
County Training

Triennial Reviews

Center for Health Statistics



Today's Agenda

- **What is a Triennial Review?**
- **Compliance of Others**
- **Birth Amendments**
- **Acknowledgements of Paternity**
- **24-Hour Notice Queue**
- **Security**
- **Intaglio Paper**
- **Order Forms**
- **Eligibility**



Triennial Review

- County review every 3 years.
- CHS will contact you when it's time to schedule. Currently reviews are done virtually.
- [Triennial Review Tool](#)
 - Laws
 - [Chapter 432 – Vital Statistics](#)
 - [Chapter 333, Division 11](#)
- Criteria for Compliance
 - County Requirements
 - Issuance and Registration of vital records requirements
 - Security, access, and confidentiality requirements



Compliance of Others

ORS 432.035 County registrars.

- (a) Comply with all instructions of the state registrar;
- (b) Check upon the compliance of others with the provisions of this chapter and with rules adopted under this chapter; and
- (c) Make an immediate report to the state registrar of any violation of this chapter or of a rule adopted under this chapter coming to their notice by observation, upon complaint of a person or otherwise.



Birth Amendments

- **Do not** ask parents to call the Hospital
- **Do not** give out a white copy
- Do not inform parents about information or errors on the record
- Print the Certificate and give to parents
- Advise parents to contact the CHS Amendments Team to make a correction
CHS.Amendments@dhsosha.state.or.us

Oregon Health Authority
Center for Health Statistics

Reset Print

CENTER FOR HEALTH STATISTICS
P.O. Box 14050
Portland, Oregon 97293-0050

AFFIDAVIT TO CORRECT A BIRTH CERTIFICATE

Name at birth _____ File # _____
Date of birth _____ Z# _____
County of birth _____

CLEARLY PRINT OR TYPE INFORMATION TO BE CORRECTED. Please look to see which boxes are marked on the front and back of this form or follow any additional instructions that may be enclosed. To make the changes indicated below, one or more signatures are required in the presence of a Notary Public.


Item # or entry to be corrected	Original record now shows	Corrected item should show

Registrant, Mother/Parent A, Father/Parent B/Guardian: Sign your name **ONLY** in the presence of a Notary Public. Registrant must sign if age 18 or older. Mother's and/or father's signatures are not required if registrant is age 18 or older. Please list your telephone number in case we should need to contact you. (____) _____ - _____

I, (we), do hereby declare that this affidavit is made in order to provide a true and correct record of birth as indicated above. It is a Class C felony for any person to make any false statement or supply false information in an application for an amendment of a birth record.

Acknowledgements of Paternity (AOP)

- If parents are signing a Voluntary Acknowledgement of Paternity (Form 45-21) in the county office, staff shall confirm that each parent **has heard** the rights and responsibilities statement for the parents before they sign.
- The rights and responsibility statement is on page 3 of the form.
- The form and a video of the rights and responsibilities statement can be found on our website [here](#).



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Voluntary Acknowledgment of Paternity Affidavit

THIS IS A LEGAL DOCUMENT

Fees: \$35 Filing fee
\$25 Birth certificate

This document establishes paternity under ORS 432.098. Signatures of the parents below establish paternity and create legally binding duties upon both parents for the child named in this Affidavit, including duty for both parents to financially support the child. *Do not sign until you understand your legal rights and responsibilities as stated on the back of this form.*

Complete in ink and do not alter.

SECTION 1 – CHILD (as named on birth certificate)				CSP USE ONLY	
Child's name:		First	Middle	Last	Suffix (Example: Jr. or Sr.)
Date of birth: (mm/dd/yyyy)	Birthplace:	City	County	Child's new last name as it should appear on birth certificate (enter "N/A" if not changing):	
SECTION 2 – NATURAL MOTHER OF CHILD					
Mother's name:		First	Middle	Last	Suffix (Example: Jr. or Sr.)
Present address:		No. and street	City	State	ZIP
Date of birth: (mm/dd/yyyy)	Birthplace State: (If not United States, name country)	Last name before any marriages: (Maiden name)		Daytime telephone number:	
SECTION 3 – NATURAL FATHER OF CHILD					
Father's name:		First	Middle	Last	Suffix (Example: Jr. or Sr.)

24-Hour Notice Queue

- Death records entered by a funeral home in OVERS will generate a 24-Hour Notice.
- The 24-Hour Notices can be found in the Special Registration Processing queue.

Search by Special Registration Processing Queue

Queue: Search Type: Value:
Display rows per page. Filter: Value:

All	Case ID	SFN	Decedent's Name	Date of Death	County of Death	Funeral Home Name	Status
<input type="checkbox"/>	7323700		Test, Fred	FEB-02-2022	Clackamas	Tulip Cremation Inc	24-Hour Notice
<input type="checkbox"/>	7323693	2022000009	Test, Medical Query Needed	FEB-01-2022	Clackamas	American Burial and Cremation of Oregon	24-Hour Notice
<input type="checkbox"/>	7323691	2022000007	Test, Nosologist Review	FEB-01-2022	Clackamas	American Burial and Cremation of Oregon	24-Hour Notice
<input type="checkbox"/>	7323692	2022000008	Test, Medical Query Sent	FEB-01-2022	Clackamas	American Burial and Cremation of Oregon	24-Hour Notice

24-Hour Notice Queue

- Counties should receive a Disposition Permit for each death.
- The county marks that the Disposition Permit has been received and the date received.

24 Hour Notice ×

24-Hour Notice


Full Name of Deceased: Fred Test

Date of Death: 02-02-2022 **County of Death:** Clackamas

Place of Death:
Oregon

Funeral Home Name and Phone Number: Tulip Cremation Inc **Record Received at the County?** Yes No

State File Number: **I.D. tag number:**

Disposition permit received? Yes No **If yes, date received** 
MMM-dd-yyyy

Security/Access/Confidentiality

- Protect the confidentiality and security of vital records to prevent the fraudulent use those records.
- Protect personally identifiable information.
- Only allow authorized individuals access to vital record information.
- Unlawful use of vital records or reports is a Class C felony.



Intaglio Paper (security paper)

- Secure in a locked location
- Enter all orders into OVERS
- Email spreadsheet of voided paper to CHS.VitalRecords@dhsosha.state.or.us



Order Forms

All information that is on the order form must be entered in OVERS. This includes:

- Name
- Applicant Address/Shipping Address
- Phone number/Alternate phone number
- Email Address
- Names and dates on the record



OVERS should mirror what is on the order form

Eligibility

- Immediate Family Member
 - Parent, spouse, child or grandchild (over 18), grandparent, sibling, step-parent
- Legal Guardian
- Government agency

Eligibility continued

- Legal representative of an immediate family member
- An agency or person who demonstrates a personal or property right reason-Death Certificate
- Non-eligible person with a notarized permission note from an eligible person
- [Eligibility information on CHS website](#)

Q & A



Contacts

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971-673-1176

CHS.Amendments@dhsoha.state.or.us

OVERS Help Desk Technical Support

971-673-0279

8:00 am – 5:00 pm Monday – Friday

PUBLIC HEALTH DIVISION
Center for Health Statistics



Thank you!