

Marriage or Oregon Registered Domestic Partnership Amendment Request Form

Please print or type:

Party/Partner A Name: _____

Party/Partner B Name: _____

Date of Marriage/ORDP: _____

County of Marriage/ORDP: _____

License Number: _____

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

Name and Title of County Clerk: _____

Signature of County Clerk: _____

Date Signed: _____

Phone Number: _____

Submit completed Amendment request Form to Oregon Vital Records:

Email: 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: _____