

Department of Health and Human Services**Vital Records**

155 N. First Ave, MS 5, Suite 170

Hillsboro, OR 97124

Telephone: 503-846-3538

www.co.washington.or.us/hhs/birthdeathcertificates**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)**ORDER BY MAIL**

INCLUDE: Completed Order Form, payment & front and back photocopy of valid ID/documents of person requesting.

PAYMENT: Check or money order payable to: **Vital Records** (do not mail cash).

ORDER BY EMAIL: vitalrecords@co.washington.or.us

INCLUDE: Completed order form & front and back image of valid ID/documents of person requesting.

PAYMENT: Our office will call for credit/debit card payment within 24 hours.

See back of the form for acceptable proofs of ID

ORDER IN PERSON

BRING: Completed Order Form, payment & valid ID/documents of the person requesting.

HOURS: 8:30a.m. – 4:30p.m. Monday through Friday

PAYMENT: Credit card, cash, check or money order payable to: **Vital Records**

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 MAIDEN (birth) Name _____

First

Middle

Maiden

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**CERTIFIED BIRTH RECORD FEE:**

\$25 for each record

CORRECTED CERTIFIED RECORD FEE:

No FEE for FIRST corrected replacement

\$5 each additional corrected replacement

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 photo identification and signature before the certificate can be released. If you are mailing your order, make photocopies of the front and back of your valid ID or documents and include with the order form and payment. **Expired documents are unacceptable.**

Acceptable photo identification:

Current U.S. issued photo ID , current passport , current school ID or Matricula Consular

Alternative identification:

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

If you are mailing your order, make photocopies 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 (copy front and back);
- 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 503-846-3538 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 503-846-3538.

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.