

# Oregon Death Record ORDER FORM

QUANTITY

Certified, long form with cause of death

Certified, fact of death

## (Available for past 6 months only.)

\$25 first record/\$25 each additional copy of the same record ordered at the same time (new rates effective January 1, 2018)

1. Name of deceased:	(F.)		- 111 0			
		, ,	ull last)	_		
2. Date of death:3. Plac	e of death:	(Cou		ORE	GC	<u> </u>
			OFFICE US	SE ONLY		
4. Spouse of decedent:	(Full middle)	(Last name at birth or maiden name)	DO NOT WRITE I		ACE	Ξ
5. Your relationship to person on record requ			Certificate number:			
6. Reason for needing record:			_			
7. Daytime telephone number:	8. Email:		_			
9. Name of person ordering:					1	2
3. Name of person ordering.			Film			
			Film (P)			-
10. Your address:			Computer Indexes			
			Indexes			
11. City/State/ZIP:			DF/CO			
<ul> <li>12. 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.</li> <li>13. Required signature of person ordering:</li> </ul>		Refund: \$    Excess fee   No record   Check #:	Out/stat		d	
In accordance with law - ORS 432.380(3	3), access to death re	cords is restricted for	OHOOK #.			
50 years to immediate family members, legal representatives, government agencies and persons with a personal or property right. Legal guardians must enclose a copy of the legal document and ID. If you are not eligible, enclose a written permission			File date:	Amendr	Amendment fee:	
note with a notarized signature of the eli	gible person.		NRL/ref. issued:	Full issu	ued:	
Send to:		oney orders payable to:	Follow-up:	Comput	ter co	onv.
ТССНС	TCCHC		Ι οιιονν-αρ.	Comput	.01 00	ъу.
PO BOX 489	PLEASE DO NO					
TILLAMOOK OR 97141-0489	Checks/money	orders in U. S. Dollars		l.		

**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. OAR 333-011-0340(1).

This form is available in alternative formats. See second page 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: <a href="https://www.tillamookchc.org">www.tillamookchc.org</a> 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, 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 Health Department 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.