



PUBLIC HEALTH DIVISION
Center for Health Statistics

Vital Record Office Verification of Live Birth

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

PLEASE PRINT:

Name of Child: _____
(First) (Middle) (Last)

Child's Date of Birth: _____
(MM / DD / YYYY)

Mother's Name at Birth (maiden name): _____
(First) (Middle) (Last)

Mother's Full Legal Name: _____
(First) (Middle) (Last)

Name of County Vital Records Office: _____

Phone number of Vital Records Witness: _____

Name of Vital Records Witness: _____
(First) (Middle) (Last)

Title of Vital Records Witness: _____

Signature of Witness: _____

Date child was brought into the county office: _____
(MM / DD / YYYY)

County - Once the form is completed:

- Fax to 971-673-1201 with a photocopy of mother's ID
- Retain original in your file for 1 year