

REQUEST FOR VITAL RECORDS PUBLICATIONS

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This form can be accessed at: <https://bit.ly/form45-43b>

MAIL TO: (Type/Print) STREET ADDRESS

REQUESTER'S INFORMATION:

Name: _____

Date: _____

Telephone: _____

Publication title (package quantity)	Form number	Quantity requested	Check Pack (Pk) or Each (Ea)	
Vital-records pamphlets/handouts				
The Oregon Birth Certificate - English (100 per pack)	OHA 9751		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
The Oregon Birth Certificate - Spanish (100 per pack)	SP OHA 9751		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
The Oregon Death Certificate - English (100 per pack)	OHA 9752		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
The Oregon Death Certificate - Spanish (100 per pack)	SP OHA 9752		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Electronic Registration of Death Records	OHA 9771		-----	<input type="checkbox"/> Ea
REALD Data Collection: Birth Records - English (100 per pack)	OHA 3841		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
REALD Data Collection: Birth Records - Spanish (100 per pack)	SP OHA 3841		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Fetal Death Information	-----		-----	<input type="checkbox"/> Ea

Paternity pamphlets/handouts				
What is Paternity? Pamphlet- English (25 per pack)	-----		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
What is Paternity? Pamphlet - Spanish (25 per pack)	-----		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea

Miscellaneous				
Brochure: Think Before You Drink-English (Fetal Alcohol Syndrome) <small>100 per pack</small>	45-601		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Brochure: Think Before You Drink-Spanish (Fetal Alcohol Syndrome) <small>50 per pack</small>	45-601S		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Certificate of Registered Domestic Partnership (County Clerks only)	-----		-----	<input type="checkbox"/> Ea
Request for Vital Records Publications	45-43B		-----	<input type="checkbox"/> Ea

Mail order form to:
Center for Health Statistics
800 NE Oregon Street, Suite 225
Portland, Oregon 97232-2162

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CHS use only:
Date sent: _____

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