



REQUEST FOR VITAL RECORDS FORMS AND TAGS
Center for Health Statistics

MAIL TO:

INSTRUCTIONS:

Use street address.
Order to last approximately one month.
Circle either "Pack" or "Each."

Requester: _____ **Telephone:** _____ **Date:** _____

Form title	Form no.	Quantity	Circle one	
GENERAL				
Oregon Birth Record Order Form (100 per pack)	45-13A		Pack	Each
Oregon Death Record Order Form (100 per pack)	45-13B		Pack	Each
(Spanish Form 45-13A) Acta de nacimiento de Oregon Formulario de Solicitud (100 per pack)	SP 45-13A		Pack	Each
(Spanish Form 45-13B) Acta de defuncion de Oregon Formulario de Solicitud (100 per pack)	SP 45-13B		Pack	Each
Marriage & Divorce Record Order Form – Oregon Events (250 per pack)	45-14		Pack	Each
(Spanish 45-14) Formulario para Pedido de Partidas de Matrimonio y de Divorcio (250 per pack)	45-14S		Pack	Each
Declaration of Domestic Partnership Order Form	45-16DP		-----	Each
Request for Vital Records Forms and Tags	45-43		-----	Each
Business-reply Envelope, 9" x 12" (Restricted use, limit 100 per order)	45-102		-----	Each
BIRTH				
Certificate of Live Birth (Restricted use, limit 10 per order)	45-1		-----	Each
Voluntary Acknowledgment of Paternity Affidavit (100 per pack)	45-21		Pack	Each
(Spanish Form 45-21) Declaracion Jurada de Reconocimiento de Paternidad (100 per pack)	45-21S		Pack	Each
Voluntary Acknowledgment of Paternity – Facility Use Only (100 per pack)	45-31		Pack	Each
(Spanish Form 45-31) Reconocimiento Voluntario de Paternidad (100 per pack)	45-31S		Pack	Each
Adoption Report (500 per pack)	45-24		Pack	Each
Affidavit to Correct a Birth Certificate (100 per pack)	45-25		Pack	Each
Abstract of Birth Record (100 per pack)	45-28		Pack	Each
Notification of Filing Petition in Filiation Proceedings	45-115		-----	Each
Report of Court Findings of Paternity	45-116		-----	Each
Withdrawal of Notification of Filing Petition in Filiation Proceedings	45-122		-----	Each
Supplemental Report to Add Omitted Data on Birth or Death Record within Twelve Months of Event	45-26		-----	Each
DEATH				
Certificate of Death (100 per pack)	45-2		Pack	Each
Certificate of Death (blank with purple stripe) (100 per pack)	45-2B		Pack	Each
Application and Permit to Disinter, Transport, and Reinter Remains	45-8		-----	Each
Affidavit to Correct a Death Certificate (100 per pack)	45-27		Pack	Each
Supplemental Report on Veteran's Status	45-26V		-----	Each
Report and Abstract of Death (100 per pack)	45-106		Pack	Each
Monthly Report of Death	45-117		-----	Each
Monthly Report of Non-Institution Deaths	45-118		-----	Each
Burial Tags (50 per roll) Fee must accompany order	\$.09 each		Roll	Each
Cremation Tags (50 per roll) Fee must accompany order	\$.20 each		Roll	Each
OTHER VITAL RECORDS FORMS AND PAMPHLETS				
Report of Fetal Death (Restricted use)	45-3		-----	Each
Brochure - Fetal Death Information (Limit 10 per order)	-----		-----	Each
Application, License, and Record of Marriage (100 per pack)	45-4		Pack	Each
Record of Dissolution of Marriage, or Annulment (100 per pack)	45-5		Pack	Each
Declaration of Oregon Registered Domestic Partnership (100 per pack)	45-6		Pack	Each
Record of Dissolution of Declaration of Registered Domestic Partnership (100 per pack)	45-11		Pack	Each
Report of Induced Termination of Pregnancy (250 per pack)	45-113		Pack	Each
Brochure (HHS/Arc/CDC - "Think Before you Drink" (Fetal Alcohol Syndrome) (50 per pack)	45-601		Pack	Each
Brochure (HHS/Arc/CDC) - "Pienselo antes de beber" (Spanish Fetal Alcohol Syndrome) (50/pack)	45-601S		Pack	Each

To be completed by CHS:

Approved by: _____

Date to Distribution Center (DC): _____

Filled by: _____

Mail to:

Center for Health Statistics
800 NE Oregon Street, Suite 225
Portland, Oregon 97232-2162

Fax to:

971-673-1201

45-43 (11/11)