

REQUEST FOR VITAL RECORDS FORMS AND TAGS

Center for Health Statistics

Mail to:

Instructions:
 Use street address.
 Order to last approximately one month.
 Enter quantity and check Pack (Pk) or Each (Ea).

Requester: _____ **Telephone:** _____ **Date:** _____

Form title		Form no.	Qty.	Check one	
General					
Oregon Birth Record Order Form	(100 per pack)	45-13A		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
(Spanish form 45-13A) Acta de nacimiento de Oregon Formulario de Solicitud	(100 per pack)	SP 45-13A		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Oregon Death Record Order Form	(100 per pack)	45-13B		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
(Spanish form 45-13B) Acta de defunción de Oregon Formulario de Solicitud	(100 per pack)	SP 45-13B		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Oregon Marriage Record Order Form	(100 per pack)	45-14A		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
(Spanish 45-14A) Formulario para Pedido de Partidas de Matrimonio	(100 per pack)	SP 45-14A		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Oregon Divorce Record Order Form	(100 per pack)	45-14B		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
(Spanish 45-14B) Formulario para Pedido de Partidas de Divorcio	(100 per pack)	SP 45-14A		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Request for Vital Records Forms and Tags		45-43		-----	<input type="checkbox"/> Ea
Request for Vital Records Publications		45-43B		-----	<input type="checkbox"/> Ea
Business-reply envelope, 9" x 12" white "Paternity" (Restricted use)	(Limit 75 per order)	45-101		-----	<input type="checkbox"/> Ea
Business-reply envelope, 9" x 12" manila (Restricted use – to: PO Box 14050)	(Limit 75 per order)	45-102		-----	<input type="checkbox"/> Ea
Business-reply envelope, 9" x 12" manila (County VR offices – to: Portland VA)	(Limit 75 per order)	45-103		-----	<input type="checkbox"/> Ea
Birth					
Voluntary Acknowledgment of Paternity Affidavit	(100 per pack)	45-21		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
(Spanish form 45-21) Declaración Jurada de Reconocimiento de Paternidad	(100 per pack)	45-21S		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Voluntary Acknowledgment of Paternity (Facility use only)	(100 per pack)	45-31		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
(Spanish form 45-31) Reconocimiento Voluntario de Paternidad	(100 per pack)	45-31S		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Adoption Report	(100 per pack)	45-24		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Affidavit to Correct a Birth Certificate	(100 per pack)	45-25		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Report of Court Findings of Paternity		45-116		-----	<input type="checkbox"/> Ea
Supplemental Report to Add Omitted Data on Birth Record within Twelve Months of Event		45-26		-----	<input type="checkbox"/> Ea
Death					
Certificate of Death	(25 per pack)	45-2		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Certificate of Death (blank with purple stripe)	(100 per pack)	45-2B		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Brochure – Electronic Registration of Death Records		-----		-----	<input type="checkbox"/> Ea
Application and Permit to Disinter, Transport, and Reinter Remains		45-8		-----	<input type="checkbox"/> Ea
Affidavit to Correct a Death Certificate (for signing by funeral-home director/certifying physician)	(100 per pack)	45-27A		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Supplemental Report on Veteran's Status		45-26V		-----	<input type="checkbox"/> Ea
24-Hour Notice of Receipt of Body	(100 per pack)	45-106		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Monthly Report of Death		45-117		-----	<input type="checkbox"/> Ea
Metal discs for burial or cremation	(50 per roll)	-----		<input type="checkbox"/> Roll	<input type="checkbox"/> Ea
Other vital records forms and pamphlets					
Application, License, and Record of Marriage	(100 per pack)	45-4		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Declaration of Oregon Registered Domestic Partnership	(100 per pack)	45-6		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Record of Dissolution of Marriage, Annulment or Domestic Partnership - Please use link below: http://courts.oregon.gov/OJD/docs/OSCA/JFCPD/Family-Law/FLP-Forms/Record%20of%20Dissolution%20OHA%2008.14.pdf		45-12		-----	-----
Report of Induced Termination of Pregnancy	(100 per pack)	45-113		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Brochure (HHS/Arc/CDC) - "Think Before you Drink" (Fetal Alcohol Syndrome)	(100 per pack)	45-601		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Brochure (HHS/Arc/CDC) - "Pienselo antes de beber" (Spanish form 45-601)	(50 per pack)	45-601S		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea

To be completed by CHS:
 Approved by: _____
 Date sent: _____
 Filled by: _____

Mail to:
 Center for Health Statistics
 800 NE Oregon Street, Suite 225
 Portland, Oregon 97232-2187

Fax to:
 971-673-1201