

**OVERS Enrollment Form  
 Oregon State Agency Employees**

Fax completed form to: 971-673-1201

Vital records are confidential documents available to a limited group of people including government employees performing official tasks. Access to record information is granted to specific individuals and cannot be shared.

**Instructions**

- Use this form to request an Oregon Vital Events Registration System (OVERS) account to access birth, death, marriage and divorce records. A Center for Health Statistics (CHS) official will notify the applicant via email when the account is created.
- To remove a user from OVERS, complete the top portion and check "Remove this user from OVERS" in the APPLICANT section. A supervisor's signature is required in the SUPERVISOR section.

APPLICANT	
Name:	<div style="display: flex; justify-content: space-between; width: 100%;"> <span>(First)</span> <span>(M.I.)</span> <span>(Last)</span> </div>
Division/Office:	_____ OR / RACF / P #: _____
<input type="checkbox"/> Remove this user from OVERS.	
Work Phone:	_____ Work Fax: _____ Work Email: _____
Work Address:	_____
City:	_____ County: _____ State: _____ Zip Code: _____
<i>I understand that Oregon vital records - including births, deaths, marriages, and divorces - are confidential, regardless of media (paper copy, mainframe, or OVERS). Access has been granted by CHS under ORS 432.350 (3) for official duties only. I understand that I am restricted from sharing information from a vital record with clients or other individuals to be used for any purpose other than my official duties. I have a current confidentiality agreement that governs all information received through my employment.</i>	
Signature of Applicant:	_____ Date: _____

SUPERVISOR	
This employee will have access to birth, death, marriage, and divorce vital events occurring in Oregon.	
<i>I authorize the employee named above to access vital records for the purpose of fulfilling official duties in their position with the State of Oregon. I will notify CHS when employment with my office ends, regardless of the employee's continued need for access to vital records in another State office.</i>	
Signature of Supervisor:	_____ Date: _____

CHS OFFICE USE ONLY	
CHS Official:	_____ Date Account Created: _____ Username: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Info. complete             <input type="checkbox"/> Setup in OVERS             <input type="checkbox"/> Added to listserv             <input type="checkbox"/> Sent email           </div>	

DO NOT ALTER THIS FORM