

**OVERS Enrollment Form**  
**Oregon State Agency Employees**

Submit completed form to:  
 Email: [OVERSaccess@oha.oregon.gov](mailto:OVERSaccess@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 #: _____	
<input type="checkbox"/> Remove this user from OVERS.	
Work Phone: _____	Work Fax: _____ Work Email: _____
Work Address: _____	
City: _____	County: _____ State: _____ Zip Code: _____
<i>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.</i>	
Signature of Applicant: _____	Date: _____

SUPERVISOR	
This employee will have access to birth, death, marriage, and divorce vital events occurring in Oregon.	
<i>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.</i>	
Signature of Supervisor: _____	Date: _____

CHS OFFICE USE ONLY	
CHS Official: _____	Date Account Created: _____ Username: <input style="width: 150px; height: 20px;" type="text"/>
<input type="checkbox"/> Info. complete	<input type="checkbox"/> Setup in OVERS
<input type="checkbox"/> Added to listserv	<input type="checkbox"/> Sent email

**DO NOT ALTER THIS FORM**