

# BIRTH & DEATH RECORD ORDER FORM - OREGON EVENTS

Birth in Oregon since 1903

**BIRTH**  
 \$20 First Copy      \_\_\_\_\_ CERTIFIED COPY - Suitable for any purpose  
 QUANTITY

1. Name on Record \_\_\_\_\_ (First) \_\_\_\_\_ (Full Middle) \_\_\_\_\_ (Last)      SEX \_\_\_\_\_

2. Date of Birth \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

3. Place of Birth \_\_\_\_\_ (City) \_\_\_\_\_ (County)      **OREGON**

4. Father's Name \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

5. Mother's Full Maiden Name \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Maiden)

6. Name of Person Ordering Record \_\_\_\_\_      7. Your Relationship to Line 1 \_\_\_\_\_

In accordance with law - ORS 432.121, access to birth records is restricted for 100 years to the registrant, immediate family members, legal representatives, government agencies and persons licensed or registered under ORS 703.430. 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.

Death in Oregon since 1903

**DEATH**  
 \$20 First Copy      \_\_\_\_\_ CERTIFIED COPY, Fact of Death Form - Without cause of death (available for 1978 through the present)  
 QUANTITY

\_\_\_\_\_ CERTIFIED COPY, Long Form - With cause of death  
 QUANTITY

1. Name of Deceased \_\_\_\_\_ (First) \_\_\_\_\_ (Full Middle) \_\_\_\_\_ (Last)

2. Spouse of Decedent \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

3. Date of Death \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

4. Place of Death \_\_\_\_\_ (City) \_\_\_\_\_ (County)      **OREGON**

5. Name of Person Ordering Record \_\_\_\_\_      6. Your Relationship to Line 1 \_\_\_\_\_

In accordance with law - ORS 432.121, access to death records is restricted for 50 years to family members, legal representatives, government agencies, persons licensed or registered under ORS 703.430 and persons with a personal or property right. 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.

Send To:  
**OREGON VITAL RECORDS**  
**PO BOX 14050**  
**PORTLAND OR 97293-0050**

Make checks/money orders payable to: **DHS/Vital Records**  
**Please do not send cash.**

RECORDS ARE \$20.00 FOR THE FIRST COPY; \$15.00 FOR EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME.

International customers: Only U.S. bank money orders or traveler's checks in U.S. dollars accepted.

If the requested record cannot be found, the \$20 fee must be retained as a search fee as prescribed by Administrative Rule 333-011-0106.

For current ordering information call (971) 673-1190 or find Vital Records on our web page: [www.healthoregon.org/chs](http://www.healthoregon.org/chs)

**PHONE/ ADDRESS**

DAYTIME PHONE NUMBER: (    ) \_\_\_\_\_

NAME \_\_\_\_\_

(FOR FOLLOW UP TO YOUR ORDER) STREET / ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DO NOT WRITE IN THIS SPACE:

ATTENTION:

CERTIFICATE #:

OFFICE USE ONLY		1	2
	FILM		
	FILM (P)		
	COMPUTER		
	INDEXES		
	INDEX (P)		

REFUND: \$

Excess Fee:      Out/State:

No Rec:      Uncomplt'd:

CHECK: #

Date: \_\_\_\_\_

OFFICE USE ONLY	File Date	Amendment Fee
	NRL/Ref. Issued	Full Issued
	Follow Up	Computer Copy

**LARGE FORMAT COPIES OF THIS FORM AVAILABLE UPON REQUEST**

**Warning:**

Under Oregon law, knowingly providing false information on any order form to obtain a document you are not eligible to receive, fraudulently using a document for identification purposes, or providing such a document to another person is a Class C felony - ORS 432.993.

To screen orders, Vital Records may request more information, proof of your identity, or other documents to prove eligibility.

**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)

**Your Mailing Address Must Be Entered Above and Below:**

THIS SECTION WILL BE DETACHED AND USED TO MAIL THE CERTIFIED COPY OF THE CERTIFICATE TO:

NAME	
STREET	
CITY, STATE	ZIP

Thank you for your order.

**This is not a bill.**

In case yours was an order for more than one person's record, the other parts of your order may be handled and sent separately.



**YOUR MAILING ADDRESS**