

**Vital Records Commission for
County Registrar and Deputy Registrar**



This form must be submitted by each staff member of the county vital records office prior to their first day of duty and at the beginning of each calendar year. The County Registrar must sign the form for each staff member, including themselves, with the exception of a first-time appointed County Registrar. The *first time* a new County Registrar completes this form, they must have the person who appointed them to their position sign the commission form.

Submit form to: Fax 971-673-1202 -or- CHS.PartnerServices@oha.oregon.gov

County: _____

Official Public County Name: _____

Office Phone # Public Should Call: _____ Ext. _____ Fax #: _____

Physical Address (of county office): _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Registrar / Dep. Registrar Name: _____
(First) (Last)

Title: (Mark one) Registrar Deputy Registrar Lead Deputy Registrar

Direct Business Telephone: _____ Ext. _____ Fax #: _____

E-mail Address: _____

I have read and understand the duties attached:

Printed name of County, Deputy, or
Lead Registrar completing the form

Signature & Date

County Registrar's approval for Lead Deputy Registrars and Deputy Registrars

Printed name of County Registrar

Signature & Date

(Newly-appointed county registrars must have the person who appointed them sign here.)

STATE VITAL RECORDS USE ONLY

Approved by State Registrar on: _____
Date

Jennifer A. Woodward, State Registrar

Commission expires on: _____

10/2025