

REQUEST FOR VITAL RECORDS PUBLICATIONS

Stocked at, and shipped from, CHS office in Portland

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

Requester Information:

Telephone: _____

Fax: _____

Date _____

Name: _____

Please order at least a one-month's supply.

TITLE (of item requested and package quantity)	Form #	Quantity Requested	Circle One Pack Each
Brochures			
The Certificate of Birth (100 per pack)			Pack Each
The Certificate of Death (100 per pack)			Pack Each
The Certificate of Stillbirth (50 per pack)			----- Each
Pamphlets			
You Owe it to Your Child – English (25 per pack)	CSF9050		Pack Each
You Owe it to Your Child – Spanish (25 per pack)	CSF9050		Pack Each
You Owe it to Your Child – Vietnamese (25 per pack)	CSF9050		Pack Each
You Owe it to Your Child –Russian (25 per pack)	CSF9050		Pack Each
DVD – Rights and Responsibilities (English/Spanish)			----- Each
Miscellaneous			
Certificate of Registered Domestic Partnership (<i>County only</i>)			----- Each

Mail Order Form to:

Center for Health Statistics
 Attn: Mary Ann Jensen
 800 NE Oregon Street, Suite 225
 Portland, Oregon 97232-2162

Fax Order Form to:

Center for Health Statistics
 (971) 673-1201

CHS use only:

Date sent: _____

Filled by: _____