

OVERS Enrollment Form

Oregon State Agency Employees

Submit completed form to:

Email: CHS.OVERSuccess@oha.oregon.gov

Fax: 971-673-1201

Vital records are confidential documents available to a limited group of people including government employees performing official tasks. Access to record information is granted to specific individuals and cannot be shared.

Instructions

- Use this form to request an Oregon Vital Events Registration System (OVERS) account to access birth, death, marriage and divorce records. A Center for Health Statistics (CHS) official will notify the applicant via email when the account is created.
- To remove a user from OVERS, complete the top portion and check "Remove this user from OVERS" in the APPLICANT section. A supervisor's signature is required in the SUPERVISOR section.

APPLICANT

Name: _____
(First) (M.I.) (Last)

Division/Office: _____ OR / RACF / P #: _____

☐ Remove this user from OVERS.

Work Phone: _____ Work Fax: _____ Work Email: _____

Work Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

I understand that Oregon vital records - including births, deaths, marriages, and divorces - are confidential, regardless of media (paper copy, mainframe, or OVERS). Access has been granted by CHS under ORS 432.350 (3) for official duties only. I understand that I am restricted from sharing information from a vital record with clients or other individuals to be used for any purpose other than my official duties. I have a current confidentiality agreement that governs all information received through my employment.

Signature of Applicant: _____ Date: _____

SUPERVISOR

This employee will have access to birth, death, marriage, and divorce vital events occurring in Oregon.

I authorize the employee named above to access vital records for the purpose of fulfilling official duties in their position with the State of Oregon. I will notify CHS when employment with my office ends, regardless of the employee's continued need for access to vital records in another State office.

Signature of Supervisor: _____ Date: _____

CHS OFFICE USE ONLY

CHS Official: _____ Date Account Created: _____ Username:

☐ Info. complete

☐ Setup in OVERS

☐ Added to listserv

☐ Sent email

DO NOT ALTER THIS FORM