

## HEIRLOOM BIRTH RECORD ORDER

**\$45 first copy -- \$15 Tax deductible**

\_\_\_\_\_ Number of Heirloom Records Requested

DO NOT WRITE IN THIS SPACE  
ATTENTION:

1. Full Name on Record \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Place of Birth \_\_\_\_\_ OREGON
4. Father's Full Name \_\_\_\_\_
5. Mother's Full Maiden Name \_\_\_\_\_
6. Name of Person Ordering Record \_\_\_\_\_
7. Your Relationship To The Person Named on the Record \_\_\_\_\_ SELF / FRIEND
8. Daytime Telephone Number \_\_\_\_\_
9. Your Address \_\_\_\_\_
10. City/State/Zip \_\_\_\_\_
11. Registrant's Mailing Address – If you are not an immediate family member \_\_\_\_\_

CERTIFICATE #: \_\_\_\_\_  
FILM \_\_\_\_\_  
FILM (P) \_\_\_\_\_  
COMPUTER \_\_\_\_\_  
INDEXES \_\_\_\_\_  
INDEX (P) \_\_\_\_\_  
DF/CO \_\_\_\_\_  
REFUND: \$ \_\_\_\_\_  
Excess Fee: \_\_\_\_\_ Out/State \_\_\_\_\_  
No Record: \_\_\_\_\_ Uncompleted: \_\_\_\_\_  
CHECK # \_\_\_\_\_  
DATE: \_\_\_\_\_

Note: State law requires that a birth certificate must be mailed directly to the person named on the record or an immediate family member, if the certificate is being requested by anyone except the registrant or an immediate family member. Please allow from four to six weeks for processing.

Send to: **OREGON VITAL RECORDS**  
**PO BOX 14050**  
**PORTLAND OR 97293-0050**

Make checks/money orders payable to: **DHS/Vital Records**  
**Please do not send cash**

RECORDS ARE \$45 FOR CERTIFICATE. AN \$18 SEARCH FEE WILL BE RETAINED FOR THE SEARCH OF THE FILES.

International customers: Only U.S. bank money orders or traveler's checks in U.S. dollars accepted.

For current ordering information call (971) 673-1190 or find Vital Records on our web page: [www.healthoregon.org/chs](http://www.healthoregon.org/chs)

Warning: Providing false information is a felony under ORS 432.900

\$15 from each order for an Heirloom Birth Certificate goes to support the Children's Trust Fund. This independent fund was created in 1985 by the Oregon Legislature to fund programs to prevent child abuse and neglect before it starts.

\_\_\_\_\_ I would like to make a tax-deductible contribution to support the Children's Trust Fund.

Enclosed is may check for \$ \_\_\_\_\_

FOR OFFICE USE ONLY	
File Date	Amendment Fee
_____	_____
NRL/Ref Issued	Full Issued
_____	_____
Follow Up	Computer copy
_____	_____

LARGE FORMAT COPIES OF THIS FORM AVAILABLE BY REQUEST

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 \$25 penalty may be assessed for NSF checks per ORS 30.701 (5)