REQUEST TO CHANGE BIRTH CERTIFICATE BASED ON COURT ORDER OF NAME CHANGE

I hereby request the Center for Health Statistics to change the name on the Oregon birth certificate as stated in the court ordered decree of name change:

Name Now on Bi	irth Certificate:		
First	Middle	Last	
New Name as it i	is to appear on Birth Ce	rtificate:	
First	Middle	Last	
Date of Birth:		Place of Birth:	
	(Month/Day/Year)	(City)	OREGON (State)
Mother's Maide	·		
		Last	(Maiden)
<u>G:</u>	1: 11 1: 6:		Database
Signature of person on birth certificate or parent if under age 18			Date signed
Print Name			
Relationship to person on birth certificate			
Daytime Telephor	ne Number		

This signed form and a certified copy of the court order showing the original seal and signature of the court clerk (our office will keep this document in a sealed file) must be returned with appropriate fee to:

Amendment Clerk Center for Health Statistics PO Box 14050 Portland, OR 97293-0500