

Department of Health and Human Services

Vital Records

155 N. First Ave, MS 5, Suite 170

Hillsboro, OR 97124

Telephone: 503-846-3538

www.washingtoncountyor.gov/vital-records



BIRTH RECORD ORDER FORM

IMPORTANT INFORMATION

Washington County issues certified birth records up to the last day of the 5th month from date of birth and only for births within **WASHINGTON COUNTY**. See *Additional Information* on page 2 for instructions on how to order a certificate after 6 months.

ORDERING INFORMATION (Contact Information Above)

<u>ORDER BY MAIL</u>	<u>ORDER IN PERSON</u>
<p>INCLUDE: Completed Order Form, payment & copy of valid ID/documents of person requesting.</p> <p>PAYMENT: Check or money order payable to: <u>Vital Records</u> (do not mail cash).</p> <p>ORDER BY EMAIL: mvitalrecords@washingtoncountyor.gov</p> <p>INCLUDE: Completed order form & copy of valid ID/documents of person requesting.</p> <p>PAYMENT: Our office will call for credit/debit card payment within 24 hours.</p> <p>*See back of order form for acceptable proofs of ID*</p>	<p>BRING: Completed Order Form, payment & valid ID/documents of the person requesting.</p> <p>HOURS: 8:30 a.m. – 4:30 p.m. Monday through Friday</p> <p>PAYMENT: Credit card, cash, check or money order payable to: <u>Vital Records</u></p>

CHILD'S INFORMATION

Child's LEGAL Name _____
First Middle Last

Date of Birth _____ Baby's Sex Male Female
Month / Day / Year

Hospital/Location of Birth _____ City of Birth _____



PARENTS' INFORMATION

Mother/Parent 1 LEGAL Name _____ DOB _____
First Middle Last Month / Day / Year

Mother's Legal Name at Birth _____
First Middle Last

Father/Parent 2 LEGAL Name _____ DOB _____
First Middle Last Month / Day / Year

REQUESTOR'S INFORMATION

Legal Name _____ Signature _____
First Middle Last

Your Relationship to Child Mother Father/Parent 2 Maternal Grandparent Paternal Grandparent

Street/Mailing Address _____

City _____ State _____ Zip Code _____

Daytime Phone Number _____ Email _____

FEE INFORMATION

<p>CERTIFIED BIRTH RECORD FEE: \$25 for each record</p> <p>CORRECTED CERTIFIED RECORD FEE: No FEE for <i>FIRST</i> corrected replacement \$5 each additional corrected replacement</p>	For each original certified record _____ x \$25 _____
	Replace first corrected record (in case of an error) x \$0 _____ \$0.00 _____
	Replace corrected record (in case of an error) _____ x \$5 _____
	TOTAL FEE ENCLOSED _____

FOR OFFICE USE ONLY

Fee Received:	Cash/Ck/MO#/CC:	Date Rec:
Trans #:	ID#/ID type:	ID Exp.

CORRECTED RECORD REPLACEMENT INFORMATION

BIRTH RECORD REPLACEMENTS: Corrected birth records may be replaced in our office upon return of the original record(s) up to the last day of the 5th month from date of birth. Records for 6 months of age and after are replaced by the Oregon Health Authority (OHA). **First certified record replacement is free, additional record replacements are \$5.00 each.**

APPLICANT IDENTIFICATION REQUIREMENT INFORMATION

In accordance with Oregon Law ORS 432.380, section 2a, in order for a person to obtain a certified copy of a vital record, it is REQUIRED that applicants provide valid copy of identification before the certificate can be released. If you are mailing your order, include a copy of a valid ID or other documents and include with the order form and payment. **Expired documents are unacceptable.**

Acceptable photo identification:

Current Government issued photo ID, driver's license w/ photo, current passport, current school ID, or Matricula Consular

Alternative identification:

- If you don't have a valid driver's license, government issued photo ID card or passport, please send copies of three (3) different documents from the list below that includes both your name and current address.

If you are mailing your order, make copies of the documents and include them with your order form and payment.

Alternative documents must be dated within the last 30 days and show current mailing address where record(s) will be mailed.

Include any THREE of the following documents:

- Utility bill (for example - telephone, gas, electric, water, garbage removal) or other bill;
- Medical insurance statement, medical statement or paycheck stub;
- Valid work ID, unemployment statement, food stamp or other benefit cards;
- Valid permit for firearms, fishing, hunting or other license;
- Vehicle registration, title, or insurance statement.

If the Mother/Father or Parent 1/Parent 2 do not have an ID or other alternative documents and would like a Paternal or Maternal Grandparent or a sibling who is over the age of 18 to order on their behalf, please call 503-846-2264 for an explanation of what proofs are required.

For more information on acceptable documents, go to www.healthoregon.org/chs, click on "Information Needed to Order", and scroll down to "Acceptable Proofs of Identity" or call our office at 503-846-2264.

ADDITIONAL INFORMATION

In accordance with law—ORS 432.380, only the person named on the record, immediate family members, legal representatives and government agencies 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 and representative's ID. If you are not eligible, enclose a written permission note with a notarized signature of an eligible person.

If the baby is **6 months or older**, you will have to order a birth record from Oregon Health Authority (OHA).

In person: 800 NE Oregon Street, Room 205, Portland, OR 97232-2187

Phone number: 971-673-1190

By mail: PO Box 14050, Portland, OR 97293-0050,

Online: www.vitalchek.com

By phone: 1-888-896-4988

WARNING: Providing false information is a felony under ORS 432.993. To screen orders, Vital Records may request more information or other documents to prove eligibility.