

**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 5<sup>th</sup> 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**

**ORDER BY MAIL**

**ADDRESS:** Washington County HHS-Vital Records  
155 N First Ave., MS 5, Hillsboro, OR 97124  
**INCLUDE:** Completed order form, payment & photo copy  
of valid ID/documents of the person requesting  
**PAYMENT:** Check or money order payable to: Vital Records  
(do not send cash)

**ORDER IN PERSON**

**ADDRESS:** Washington County HHS-Vital Records  
155 N. First Ave., Room 170, Hillsboro, OR 97124  
**BRING:** Completed order form, payment & original  
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

**CHILDS 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

**REQUESTORS 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**

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

**FOR OFFICE USE ONLY**

Fee Received:	Cash/Ck/MO#/CC:	Date Rec:
Received By:	Transaction #:	ID#/ID type/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 5<sup>th</sup> 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](http://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](http://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.**