

Vital Record Office Verification of Live Birth

For child under age 1, born at home without a medical attendant

Child's Full Name: _____

Child's Date of Birth: _____

Mother's Full Maiden Name: _____

Mother's Full Legal Name: _____

County Vital Records Office Name: _____

Phone number of Vital Records witness: _____

Printed name and title of Vital Records witness: _____

Signature of Witness: _____

Date child was brought in: _____

**County: Once completed fax to 971-673-1201 with a copy of
mother's ID & retain original in your file for 1 year**

Per Oregon Administrative Rule 333.011.0220