



The Certificate of Stillbirth

The Certificate of Stillbirth is a commemorative certificate that is suitable for display featuring an attractive design with calligraphy-like font, high quality paper, a State of Oregon seal, and signature of the State Registrar. Information on the Certificate of Stillbirth is prepared from the "Report of Fetal Death" filed with the Center for Health Statistics.

The Certificate of Stillbirth is confidential and can only be ordered by a biological parent of the stillbirth. There is no fee for the certificate.

Orders can be placed in person, by phone, fax, or mail. An order form is on the reverse side of this brochure.

In person:

*Oregon Vital Records
800 NE Oregon St., Suite 205
Portland, OR 97232-2162*

Mail orders to:

*Oregon Vital Records
P.O. Box 14050
Portland, Oregon 97293-0050*

Phone orders: 971-673-1190

Fax orders: 971-673-1203



Certificate of Stillbirth ORDER FORM

DO NOT WRITE IN THIS SPACE
ATTENTION:

_____ Number Copies Requested

1. Full Name of Child _____
2. Date of Delivery _____
3. Mother's Name _____
4. Father's Name _____
5. Place Delivery Occurred _____ **OREGON**
6. Name of Person
Ordering Record _____
(Only biological parents are eligible to order certificate)
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 432.266 the Commemorative Certificate of Stillbirth is available only for a stillbirth occurring on or after January 1, 1999 and requests are restricted to the biological parents of the stillbirth.

THERE IS NO FEE FOR THIS CERTIFICATE

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

Fax: **971-673-1203**

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

PLEASE ENTER YOUR MAILING ADDRESS BELOW:

Name _____

Street _____

City/State/Zip _____

DO NOT DETACH - THIS IS
YOUR MAILING LABEL