



OFFICE USE ONLY:
Live Birth Certificate Serial Number

Order Number

Home Birth Packet Request Form

Today's Date _____

Maiden Last Name of Mother _____

Current Last Name of Mother _____

First and Middle Name of Mother _____

First

Middle

Mailing Address _____

Mailing City/State/ZIP _____

City

State

ZIP

Phone Number _____

Email Address _____

Name of Person Requesting _____

Estimated Due Date/
Child's Birth Date _____

Month

Day

Year

Child's Name
(if applicable) _____

First

Middle

Last

Submit this form to the State of Oregon Center for Health Statistics by:

Mail:

CHS/Home Birth
Attn: Sheryl W.
PO Box 14050
Portland, OR 97293

Vital Records Drop Box:*

800 NE Oregon St.
Portland, OR 97232

(located by west door entrance in parking lot)

**Make sure to place all required documents
and fees in a sealed envelope.*

Email:

CHS.Amendments@oha.oregon.gov

10/2025