Oregon Health Authority
Public Health Division

Center for Health Statistics
800 NE Oregon Street, Suite 225
Portland, Oregon 97232

Official use only
File no.:
Z#:

Supplemental Report

To add omitted data on birth or death record within twelve months of event

Record of:	Name:
☐ Birth	Date:
☐ Death	Place:

This form cannot be used to add, change or delete a parent name or move the location of any part of the child's name.

Entry or item to be added:	**Information to be added to record:**

It is a Class C felony for any person to make a false statement or supply false information in an application for an amendment of a birth or death record.

Addition requested by:

Printed name:	Telephone number:	Title/relationship:
Signature: *(if not mother or father)*		Date signed:

To add child's given name(s), both parents must sign below if listed on record.

Mother's signature:	Date signed:
Father's signature:	Date signed:

Official use	Record corrected on: