

## Dissolution of Marriage or Oregon Registered Domestic Partnership Amendment Request Form

**Please print or type:**

Party/Partner A Name: \_\_\_\_\_

Party/Partner B Name: \_\_\_\_\_

Date of Dissolution: \_\_\_\_\_

County of Dissolution: \_\_\_\_\_

License Number: \_\_\_\_\_

Item or entry to be corrected	Original record now shows	Corrected items should show

Name and Title of Court Clerk: \_\_\_\_\_

Signature of Court Clerk: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Submit completed Amendment request Form to Oregon Vital Records:**

Email: [CHS.amendments@oha.oregon.gov](mailto:CHS.amendments@oha.oregon.gov)

Fax: 971-673-1201

Mail: Oregon Vital Records | PO Box 14050 | Portland, OR 97293

**Vital Records use only**

Date Filed: \_\_\_\_\_