Print

Reset form

Vital Records Commission for County Registrar and Deputy Registrar

OREGON HEALTH AUTHORITY
Center for Health Statistics

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 Entity Name: _____

Name: _____
(First) (Last)

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

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

E-Mail Address: _____

Physical Address (of county office): _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

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: _____

11/2024