

REQUEST FOR VITAL RECORDS FORMS AND TAGS

Center for Health Statistics

MAIL TO: (Type/Print – USE STREET ADDRESS)

INSTRUCTIONS FOR ORDERING

PLEASE:

ORDER AT LEAST A ONE-MONTH SUPPLY

CIRCLE EITHER ‘PACKET’ OR ‘EACH’

Requester: _____ **Telephone:** _____ **Date:** _____

Form Title	Form Number	Quantity Requested	(Circle One)	
GENERAL			Packet	Each
Birth & Death Record Order Form – Oregon Events (250 per pack)	45-13		Packet	Each
Formulario para Pedido de Partidas de Nacimiento y de Defuncion (Spanish 45-13) (250)	45-13S		Packet	Each
Marriage & Divorce Record Order Form – Oregon Events (250 per pack)	45-14		Packet	Each
Formulario para Pedido de Partidas de Matrimonio y de Divorcio (Spanish 45-14) (250)	45-14S		Packet	Each
Request for Vital Records Forms and Tags	45-43		-----	Each
Abstract of Birth Record (100 per pack)	45-28		Packet	Each
Business Reply Envelope (RESTRICTED USE)	45-102			Each
BIRTH				
Certificate of Live Birth (250 per pack)	45-1			Each
Certificate of Live Birth (blank with blue stripe) (250 per pack)	45-1B		Packet	Each
Affidavit of Birth “A” (Home Births)	45-18A		-----	Each
Affidavit of Birth “B” (Home Births)	45-18B		-----	Each
Voluntary Acknowledgment of Paternity Affidavit (100 per pack)	45-21		Packet	Each
Declaracion Jurada de Reconocimiento de Paternidad (Spanish Instructions for 45-21) (250)	45-21S		Packet	Each
Voluntary Acknowledgment of Paternity – Facility Use Only (100 per pack)	45-31		Packet	Each
Reconocimiento Voluntario de Paternidad (Spanish Instructions for 45-31) (250 per pack)	45-31S		Packet	Each
Adoption Report (500 per pack)	45-24		Packet	Each
Affidavit to Correct a Birth Certificate (100 per pack)	45-25		Packet	Each
Notification of Filing Petition in Filiation Proceedings	45-115		-----	Each
Report of Court Findings of Paternity	45-116		-----	Each
Withdrawal of Notification of Filing Petition in Filiation Proceedings	45-122		-----	Each
Supplemental Report to Add Omitted Data on Birth or Death Record w/i 12 Months	45-26		-----	Each
DEATH				
Certificate of Death (100 per pack)	45-2		Packet	Each
Certificate of Death (blank with purple stripe) (100 per pack)	45-2B		Packet	Each
Application and Permit to Disinter, Transport, & Reinter Remains	45-8		-----	Each
Affidavit to Correct a Death Certificate (100 per pack)	45-27		Packet	Each
Report and Abstract of Death (100 per pack)	45-106		Packet	Each
Monthly Report of Death	45-117		-----	Each
Monthly Report of Non-Institution Deaths	45-118		-----	Each
Burial Tags (50 per box) Fee Must Accompany Order	\$.09		Box	Each
Cremation Tags (50 per box) Fee Must Accompany Order	\$.20		Box	Each
OTHER VITAL RECORDS FORMS AND PAMPHLETS				
Application, License, and Record of Marriage (100 per pack)	45-4		Packet	Each
Record of Dissolution of Marriage, or Annulment (250 per pack)	45-5		Packet	Each
Declaration of Domestic Partnership (100 per pack)	45-6		Packet	Each
Record of Dissolution of Oregon Registered Domestic Partnership (100 per pack)	45-7		Packet	Each
Report of Fetal Death	45-3		-----	Each
Report of Induced Termination of Pregnancy (250 per pack)	45-113		Packet	Each
Pamphlet - <i>Take Folic Acid</i> (50 per pack)	45-600		Packet	Each
Pamphlet - <i>Tome Acido Folic</i> (50 per pack)	45-600S		Packet	Each
Pamphlet - <i>Alcohol and Pregnancy</i> (50 per pack)	45-601		Packet	Each
Pamphlet - <i>La Realidad Sobre Alcohol y el Embarazo</i> (50 per pack)	45-601S		Packet	Each

To Be Completed By CHS:

Approved: _____

Date sent to DAS: _____

Filled by: _____

Mail To:

Center for Health Statistics
800 NE Oregon Street, Suite 225
Portland, Oregon 97232-2162

Fax To:

(971) 673-1201