

DIVORCE RECORD ORDER FORM

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

_____ Number of Certified Copies Requested

DO NOT WRITE IN THIS SPACE
ATTENTION:

1. Full Name of Husband _____
2. Full Maiden Name of Wife _____
3. Date of Divorce _____
4. County where Divorce Was Granted _____ OREGON
5. Name of Person Ordering Record _____
6. Your Relationship to the Person Named on the Record Or Reason You Need Record _____
7. Day Time 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 # _____

In accordance with law – ORS 432.121, access to divorce 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.

DATE: _____

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