



Home Birth Packet Request Form

Today's date: _____

Information about birth mother/parent who gave birth to the child:

Last name before any marriages/
legal name at birth: _____

Current last name: _____

First and middle name: _____

First

Middle

Mailing address: _____

Mailing city/State/ZIP: _____

City

State

ZIP

Phone number: _____

Email address: _____

Name of person requesting packet: _____

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 the west door entrance in parking lot)
**Make sure to place all required documents in a sealed envelope.*

Email:

CHS.Amendments@oha.oregon.gov