

DECLARATION OF DOMESTIC PARTNERSHIP ORDER FORM

\$20 first copy / \$15 every additional copy

DO NOT WRITE IN THIS SPACE
ATTENTION:

_____ Number of Certified Copies Requested

1. Full Name of Partner 1 _____
2. Full Name of Partner 2 _____
3. Date Declaration of Domestic Partnership was registered at County _____
4. County of Filing _____ **OREGON**
5. Name of Person Ordering Record _____ **OREGON**
6. Your Relationship to a Person Named on the Record or Reason You Need Record _____
7. Daytime Telephone Number _____
8. Your Address _____
9. City/State/Zip _____

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

In accordance with law - ORS 432.121, access to declaration of domestic partnership records is restricted for 50 years to family members, Legal representatives, government agencies, persons licensed or registered under ORS 703.430 and persons with a personal or property right. Legal guardians must enclose a copy of the legal document. If you are not eligible, enclose a written permission note with a notarized signature of an eligible person.

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 \$20 FOR THE FIRST COPY; \$15 FOR EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME

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

If the requested record cannot be found, the \$20 fee must be retained as a search fee as prescribed by Administrative Rule 333-011-0106 (2).

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

Warning: Providing false information is a felony under ORS 432.900

PLEASE ENTER YOUR MAILING ADDRESS BELOW:

Name _____
Street _____
City/State/Zip _____

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).

DO NOT DETACH -THIS IS YOUR MAILING LABEL