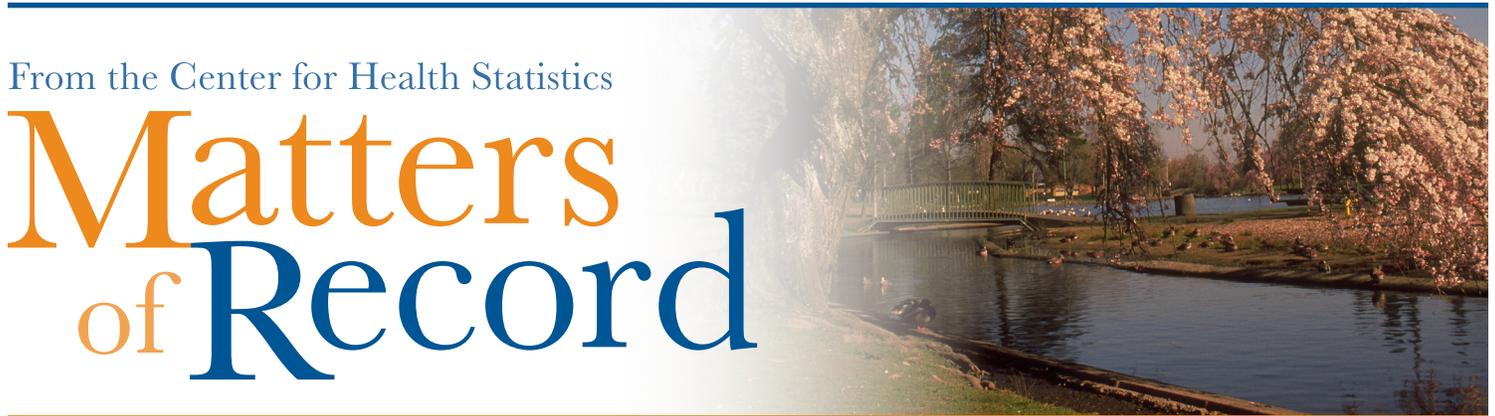


# Matters of Record



## Birth certificate news

May 2017

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### Archived Articles



## Birth information specialists: New title and workgroup

In the February 2017 birth newsletter we announced a change to the title of “birth clerk” for hospital and birth center staff members who report birth and fetal death events. Instead of “birth clerks,” we will now be referring to you as “birth information specialists.” This title change reflects the importance of your role in collecting information for the legal record of birth. You will not see this title change within OVERS at this time.



We have also created a new birth information specialist workgroup. The workgroup’s goal is to ensure the resources coming from our office meet the needs of birth information specialists so they can continue to provide accurate reporting of births and fetal deaths. The workgroup is comprised of birth information specialists from around Oregon who will review documentation (such as quick start guides and worksheets) to make sure the information is relevant and clear. Their first project will be to provide feedback on the revised birth worksheets.

We would like to thank the workgroup members for their contribution: Tami Petersen, Sylena Henneous, Leanna Bruncker, Patty Haywood, and Kori Pienovi.

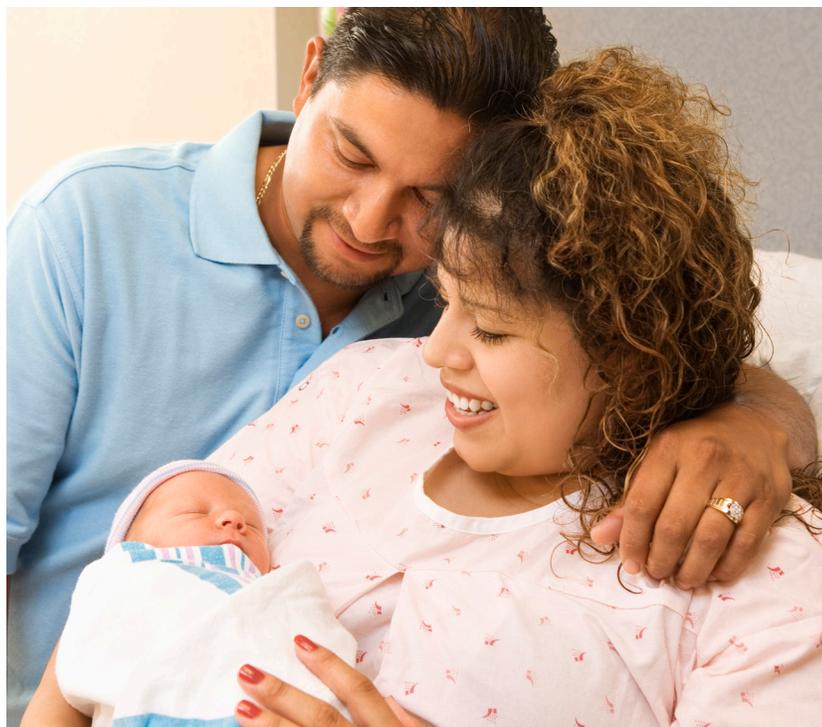
For any questions, you can contact Krystalyn Salyer at 971-673-1197 or [krystalyn.salyer@state.or.us](mailto:krystalyn.salyer@state.or.us).

## AOP forms are for biological parents

Paternity forms are used to establish legal fatherhood for a child whose parents are not married. The forms are for **biological** parents only. Establishing accurate paternity is fundamental and essential to:

- Provide the child the identity of his or her biological father;
- Grant the biological father access to legal documents, medical records, etc. of the child;
- Allow the paternal grandparents equal access to the child's records; and
- Provide a variety of legal benefits to the child on the biological father's behalf.

There are two forms available. The Voluntary Acknowledgment of Paternity form (45-31) must be signed at the hospital within five days of the child's birth. The Voluntary Acknowledgement of Paternity Affidavit (45-21) can be completed by the parents outside of facilities and must be notarized. Both forms state: "It is a Class C felony for any person to make any false statement or supply false



information intending that the information be used in the preparation of any certificate." This section clearly states the individuals signing are affirming under penalty of law they are the biological parents.

The statement of legal rights and responsibilities on the back clearly states the form can only be for biological parents.

It must be made clear to all involved that only the biological parents are eligible to complete paternity forms. Remember the paternity forms are legal documents. Not only are there consequences for providing false information on a birth record, the process of disestablishing paternity could be time-consuming and costly. Providing clear guidance to parents on the use of these forms not only benefits the families involved, but also those involved with registering the birth.

For questions about paternity contact Debbie Gott at 971-673-1155 or [deborah.l.gott@state.or.us](mailto:deborah.l.gott@state.or.us).

## Including a second, same-sex parent to a birth record

The Oregon Vital Records office frequently receives questions about including a second parent to a birth record when the second parent is the same sex as the mother.

According to Oregon Revised Statutes 432.088 (8), the person who gives birth must be listed as the mother on the birth record when it is first filed.

The most common areas that Vital Records most often gets asked about include:

*Paternity forms:* If the birth mother is not married, a 45-31 can be used to add the biological father. A second female parent cannot sign a 45-31 because she is not a biological parent.

*Married or filed ORDP prior to birth:* If the two women were married or filed an Oregon Registered Domestic Partnership prior to the birth, the second woman can be listed at the time of birth as the second parent.

*Married or file ORDP after birth:* Stepparents, whether male or female, can only be added with adoption judgments.

*Adoption or parentage judgments:* Adoption judgments and parentage judgments can be submitted after the birth record is filed to change one or both parents listed on the birth record. You may receive questions from biological parents using a surrogate mother to carry their child. Explain their court judgment will be used at the state Vital Records office to add the biological or legal parents' information to the birth record. If they insist their names be added at the hospital, explain under law the person who gave birth is listed as the mother when the birth is filed. The judgment needs to be sent immediately to the state Vital Records office and the biological or legal parents will be added to the birth certificate before any certified copies are issued. Feel free to call our office if you need additional confirmation of this process.

Remember we are here to support you and the work you do. For assistance, call or email the following staff:

Debbie Draghia, Adoption Specialist, 971-673-1152 or [deborah.l.draghia@state.or.us](mailto:deborah.l.draghia@state.or.us)



# Important update about affirming and certifying a fetal death

We have heard several fetal death certifiers are uncomfortable with the wording on the fetal death certification statement in OVERS. To complete a fetal death record, the birth certifier must check the checkbox for both the affirmation statement and the certification statement. The affirmation statement is for the personal information on the record. The certification statement is for the medical portion of the record. If one of the statement checkboxes is not checked, the birth certifier will not be able to “Affirm/Certify” the fetal death record. The fetal death record would also not be registered at the state Vital Records office.

The current fetal death certification statement reads, “On the basis of examination, in my opinion, the death occurred due to the causes or conditions stated.” Birth certifiers do not complete an examination on the fetus, so this wording can create some discomfort with certifying this statement. Remember, you are acting as an agent of your facility. However, a better solution will be implemented soon.

We will be changing the fetal death certification statement in OVERS to read, “On the basis of medical information, the fetal death occurred due to the causes or conditions stated.” This new wording should more accurately reflect the role of the fetal death certifier. We hope it will also reduce or eliminate any unease when certifying a fetal death record in OVERS.

For questions contact JoAnn Jackson, Registration Manager, at 971-673-1160 or [joann.jackson@state.or.us](mailto:joann.jackson@state.or.us).

The screenshot shows the 'Fetal Death Registration Menu' for record 6630942, James Doe, dated JAN-27-2017. The status is '/Personal Valid/Medical Valid/Unaffirmed/Uncertified/Not Registered/GIS coding Required/Certification Required/Affirmation Required'. The 'Affirmations' section is active, showing two checkboxes: 'I affirm the information provided is accurate and complete to the best of my knowledge.' and 'On the basis of medical information, the fetal death occurred due to the causes or conditions stated.' Both are currently unchecked. A sidebar on the left lists 'Personal Information' items with green checkmarks: Fetus, Mother, Mother Address, Mother Attributes, Mother Health, Marital Status, Place of Delivery, Reporter, and Affirm. At the bottom right are buttons for 'Affirm/Certify', 'Clear', and 'Return'.

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## Why hepatitis B information is important

Curious about the purpose of the immunization screen in OVERS? This month, we receive some insight from Lee Peters, the state coordinator for the Perinatal Hepatitis B Prevention Program (PHBPP).

### What is the goal of the program you oversee?

The program aims to prevent infants from getting hepatitis B from their mother. In 85-95 percent of cases, it is effective in preventing hepatitis B infection in infants born to mothers with hepatitis B.

When a pregnant woman is found to have hepatitis B, she is enrolled with the program. Local health departments then track the care of the woman and her infant. The first step of care for the infant begins at birth. At that time, infants should receive a dose of hepatitis B vaccine and hepatitis B immune globulin. The infant's care will also involve two more doses of vaccine and a blood test within the first year of life.

### How do you use OVERS data in your job?

I use the data from the immunization screen in OVERS to track when women enrolled in the program deliver their baby. In addition, the fields help identify women missed during prenatal screening. The data are also used to examine how well Oregon does at screening women for hepatitis B and administering the hepatitis B vaccine at birth.

### Why is the OVERS immunization screen important?

The data you provide on the OVERS immunization screen are important for tracking and reporting purposes. Accurate reporting of these fields helps local health department staffs become aware of deliveries sooner. This ensures infants are enrolled in PHBPP and their providers are notified of care recommendations. It also helps to confirm the appropriate care was received at birth.

Mother's hepatitis B surface antigen (HBsAg) status is used to ensure all women with hepatitis B and their infants are enrolled in PHBPP. Prior to delivery, reports of hepatitis B in pregnant women can be missed or the mother may not receive prenatal care. This leads to missed enrollment in PHBPP. The Centers for Disease Control and Prevention estimated 229 women with hepatitis B were expected to have delivered babies in Oregon during 2014.<sup>1</sup> However, only 114 births to hepatitis B-infected women were identified in 2014.

Beyond those infants known to be at risk, the hepatitis B vaccine is recommended for all infants as a safety net against unknown exposure. Therefore, the Healthy People 2020 goal was established – 85 percent of all infants be immunized for hepatitis B within three days of delivery (birth dose). In 2016, 72 percent of all infants in Oregon were reported to have received the hepatitis B birth dose. This is an increase from 70 percent in 2014. Thanks to the work of you and your colleagues, the birth dose administration rate has increased since 2008.

### Are there any tools to help with reporting these fields?

Yes! I have been working with the Center for Health Statistics to create a one-page reference sheet, included with this newsletter: [OVERS Guide: Answering Immunization Questions on the Facility Birth Worksheet](#)

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<sup>1</sup> Centers for Disease Control and Prevention unpublished data.

# Birth Information Specialist challenge

## Mother's intended place of delivery

Test your certifier skills and see how you would handle the following scenarios.

First, some background. On January 1, 2012, House Bill 2380 went into effect, adding two new questions to birth and fetal death records by the Oregon State Legislature. These two questions must be asked of every mother delivering in a hospital, even if the answer is usually “no.” Because “yes” answers are relatively few, the accuracy of the data is even more important than usual. With fewer occurrences, an error can change the data significantly.

And now, to the challenge.

### Scenario 1:

*Susan plans on giving birth at home. Her best friend is her midwife and, for the most part, the pregnancy has gone well. The morning of the delivery, Susan was experiencing some unexpected discomfort at the onset of labor. Out of caution, the midwife suggests she go down to her local hospital. Three hours later, the baby was delivered without any complications at the hospital by an MD.*

Take a moment to consider how you would answer the two questions in the box above.

Are you ready? In this scenario, the mother had every intention of delivering the baby at home at the onset of labor but at the last second transferred to a hospital. So, question one should be a resounding, “Yes.”

Now, what about the second question? Again, this question is more concerned with the mother's intention on the day she went into labor. Even though the baby was delivered by an MD, the answer to question two should be “Midwife” since the midwife was the attendant when Susan went into labor initially. It's all about her intentions once labor began.

The important thing to remember is 1) as the mother began labor, she was intending on delivering outside a hospital and 2) the midwife was with her on that day with the intention of delivering the baby. Anything outside of this circumstance (i.e. a mother wants to deliver at home but goes directly to the hospital for preterm labor) should be marked as a “No” for question one.

### Question One:

Did the mother go into labor intending to deliver at home or at a freestanding birthing center?

- Yes
- No
- Unkown

### Question Two:

If yes, what was the primary attendant type at onset of labor?

- Doctor of Medicine
- Doctor of Naturopathic Medicine
- Certified Nurse Midwife
- Midwife
- Licensed Direct Entry Midwife

(Continued on page 7)

Let's try another.

**Scenario 2:**

*Jordan is excited to be one of the first mothers scheduled to give birth at the beautiful new birthing center that just opened up on the premises of her local hospital. On the day of the delivery, Jordan checked into the birthing center and gave birth with no complications. The attendant for the birth was a certified nurse midwife, recently hired by the hospital to work inside the center.*

Again, take a moment to think through how you would answer the two questions.

Well, what do you think? Question two seems obvious since there seems to be no ambiguity about who the attendant is. However, the reality is, you should never have gotten to the second question since the answer to question one is “No.” She did indeed give birth at a birthing center, but, the key word here is “freestanding.” A birthing center located at a hospital is not considered freestanding. In this case the baby is classified as being born at a hospital, prompting a “No” answer for question one, which makes question two unnecessary, even irrelevant in OVERS.

If you handled these scenarios with ease, congratulations! If you struggled, no worries. We are here to help with any questions you may have.

Understanding the correct way to complete birth records will result in fewer callbacks and corrections. Submitting complete and accurate data will save you time as well as save time for CHS staff. If you have any questions, please contact JoAnn Jackson, Registration Manager, at 971-673-1160 or [joann.jackson@state.or.us](mailto:joann.jackson@state.or.us).

## New birth worksheets timeline

The Center for Health Statistics (CHS) wants to thank you for your suggestions and comments on improving the parent and facility worksheets. So now, what are the next steps? Our management team will review your suggestions and comments and propose revised parent and facility worksheets.

The final worksheets will take into consideration your suggestions, conform to national standards, and follow the flow of the Oregon Vital Events Registration System (OVERS). Once the worksheets have gone through the review process, they will be shared with our new birth information specialist workgroup for their feedback. We were hoping to have the new worksheets released in July but due to staffing changes we won't have them available until the fall of 2017.

If you have any questions, please contact Krystalyn Salyer at 971-673-1197 or [krystalyn.salyer@state.or.us](mailto:krystalyn.salyer@state.or.us).

# Out with the old, in with the new: Shred your old order forms

Please remember to shred or recycle all outdated birth, fetal death and commemorative stillbirth order forms. We continually receive outdated order forms with incorrect pricing, as well as missing the ID and signature requirement. This causes our customers to become frustrated with delays in receiving their orders from having to submit additional money and/or documentation. You can find out if your order forms are outdated by looking at the bottom right corner of the document. All forms should show “(01/16)” in parenthesis as they were updated January 1, 2016. Please shred or recycle any order form with an earlier date.

To replace your forms please contact Linda Reynolds at 971-673-1173 or at [linda.i.reynolds@state.or.us](mailto:linda.i.reynolds@state.or.us). The forms are also on our website at <http://public.health.oregon.gov/BirthDeathCertificates/GetVitalRecords/Pages/index.aspx>. You are the first step in helping our customers receive their certified documents in a timely and professional manner.



**Oregon Birth Record  
ORDER FORM**

Center for Health Statistics

QUANTITY \_\_\_\_\_

Number of certified records requested.  
\$25 first record/\$20 each additional copy  
of the same record ordered at the same time.

1. Full name on record: \_\_\_\_\_  
(first) (middle) (last)
2. Date of birth: \_\_\_\_\_ 3. Sex: \_\_\_\_\_ 4. Place of birth: \_\_\_\_\_ **OREGON**  
(mm/dd/yyyy) (M or F) (city) (county)
5. Mother/Parent A's legal birth name: \_\_\_\_\_  
(maiden name) (first) (middle) (last name at mother's birth/maiden name)
6. Father/Parent B's full name: \_\_\_\_\_  
(first) (middle) (last)
7. Your relationship to person named in line 1: \_\_\_\_\_
8. Reason for needing record: \_\_\_\_\_
9. Daytime telephone number: \_\_\_\_\_ 10. Email: \_\_\_\_\_
11. Name of person ordering: \_\_\_\_\_
12. Your address: \_\_\_\_\_
13. City/State/ZIP: \_\_\_\_\_
14.  Person ordering: Attach legible photocopy of current, valid ID or legal representative document and representative's ID. See back of form for alternative ID options.
15. Required signature of person ordering: \_\_\_\_\_

**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; \$20 FOR EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME. The \$25 fee is non-refundable once the search for the record has been completed. Administrative Rule OAR 333-011-0340(1).

**This form 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

**45-13A (01/16)**

## Updates to hearing screening page

The Early Hearing Detection and Intervention (EHDI) Program ensures infants with hearing loss are identified early and are referred to early intervention services. Early screening prevents delays in language acquisition and promotes on-time, healthy development.

When hearing loss is not identified early, critical time for language acquisition is lost. Screening and testing gives parents or caregivers important knowledge about their newborn’s hearing status. Early intervention ensures their child can take steps toward learning language right from the start.

You can help the EHDI program support families by providing timely and complete information!

Effective 06/01/2017, new options will be added to the “Was Hearing Screening Performed” question on the OVERS “Hearing Screening” page. The new options are included in the table below, followed by notes on when to use the option. The last column indicates whether ear-specific results are required.

Field: Was Hearing Test Performed	When to Use This Option	Field: Test Results - Left and Right Ear Required?
Inpatient	Hearing screening performed inpatient	Yes
Outpatient	Hearing screening performed outpatient	Yes
Missed	Hearing screening was not performed before discharge	No
Transfer	The infant is transferred to a different facility before a hearing screening is performed	No
Not Screened – Medical Reason (new option)	The infant is transferred into hospice care, infant is too ill, or the healthcare provider deems it is not appropriate to perform hearing screening	No
Deceased (new option)	The infant died before a hearing screening was performed	No
Refused	All non-religious reasons for refusing a hearing screening	No
Refused – Religion (new option)	The family refused the hearing screening due to religious reason(s)	No

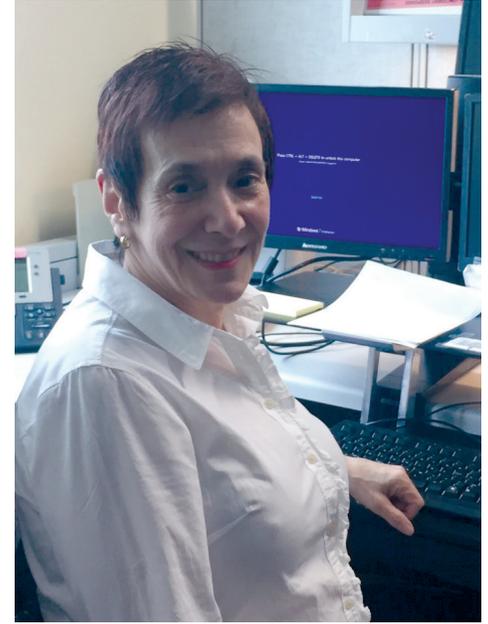
These changes were made to better align with national data reporting requirements. The new options allow for more accurate information on infants who were not screened for hearing loss before being discharged from the hospital.

For more information about EHDI, please call 888-917-4327 (HEAR) or visit <http://healthoregon.org/ehdi>.

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## Cynthia Roeser is retiring

The Center for Health Statistics is announcing the retirement of Cynthia Roeser, Vital Records' Data Entry Supervisor. You may know her as the primary contact for midwives, birth information specialists and their managers. Although we are sad to see her go, we are very grateful for all she has done for vital records and wish her the best of luck!



### *1. How many years have you worked for the state of Oregon? How did you get started?*

By the time I retire, I will have worked for the state of Oregon for 10-1/2 years. I went to have my haircut one Saturday and as I was waiting for my hairdresser to finish with the gentleman in the chair, my hair dresser mentioned to me that this customer worked for the state. The customer and I started talking and he mentioned there was an opening for a supervisor for the certification unit for the Center for Health Statistics (CHS).

### *2. Do you have a funny story or anecdote about your time with Vital Records to share?*

JoAnn Jackson, the State Registration Manager, and I were driving down a rural highway coming back from a triennial review and an owl almost hit the car!

### *3. What has been the most memorable change you've seen in CHS over the years?*

The two biggest changes I've seen are when we started using the OVERS system, along with this past year when we got scanners and started scanning our marriage and divorce records into OVERS.

### *4. What part of your job have you liked the most?*

I really enjoy the customer service. It feels good to help a family member get a death record or a birth record, or just helping anyone who has an urgent need for a record. I will track down the record for them and make sure it gets processed so they can get copies for things such as insurance purposes or needing a birth record for their baby to travel overseas.

### *5. What does retirement look like for you? Any hobbies you're wanting to pick up? Any big travel or family plans?*

Busy! I love to exercise and I plan to do more of that, plus taking up paddling again. I also am going to plant a vegetable and flower garden. We have some little trips planned for the rest of this year, and in the next two years we have trips to Europe planned!

## After 39 years with the state of Oregon, Carol Sanders is retiring

What does 39 years with the state of Oregon and 28 years with Vital Records look like? You won't run across many people who can answer that question, but at the Center for Health Statistics we have someone who can. Carol Sanders, the Certification and Amendments Manager at the state Vital Records office is retiring. Although we are saddened to see her go, the contributions she's made over the years and her influence in the world of vital records will carry on. We wish her all the best in her much-deserved retirement!



### *1. What was your first job at the state, and what other positions have you held during your 39-year career?*

I moved to Oregon from Connecticut in 1977 and took what I expected would be a temporary job as an office specialist 2 in what was then called Environmental Health. A year later, I was lucky to be in the right place to get a promotion to an executive support specialist position for the Administrator of Environmental Health. In 1987, I began working as the executive support specialist for the Public Health Division director and worked there until 1989, when I became the certification unit manager in the Center for Health Statistics.

### *2. What is your favorite accomplishment during your career?*

That's a hard question – I think one of the most rewarding is the number of staff that I helped hire, train, and saw move on to higher and more responsible positions or who stayed and became mainstays of the teams I have worked with. The second thing that comes to mind is working on the development and implementation of the web-based software used in vital records that replaced the Mainframe system. It took a long time, but it has been worth it and the software continues to be improved and utilized in new and different ways.

### *3. Looking back over the years, how has Vital Records evolved for you? Can you recall what the price of a vital record was when you first started, how many staff you've managed over the years, and an estimate of how many records you have amended?*

I believe when I started in Vital Records in 1989 the basic record fee had just changed from \$11 to \$13. I don't have an old organizational chart, but my memory is that we had 10 full-time and one half-time staff in the certification unit. We reorganized some of the units in the office in 2000, and I was assigned to be the manager of the amendments unit and the staff working on records preservation. We also added some positions as workloads grew. The current total is 25 staff working in these areas. It is difficult to estimate the total number of staff I have managed over all these years. My best guess is 50-75 permanent staff and between 150-200 staff if you include the temporary staff. The amendment team currently amends 35,000-39,000 records per year. If I estimate that the average for all 16 years is 30,000 per year, then the amendment team has completed at least 390,000 amendments in this time period.

*(Continued on page 12)*

#### *4. What do you envision Vital Records will look like in another 39 years?*

Well I hope there is a good replacement for microfilm – something that can retain an image of a record for a couple hundred years without fading or reducing the image quality! I was working in Public Health when the first computers were ordered for agency staff. I expect Vital Records staff will be able to view images of records on computer screens and reduce, enlarge and edit using touch screens like we now use on smart phones. I also expect all old records will eventually be imaged and available electronically, perhaps in a new computer format, rather than from paper or microfilm.

#### *5. What will your average day look like now?*

Well I hope to learn to sleep in later than 5:45 a.m. and to get in many more walks and trips to the gym, the library, Powell's, and eventually do more travel. I may dabble in art or take a photography or language class if I find myself getting bored.

#### *6. Shakespeare wrote 37 plays. How many of those have you seen performed live and which was your favorite?*

I have seen all of them, some of them probably more than 10 times. My favorite comedy is “A Midsummer Night's Dream” because of the complexity of the plot – characters in a fairy world interacting with characters from the court and the village rustics, who have some of the funniest scenes in Shakespeare. From the tragedies, I still like seeing another production of “Hamlet.” There are so many ways to play Hamlet that he can seem like a different character depending on the director's interpretation of the play.

#### *7. Do you have any words of wisdom for us?*

I would like to steal a list from a mystery writer, Louise Penny, who had a character say that it was possible to have a good life by using the following phrases as often as necessary: “I'm sorry”; ‘I was wrong’; ‘Please forgive me’; and ‘I need help.’” There may be one more, but it escapes me at the moment, so maybe it should be “What have I missed?”

# Wanted: newsletter topics

Have a question or idea for a future newsletter article? Contact Judy Shioishi, at 971-673-1166 or [judy.shioishi@state.or.us](mailto:judy.shioishi@state.or.us). Judy collects ideas for articles and then shares them with the writing team.

## Thank you to the contributors of this newsletter:

Jennifer Woodward, JoAnn Jackson, Carol Sanders, Karen Hampton, Cynthia Roeser, Karen Rangan, Mike Golafshar, Mason Mohamad, Judy Shioishi, Juana Anguiano Rivera, Karen Cooper, Megan Welter, Carolyn Hogg, Kelli Wasson, Cody Wang, Melissa Alarcon Evans, Rosie Gerstle, Laura Munoz, Krista Markwardt, Debbie Gott, Wendi Moran, Krystalyn Salyer, Derrick Patterson, Lee Peters, Meuy Swafford, and Heather Morrow-Almeida.

## Frequent contacts

### Paternalities

Debbie Gott  
971-673-1155

### Death Corrections

Derrick Patterson  
971-673-1163

### Birth Corrections

<1 year, Amanda Vega  
971-673-1169  
1 year +, Johanna Collins  
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Debbie Draghia  
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### Delayed Filings

971-673-1147

### OVERS Help Desk

971-673-0279

## CHS managers

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### Vital Statistics and Systems Manager

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Portland, OR 97232-2187

**Mailing address:** P.O. Box 14050  
Portland, OR 97293-0050

**General information:** 971-673-1190

**Order vital records:** 1-888-896-4988

## Website:

<http://public.health.oregon.gov/BirthDeathCertificates>

## OVERS website:

<http://healthoregon.org/overs>

PUBLIC HEALTH DIVISION  
Center for Public Health Practice/Center for Health Statistics

Oregon  
**Health**  
Authority

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Contact the Center for Health Statistics at 971-673-1173 or 711 for TTY.