

Request for Vital Records Forms and Tags

Center for Health Statistics

This form can be accessed at: bit.ly/Form45-43



**OREGON
HEALTH
AUTHORITY**

Mail to:

Agency/Facility/
County/Dept: _____
Street Address1/
or Attn: _____
Street Address2: _____
City/State/Zip: _____

Instructions:

Use street address.

Order to last approximately one month.

Enter quantity of packets.

Requester: _____ **Phone:** _____ **Date:** _____

Envelopes	Choose Qty
Business-reply envelope, 9" x 12" white "Paternity" (Restricted use)	45-101 <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 75
Business-reply envelope, 9" x 12" manila (Restricted use-to: PO Box 14050)	45-102 <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 75
Business-reply envelope, 9" x 12" goldenrod (County VR offices-to: Portland VA)	45-103 <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 75

Oregon vital record order forms come in packets and are available in English and Spanish. Choose form and quantity of packets.

Birth Certificate Order Forms	English 45-13A	(100 per packet)	Spanish SP 45-13A	(50 per packet)
Death Certificate Order Forms	English 45-13B	(100 per packet)	Spanish SP 45-13B	(50 per packet)
Marriage Certificate Order Forms	English 45-14A	(100 per packet)	Spanish SP 45-14A	(50 per packet)
Divorce/Dissolution Cert. Order Forms	Eng 45-14B	(100 per packet)	Spanish SP 45-14B	(50 per packet)

Other vital records order forms are available in English and Spanish on our website for print: www.HealthOregon.org/chs

Oregon Registered Domestic Partnership (ORDP), Report of Fetal Death, Commemorative Stillbirth Certificate, Preadoption, and more.

Birth forms	Link to Form	Form no.	Qty.
Voluntary Acknowledgment of Paternity Affidavit-English	bit.ly/VAOP-E	45-21	(100 per packet)
Voluntary Acknowledgment of Paternity Affidavit-Spanish	bit.ly/VAOP-S	45-21S	(100 per packet)
Voluntary Acknowledgment of Paternity-English (Facility use only)		45-31	(100 per packet)
Voluntary Acknowledgment of Paternity-Spanish (Facility use only)		45-31S	(100 per packet)
Adoption Report	bit.ly/Form45-24	45-24	← Use bit.ly link to print form.
Affidavit to Correct a Birth Certificate	bit.ly/Form45-25	45-25	← Use bit.ly link to print form.
Supplemental Report to Add Omitted Data on Birth Record within 12 Months	bit.ly/Form45-26	45-26	← Use bit.ly link to print form.

Death	Link to Form	Form no.	Qty.
Certificate of Death [Form not available after 12/31/25.]		45-2	(25 per packet)
Certificate of Death (blank with purple stripe) [Form not available after 12/31/25.]		45-2B	(100 per packet)
Brochure – Electronic Registration of Death Records		-----	(50 per packet)
Application and Permit to Disinter, Transport, and Reinter Remains (email CHS for a digital copy)		45-8	(individual sheets)
Affidavit to Correct a Death Certificate (funeral home director/certifying physician)	bit.ly/Form45-27A	45-27A	← Use bit.ly link to print form.
24-Hour Notice of Receipt of Body		45-106	(100 per packet)
Monthly Report of Death	bit.ly/Form45-117	45-117	← Use bit.ly link to print form.
Metal discs for burial or cremation		-----	(50 per roll)

Other vital records forms and pamphlets	Link to Form	Form no.	Qty.
Request for Vital Records Forms and Tags	bit.ly/Form45-43	45-43	← Use bit.ly link to print form.
Request for Vital Records Publications	bit.ly/Form45-43b	45-43B	← Use bit.ly link to print form.
Application, License, and Record of Marriage		45-4	(100 per packet)
Declaration of Oregon Registered Domestic Partnership	bit.ly/Form45-6	45-6	← Use bit.ly link to print form.
Record of Dissolution of Marriage, Annulment or Domestic Partnership	bit.ly/recordofdissolution	45-12	← Use bit.ly link to print form.
Report of Induced Termination of Pregnancy		45-113	(100 per packet)
Handout - Let's Talk About Alcohol Use During Pregnancy - Eng/Span		-----	(100 per packet)

Note: bit.ly addresses are shortcuts to official CHS web pages or forms.

Email to: CHS.Registration@oha.oregon.gov

Fax to: 971-673-1201

Mail to: Center for Health Statistics
PO Box 14050
Portland, Oregon 97293-0050

Approved by: _____ Date sent: _____ Filled by: _____ OHA 45-43 (11/25)