Oregon Health Authority

ARE YOU ORDERING A VITAL RECORD BY MAIL?

No record will be provided unless you:

- ❑ Sign the form

AND

- ❑ Include a photocopy of your ID

See form for details.

Thank you!

Oregon Vital Records

Oregon Health Authority
Center for Health Statistics

Declaration of Domestic Partnership ORDER FORM

_____ QUANTITY Number of certified records requested.
$25 first record/$20 each additional copy
of the same record ordered at the same time.

1. Partner A's full name:_____
(first) (middle) (last)

2. Partner B's full name:_____
(first) (middle) (last)

3. Date declaration of domestic partnership was registered at County:_____

4. County of filing:_____ OREGON

5. Your relationship to person named in line 1 or line 2:_____

6. Your reason for ordering the record:_____

7. Daytime telephone number:_____ 8. Email:_____

9. Name of person ordering:_____

10. Your address:_____

11. City/State/ZIP:_____

12. ☐ **ID Required: Person ordering must attach legible photocopy of current, valid ID. If you do not have current, valid ID, see second page of this form for alternative ID suggestions.**

13. **Required signature of person ordering:**_____

In accordance with law — ORS 432.350, access to Oregon registered declaration of domestic partnership records is restricted for 50 years to immediate family members, legal representatives, and government agencies. Legal guardians must enclose a copy of the legal document and ID. If you are not eligible, enclose a notarized permission note signed by an eligible person.

Send to:	**Make checks/money orders payable to:**
OREGON VITAL RECORDS	**OHA/Vital Records**
PO BOX 14050	**PLEASE DO NOT SEND CASH**
PORTLAND OR 97293-0050	**Checks/money orders in U. S. Dollars**

OFFICE USE ONLY

DO NOT WRITE IN THIS SPACE

Certificate number:

	1	2
Film		
Film (P)		
Computer		
Indexes		
Index (P)		
DF/CO		

Refund: $

☐ Excess fee ☐ Out/state
☐ No record ☐ 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; $20 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.

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.

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact 971-673-1190 (voice) or 711 (TTY), or fax 971-673-1203.

Alternative identification you can send with your mail order.
If you don't have a valid driver's license, ID card, or passport, send photocopies of three (3) different documents that include both your name and current address. Suggested documents are listed below. If you are mailing your order, make photocopies of the documents and include them with your order form.

Documents must be dated within the last thirty days and show current mailing address where record will be mailed.

- Utility bill (such as telephone, gas, electric, water, garbage removal) or other bill;
- Insurance statement, medical statement, or paycheck stub;
- Court document or parole document;
- Work ID, unemployment statement, food stamp, or other benefit card (copy both sides);
- Valid permit for firearms, fishing, hunting, or other license;
- Vehicle registration, title, or insurance statement **must have current mailing address and**

If you have no ID or other documents, a family member can order for you and send in their ID. Records can also be released to a legal representative of a family member or sent directly to a government agency.

How long does it take to receive a record requested by mail? Processing time varies between three and five weeks depending on seasonal workload. To assure fast processing for mail orders, use a money order instead of a personal check. Payment by personal check may delay processing by three weeks if the check is on a new account, is a temporary check, does not include a printed name or address, or has a change to the printed name or address. If an amendment is being processed or the record is not on file or ID or information is missing or in error, expect an additional delay of two to four weeks.

Order in person and receive the record in 30 minutes – 1 hour. Cost: $28.25 for one record and security fee. Fees are not refundable after orders are submitted.

State Vital Records Office: 800 NE Oregon Street, Suite 205
Portland OR 97232-2162

Office Hours: 9:00 a.m. to 4:00 p.m., Monday through Friday.
Orders must be submitted by 3:30 p.m. to receive the same day.

Ordering in person is limited to immediate family members of the person named on the record. Orders are placed at self-service kiosks. The Identity of the applicant will be screened using SSN and date of birth. The cost of each screening is $3.25. Persons ordering must show valid ID or provide alternative ID documents. In some cases proof of relationship may be required if the person ordering does not share the last name of the person on the record and is not clearly a family member. Payment by credit or debit card, cash, money order, or electronic fund transfer (EFT) of a personal check accepted.

Order online: www.vitalchek.com at any time. **Cost: $43** for one record shipped by regular mail.

Order by telephone through VitalChek: **1-888-896-4988,** 24 hours a day 7 days a week except for major holidays. **Cost: $44.95** for one record shipped by regular mail. Fees are not refundable. All major credit/debit cards accepted. Orders are processed through the VitalChek Network. The fee includes an additional $19.95 to cover vendor, security and expedite fees per order. Overnight shipping is available for an additional fee that varies depending on vendor and place of delivery. Records will be mailed/shipped within three work days of receipt unless a record problem is discovered. Shipments can be delayed for missing or incorrect information, or if records are still being registered or amended.