

Oregon Birth Record ORDER FORM

QUANTITY _____ Number of certified records requested.
\$20 first record/\$15 each additional copy
of the same record ordered at the same time.

1. Full name on record: _____
(First) (Full middle) (Full last)
2. Date of birth: _____ 3. Sex: _____ 4. Place of birth: _____ **OREGON**
(MM/DD/YYYY) (M or F) (City) (County)
5. Mother's full maiden name: _____
(First) (Full middle) (Full maiden)
6. Father's full name: _____
(First) (Full middle) (Full last)
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. Required: Signature of person ordering: _____
15. ID Required: Person ordering must attach legible photocopy of current, valid ID or legal representative document. See back of form for alternative ID options.

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: _____

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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In accordance with law – ORS 432.121, only the person named on the record, immediate family members, legal representatives, government agencies and persons licensed or registered under ORS 703.430 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. If you are not eligible, enclose a written permission note with a notarized signature of an eligible person.

Providing false information is a felony under ORS 432.900.

\$20.00 FOR THE FIRST RECORD; \$15.00 FOR EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME. The \$20.00 fee is non-refundable once the search for the record has been completed. Administrative Rule 333-011-0106 (2)

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 \$25.00 penalty may be assessed for NSF checks per ORS 30.701(5).

See back 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.

45-13A (01/12)