



# Oregon Birth Record ORDER FORM

\_\_\_\_\_ QUANTITY \_\_\_\_\_  
 Number of certified records requested.  
 \$25 first record/\$25 each additional copy  
 of the same record ordered at the same time.

**(new rates effective January 1, 2018)**  
**(Available for past 6 months only.)**

1. Full name on record: \_\_\_\_\_  
(first) (middle) (last)

2. Date of birth: \_\_\_\_\_ 3. Sex: \_\_\_\_\_ 4. Place of birth: \_\_\_\_\_ **OREGON**  
(mm/dd/yyyy) (M or F) (city) (county)

5. Mother/Parent A's legal birth name: \_\_\_\_\_  
(maiden name) (first) (middle) (last name at mother's birth/maiden name)

6. Father/Parent B's full name: \_\_\_\_\_  
(first) (middle) (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.  Person ordering: Attach legible photocopy of current, valid ID or legal representative document and representative's ID. See back of form for alternative ID options.

15. **Required signature of person ordering:** \_\_\_\_\_

OFFICE USE ONLY		
DO NOT WRITE IN THIS SPACE		
Certificate number: _____		
	1	2
Film		
Film (P)		
Computer		
Indexes		
Index (P)		
DF/CO		
Refund: \$ _____		
<input type="checkbox"/> Excess fee	<input type="checkbox"/> Out/state	
<input type="checkbox"/> No record	<input type="checkbox"/> Uncompleted	
Check #: _____		
File date: _____	Amendment fee: _____	
NRL/ref. issued: _____	Full issued: _____	
Follow-up: _____	Computer copy: _____	

<b>Send to:</b> TCCHC PO BOX 489 TILLAMOOK OR 97141-0489	<b>Make checks/money orders payable to:</b> TCCHC <b>PLEASE DO NOT SEND CASH</b> Checks/money orders in U. S. Dollars
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**WARNING:** Providing false information is a felony under ORS 432.993.

\$25 FOR THE FIRST RECORD; \$25 FOR EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME. The \$25 fee is non-refundable once the search for the record has been completed. Administrative Rule OAR 333-011-0340(1).

**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 penalty, not to exceed \$35, may be assessed for NSF checks per ORS 30.701(5).

See second page of form for ordering options and processing times. Information is also available on our Web page at: [www.tillamookchc.org/vital-statistics](http://www.tillamookchc.org/vital-statistics) or by calling 503-842-3900.

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact 503-842-3900 (voice), 1-800-528-2938 (toll-free), or 711 (TTY), or fax 503-842-3903.

**Alternative identification you can send with your mail order.**

If you don't have a valid driver's license, ID card or passport, send photocopies of three (3) different documents that include both your name and current address. Suggested documents are listed below. If you are mailing your order, make photocopies of the documents and include them with your order form.

**Documents must be dated within the last 30 days and show current mailing address where record will be mailed.**

**Documents such as:**

- Utility bill (for example, telephone, gas, electric, water, garbage removal) or other bill;
- Insurance statement, medical statement or paycheck stub,

**must have current mailing address and can be no more than 30 days old.**

**Other documents such as:**

- Court or parole documents;
- Valid work ID, unemployment statement, food stamp or other benefit cards (copy both sides);
- Permit for firearms, fishing, hunting or other license;
- Vehicle registration, title or insurance statement,

**may be used. However, expired documents are unacceptable. For more information on acceptable documents, go to [www.healthoregon.org/chs](http://www.healthoregon.org/chs), click on "Information Needed to Order," and scroll down to "Acceptable Proofs of Identity."**

**If you have no ID or other documents**, an immediate family member can provide ID and order the record. Records may also be released to a legal representative of a family member or sent directly to a government agency.

**To order in person:**

Tillamook County Community Health Center  
801 Pacific Avenue  
Tillamook, OR 97141  
Office Hours: 8:00 a.m. to 4:45 p.m. Monday – Friday

Ordering in person is limited to immediate family members of the person named on the record and persons with a personal or property right. Persons ordering must show valid ID or provide alternative documents. In some cases, proof of relationship may be required if the person ordering does not share the last name of the person on the record and is not clearly a family member. Payment by cash, money order, or check is accepted.