

Environmental Health Services

Vital Records Order Form – Birth Certificate

1-\$25.00 2-\$50.00 3-\$75.00 4-\$100.00 Number of copies requested _____

Additional copies are \$25 each.

Make checks or money orders payable to VITAL RECORDS and send orders to:

Vital Records

847 NE 19TH Avenue, Suite 350

Portland, Oregon 97232

Name of Baby: _____

First

Middle

Last

Date of Birth: _____

Month

Day

Year

Place of Birth: _____

Hospital/Facility

City

County

Parent's Name: _____

First

Middle

Name prior to First Marriage

Parent's Name: _____

First

Middle

Name prior to First Marriage

Your Relationship to Baby: _____

(Requestor)

(If an adopted child, send your request to Oregon State Health Division)

Attention: A copy of requestor's current personal photo ID is required in order to fill your request. Photo ID can be DMV, Passport, Military ID etc.

Signature: _____ **Print Name:** _____

Street address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone Number (_____) _____

In Accordance with law – ORS 432.120, access to birth records is restricted for 100 years to 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. **Warning:** Under Oregon law, knowingly providing false information on an order form to obtain a document you are not eligible to receive, fraudulently using a document for identification purpose, or providing such a document to another person is a Class C Felony – ORS 432.900

If you should have any questions, please do not hesitate to call our office at (503) 988-3745.

* After six months from the date of birth, all requests must be sent to the Vital Records Unit of the Oregon State Health Division. **P.O Box 14050, Portland OR 97293-0050 Phone: (971) 673-1190**

