

# DEATH RECORD ORDER FORM

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

DO NOT WRITE IN THIS SPACE  
ATTENTION:

\_\_\_\_\_ Number of Certified Copies Requested  
\_\_\_\_\_ Number of fact of death copies requested — does not include  
cause of death

1. Name on Record \_\_\_\_\_
2. Spouse of Deceased \_\_\_\_\_
3. Date of Death \_\_\_\_\_
4. Place of death \_\_\_\_\_ OREGON
5. Name of Person Ordering Record \_\_\_\_\_
6. Your Relationship to the Person Named on the Record \_\_\_\_\_
7. Reason for Ordering Record \_\_\_\_\_
8. Daytime Telephone Number \_\_\_\_\_
9. Your Address \_\_\_\_\_
10. 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 death 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**