# ORDER FORM

## VITAL RECORDS: BIRTH CERTIFICATE



**FEE REQUIRED** 

Please complete this form if you are requesting a birth certificate.

We can provide certified birth certificates up to 6 months from the date of birth. Our certified birth certificates contain basic information, time of birth, hospital name, and both parents' dates of birth.

We can only issue certificates within 6 months for births in Multnomah County. If it's within 6 months, send or deliver your completed form to us:

Multnomah County Vital Records 847 NE 19th Avenue, Suite 350 Portland, OR 97232

Scan QR to submit the order online.



If it's been more than 6 months from the date of birth or if the certificate is for an adopted child; you will need to contact the State Vital Records office to make your request.

- If it's been more than 6 months from the date of birth
- If it's for an adopted child

Visit www.healthoregon.org/chs to learn more.

Birth records can be released to immediate family members (parents, grandparents, brothers/sisters), legal guardians (with guardianship papers), legal representatives or government agencies. You must include a copy of the requestor's current photo ID.

- Photo ID can be DMV, Passport, Military ID, etc.
- Visit OHA's Eligibility to Order Vital Records webpage for a complete list of ID options.
- No picture ID? Please call us.

You must provide the information to prove eligibility to receive a birth record. Additional documents may be required.



## **FEE REQUIRED**

| Name of Child                          |             |                                     |  |
|--|-------------|-------------------------------------|--|
| First Name                             | Middle Name | Last Name                           |  |
| Date of Birth                          |             |                                     |  |
| Month                                  | Day         | Year                                |  |
| Place of Birth                         |             |                                     |  |
| Hospital or Facility                   | City        | County                              |  |
| Parent's Name                          |             |                                     |  |
| First Name                             | Middle Name | Last Name (prior to first marriage) |  |
| First Name                             | Middle Name | Last Name (prior to first marriage) |  |
|  |             |                                     |  |
| Your (Requestor) Relationship to Child |             |                                     |  |





| Number of certificate copies requested:             |  |  |
|---|--|--|
| <b>1</b> - (\$25.00)                                |  |  |
| <b>2</b> - (\$50.00)                                |  |  |
| <b>3</b> - (\$75.00)                                |  |  |
| <b>4</b> - (\$100.00)                               |  |  |
| Other quantity (additional copies are \$25.00 each) |  |  |

In accordance with - ORS 432.380, access to birth records is restricted for 100 years to the registrant, the registrants spouse, domestic partner who is registered by the state, parent, child, sibling, grandparent, grandchild, legal guardian or legal representative, an authorized representative or a government agency acting in the conduct of its official duties. If you are not listed as a parent on the record you are requesting, please submit documentation proving your eligible relation. 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 purposes, or providing such a document to another person is a Class C Felony - ORS 432.993.

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

| Name of Requestor | Phone |
|-------------------|-------|
| Email Address     |       |
| Home Address      |       |
| Mailing Address   |       |
| City              |       |
| State             | Zip   |
|                   |       |
| Signature         |       |
| Date              |       |
|                   |       |





#### **SUBMISSION CHECKLIST**

| <b>Attach Photo ID:</b> A copy of the requestor's current personal photo ID is required in order to fill your request. Photo ID can be Driver's License, Passport, Military ID, etc. |
|--|
| Include eligibility documents (if necessary).  |

### **PAYMENT OPTIONS**

- ➤ Make checks or money orders payable to: Vital Records
- ➤ Please mail or deliver your completed form and all required documents to:

**Multnomah County Vital Records** 847 NE 19th Avenue, Suite 350 Portland, OR 97232

If an adopted child or after six months from the date of birth, go to www.healthoregon.org/chs for more information.