



ARE YOU ORDERING
A VITAL RECORD BY MAIL?

No record will be provided unless you:

Sign the form

AND

Include a photocopy of your ID

See form for details.

Thank you!

Oregon Vital Records

Certificate of Stillbirth Order Form

QUANTITY Number of certified records requested.
\$25 each certificate

1. Full name of child: _____
(first) (middle) (last)

2. Date of delivery: _____ 3. Sex: _____ 4. Place of delivery: _____ OREGON
(mm/dd/yyyy) (M or F) (city) (county)

5. Mother/Parent A's legal name at birth/prior to first marriage: _____
(first) (middle) (last name at mother's/parent A's birth)

6. Father/Parent B's legal name at birth/prior to first marriage: _____
(first) (middle) (last name at father's/parent B's birth)

7. Reason for needing record: _____

8. Daytime telephone number: _____ 9. Email: _____

10. Name of person ordering: _____

11. Your address: _____

12. City/State/ZIP: _____

13. **ID Required: Person ordering must attach legible photocopy of current, valid ID. If you do not have current, valid ID see second page of this form for alternative ID suggestions. Legal representatives should provide a notarized permission note from a biological parent named on the record and representative's ID.**

14. Required signature of person ordering: _____

In accordance with law – ORS 432.148 – the Commemorative Certificate of Stillbirth is available only for a stillbirth occurring on or after January 1, 1999, and requests are restricted to the biological parents.

**Send to:
OREGON VITAL RECORDS
PO BOX 14050
PORTLAND OR 97293-0050**

**Make checks/money orders payable to:
OHA/Vital Records
PLEASE DO NOT SEND CASH
Checks/money orders in U. S. Dollars**

OFFICE USE ONLY

DO NOT WRITE IN THIS SPACE

Certificate number: _____		
	1	2
Film		
Film (P)		
Computer		
Indexes		
Index (P)		
DF/CO		

Refund: \$ _____

Excess fee Out/state
 No record Uncompleted

Check #: _____

File date: _____ Amendment fee: _____

NRL/ref. issued: _____ Full issued: _____

Follow-up: _____ Computer copy: _____

WARNING: Providing false information is a felony under ORS 432.993.

\$25 FOR THE FIRST RECORD; \$25 FOR EACH ADDITIONAL COPY. The first \$25 fee is non-refundable once the search for the record has been completed. Administrative Rule OAR 333-011-0340(1).

Processing time for this record is approximately five to seven weeks. For current ordering information call 971-673-1190 or find Vital Records on our web page: www.healthoregon.org/chs.

This form is available in alternative formats. See back for details.

ENTER YOUR MAILING ADDRESS
THIS SECTION WILL BE DETACHED AND USED AS A MAILING LABEL

Name		
Street		
City	State	ZIP

Non-Sufficient Funds (NSF) check processing policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically. In the ordinary course of business, your check will not be provided to you with your bank statement, but a copy can be retrieved by other means. A penalty, not to exceed \$35, may be assessed for NSF checks per ORS 30.701(5).

See second page of form for ordering options and processing times. Information is also available on our Web page at: www.healthoregon.org/chs or by calling 971-673-1190.

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact 971-673-1190 (voice) or 711 (TTY), or fax 971-673-1203.

Alternative identification you can send with your mail order.

If you don't have a valid driver's license, ID card or passport, send photocopies of three (3) different documents that include both your name and current address. Suggested documents are listed below. If you are mailing your order, make photocopies of the documents and include them with your order form.

Documents must be dated within the last 30 days and show applicant's current mailing address.

Documents such as:

- Utility bill (for example, telephone, gas, electric, water, garbage removal) or other bill;
- Insurance statement, medical statement or paycheck stub,

must have current mailing address and can be no more than 30 days old.

Other documents such as:

- Court or parole documents;
- Valid work ID, unemployment statement, food stamp or other benefit cards (copy both sides);
- Permit for firearms, fishing, hunting or other license;
- Vehicle registration, title or insurance statement,

may be used. However, expired documents are unacceptable. For more information on acceptable documents, go to www.healthoregon.org/chs, click on "Information Needed to Order," and scroll down to "Acceptable Proofs of Identity."

If you are the parent and you have no ID or other documents, you will need to have the other parent request the stillbirth certificate or obtain ID before placing an order for the record.

By law, only the biological parents may order a Commemorative Certificate of Stillbirth for a delivery that occurred after January 1, 1999.

How long does it take to receive a Commemorative Stillbirth Certificate? Processing times vary between five to seven weeks after the associated fetal death certificate is filed.

We recommend that orders for stillbirth certificates be placed by mail. There is no option to order a Stillbirth certificate on the web, or by telephone.

Order in person: Additional fees apply.

Fees are not refundable after orders are submitted.

State Vital Records Office: 800 NE Oregon Street, Suite 205
Portland OR 97232-2162

Office Hours: 9:00 a.m. to 4:00 p.m., Monday through Friday. Last orders by 3:30 p.m.

Since stillbirth certificates are created from fetal death certificates, they will be mailed to applicants after an order has been received.