate

1. Full name of deceased: _____
(first) (middle) (last)
2. Date of death: _____ 3. Place of death: _____ OREGON
(mm/dd/yyyy) (city) (county)
4. Spouse of decedent: _____
(first) (middle) (last name prior to first marriage)
5. Your relationship to person named in line 1 above: _____
6. Reason for needing record: _____
7. Daytime telephone number: _____ 8. Email: _____
9. Name of person ordering: _____
10. Your address: _____
11. City/State/ZIP: _____
12. 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.
13. Required signature of person ordering: _____

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:	

In accordance with law — ORS 432.380, access to death records is restricted for 50 years to immediate family members, legal representatives, government agencies and persons with a personal or property right. Legal guardians must enclose a copy of the legal document and ID. If you are not eligible, enclose a written permission note with a notarized signature of the 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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WARNING: Providing false information is a felony under ORS 432.993

\$25 FOR THE FIRST RECORD; \$25 FOR EACH ADDITIONAL COPY.
The first \$25 fee is non-refundable once the search for the record has been completed.
OAR 333-011-0340(1).

This form is available in alternative formats. See second page for details.

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

Name		
Street		
City	State	ZIP

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.