



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services

Public Health Division
Office of Family Health
800 NE Oregon Street
Portland, OR 97232-2162
EMERGENCY (503) 731- 4030
Voice (971) 673-0355
FAX (971) 673-0231
TTY (971) 673-0372

Authorization to Release Birth Certificate

I, _____, authorize

Client Print Name

the state of _____ to release a certified copy of my birth certificate

Birth State Name

to the Oregon Family Planning Program with the Oregon Department of Human Services,
Public Health Division. Dated this _____ day of _____, _____.

Day

Month

Year

Client Signature

If required by the state of the request, please include notary signature and seal:

Notary Signature

Notary Seal

FOR CLINIC STAFF USE

Staff Name: _____

Project #: _____

Clinic #: _____

Client's FPEP #: _____

FOR STATE STAFF USE

TO STATE VITAL RECORDS AGENT: I am entitled to receive a copy of the requested certificate and that documentation of a U.S. place of birth from the client's official birth record is required for the determination and the protection of the client's personal right to eligibility for family planning services provided under the Oregon Department of Human Services' Family Planning Expansion Project (FPEP) Medicaid waiver program. Once received, all client information will be kept strictly confidential as required by law. Please mail document to the address below:

State of Oregon Family Planning Program
Oregon Department of Human Services
800 NE Oregon St, Suite 850
Portland, OR 97232
Phone: (971) 673-0356
Fax: (971) 673-0231

Date: _____

Staff Name: _____

Staff Signature: _____

FPEP 1/22/08



"Assisting People to Become Independent, Healthy and Safe"
An Equal Opportunity Employer

