### Certificate of Live Birth

**Completing the Certificate of Live Birth**

1. **Title — Name (First, Middle, Other Middle, Last, Suffix)**
2. **Sex**
3. **Facility of Birth**
4. **Date of Birth (Month, Day, Year)**
5. **Time of Birth**
6. **Place of Birth**
7. **Residence (City, Town, or Location)**
8. **Street and Number**
9. **ZIP Code**
10. **Mother**
11. **Name**
12. **Relationship to Child**
13. **Date of Birth (Month, Day, Year)**
14. **Race**
15. **Ethnicity**
16. **Hispanic Origin**
17. **Date of Most Recent Prenatal Care Visit**
18. **SSN**
19. **Gender**
20. **Weight**
21. **Length**
22. **Father/Second Parent**
23. **Name**
24. **Relationship to Child**
25. **Date of Birth (Month, Day, Year)**
26. **Street and Number**
27. **ZIP Code**
28. **Date of Marriage**
29. **Date of Last Prenatal Care Visit**
30. **Principal Method of Payment**
31. **Total Method of Payment**
32. **Previous Live Births**
33. **Total Number of Prenatal Care Visits**
34. **Previous Live Births (if any)**
35. **Previous Live Births (if any)**
36. **Date of Last Live Birth (Month, Day, Year)**

**Informant**

- **Name**
- **Relationship to Child**
- **Date of Birth (Month, Day, Year)**
- **Street and Number**
- **ZIP Code**

**Certifier**

- **Name**
- **Address**
- **Signature**
- **Date Signed (Month, Day, Year)**

---

**Appendix D: Sample forms — Certificate of Live Birth**

**Certificate of Live Birth**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Title</td>
<td>Name (First, Middle, Other Middle, Last, Suffix)</td>
</tr>
<tr>
<td>2. Sex</td>
<td></td>
</tr>
<tr>
<td>3. Facility of Birth</td>
<td></td>
</tr>
<tr>
<td>4. Date of Birth (Month, Day, Year)</td>
<td></td>
</tr>
<tr>
<td>5. Time of Birth</td>
<td></td>
</tr>
<tr>
<td>6. Place of Birth</td>
<td></td>
</tr>
<tr>
<td>7. Residence (City, Town, or Location)</td>
<td></td>
</tr>
<tr>
<td>8. Street and Number</td>
<td></td>
</tr>
<tr>
<td>9. ZIP Code</td>
<td></td>
</tr>
<tr>
<td>10. Mother</td>
<td></td>
</tr>
<tr>
<td>11. Name</td>
<td></td>
</tr>
<tr>
<td>12. Relationship to Child</td>
<td></td>
</tr>
<tr>
<td>13. Date of Birth (Month, Day, Year)</td>
<td></td>
</tr>
<tr>
<td>14. Race</td>
<td></td>
</tr>
<tr>
<td>15. Education</td>
<td></td>
</tr>
<tr>
<td>16. Hispanic Origin</td>
<td></td>
</tr>
<tr>
<td>17. Mother's Mailing Address</td>
<td></td>
</tr>
<tr>
<td>18. Mother's Address</td>
<td></td>
</tr>
<tr>
<td>19. SSN</td>
<td></td>
</tr>
<tr>
<td>20. Mother's Weight</td>
<td></td>
</tr>
<tr>
<td>21. Mother's Height</td>
<td></td>
</tr>
<tr>
<td>22. Father/Second Parent</td>
<td></td>
</tr>
<tr>
<td>23. Name</td>
<td></td>
</tr>
<tr>
<td>24. Relationship to Child</td>
<td></td>
</tr>
<tr>
<td>25. Date of Birth (Month, Day, Year)</td>
<td></td>
</tr>
<tr>
<td>26. Street and Number</td>
<td></td>
</tr>
<tr>
<td>27. ZIP Code</td>
<td></td>
</tr>
<tr>
<td>28. Date of Marriage</td>
<td></td>
</tr>
<tr>
<td>29. Date of Last Prenatal Care Visit</td>
<td></td>
</tr>
<tr>
<td>30. Principal Method of Payment</td>
<td></td>
</tr>
<tr>
<td>31. Total Number of Prenatal Care Visits</td>
<td></td>
</tr>
<tr>
<td>32. Previous Live Births (if any)</td>
<td></td>
</tr>
</tbody>
</table>

**Sample Questions**

- **Are you the child’s biological parent?** Yes/No
- **Is the child a citizen of the United States?** Yes/No
- **Do you know the child’s surname?** Yes/No
- **Is the child’s surname the same as your surname?** Yes/No

**Sample Information**

- **Mother’s Name:** Jane Doe
- **Father’s Name:** John Smith
- **Date of Birth:** 02/14/2015
- **Race:** White
- **Ethnicity:** None
- **Hispanic Origin:** None
- **Mother’s Weight:** 150 lbs
- **Mother’s Height:** 5'10"

**Signatures**

- **Mother’s Signature:** Jane Doe
- **Father’s Signature:** John Smith
- **Certifier’s Signature:** Dr. John Doe

**Sample Forms**

- **Appendix D:** Sample forms — Certificate of Live Birth
- **Center for Health Statistics**
- **Oregon Health Authority**

---

**Instructions**

- Read the form carefully before filling it out.
- Use clear and legible handwriting.
- Fill in all required fields.
- Review the form for accuracy before submitting it.
### Newborn Sample Mother

#### 55. Congenital Anomalies (Check all that apply)
- Anencephaly
- Down Syndrome, karyotype confirmed
- Cleft palate alone
- Cleft lip and palate
- Gastroschisis
- Hypospadias
- Other significant birth injury
- None of the anomalies listed above
- Newborn given surfactant replacement therapy
- Other

#### 56. Abnormal Conditions of the Newborn (Check all that apply)
- Abnormalities detected during neonatal physical examination
- Normal newborn
- Newborn given surfactant replacement therapy
- None of the above

#### 57. Other Pregnancy Outcomes (Check all that apply)
- Group B Strep
- Chlamydia
- Gonorrhea
- Syphilis
- Tocolysis
- Antibiotics received by newborn for suspected neonatal sepsis
- Newborn given surfactant replacement therapy
- Assisted ventilation required immediately
- Assisted ventilation for more than 6 hours
- Premature rupture of membranes
- Clinical chorioamnionitis diagnosed during labor or maternal temp. ≥ 38ºC
- Unplanned operating room procedure following delivery
- Admission to intensive care unit
- None of the above

#### 58. Mother Tested for HIV?
- Yes
- No
- Unknown

### Newborn Sample Infants

#### 61a. Did Infant Receive Hepatitis B Vaccine?
- Yes
- No
- Unknown
- Not screened

#### 61b. Date Administered
- Month, Day, Year

#### 62. Other Pregnancy Outcomes (Check all that apply)
- Group B Strep
- Syphilis
- Other

#### 63. Onset of Labor
- Yes
- No
- Unknown

#### 64. Infant Transferred from This Facility After Delivery?
- Yes
- No
- Unknown

#### 65.Delivery Method
- Vaginal/spontaneous
- Vaginal/vacuum
- Cesarean — If Cesarean, was a trial of labor attempted?
- Augmentation of labor
- Induction of labor
- Cephalic
- Breech
- Maternal transfusion
- Other

#### 66. Obstetric Procedures (Check all that apply)
- Epidural or spinal anesthesia during labor
- Clinical chorioamnionitis diagnosed during labor or maternal temp. ≥ 38ºC
- Unplanned operating room procedure following delivery
- Admission to intensive care unit
- None of the above

#### 67. Newborn Characteristics (Check all that apply)
- Newborn given surfactant replacement therapy
- Assisted ventilation for more than 6 hours
- Assisted ventilation required immediately
- Antibiotics received by newborn for suspected neonatal sepsis
- Normal newborn
- Newborn given surfactant replacement therapy
- None of the above

#### 68. Obstetric Estimate of Gestation (Weeks)
- Yes
- No

#### 69. Plurality (Single, Twin, Triplet, etc.)
- Single
- Twin
- Triplet
- Other

#### 70. Method of Delivery?
- Vaginal/spontaneous
- Vaginal/vacuum
- Cesarean — If Cesarean, was a trial of labor attempted?
- Augmentation of labor
- Induction of labor
- Cephalic
- Breech
- Maternal transfusion
- Other

#### 71. Number Born Alive This Delivery
- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- Other

#### 72. Infant Alive at Time of Report?
- Yes
- No

#### 73. Infant Breastfed at Discharge?
- Yes
- No

#### 74. Abnormal Conditions of the Newborn (Check all that apply)
- Abnormalities detected during neonatal physical examination
- Normal newborn
- None of the above

#### 75. Infant’s Medical Record #

#### 76. Birth Weight
- lbs.
- oz.
- g

#### 77. Infections Present and/or (Check all that apply)
- None of the above
- None
- Positive
- Refused
- Unknown
- Not screened

#### 78. Onset of Labor
- Yes
- No
- Unknown

#### 79. Method of Delivery?
- Vaginal/spontaneous
- Vaginal/vacuum
- Cesarean — If Cesarean, was a trial of labor attempted?
- Augmentation of labor
- Induction of labor
- Cephalic
- Breech
- Maternal transfusion
- Other

#### 80. Obstetric Procedures (Check all that apply)
- Epidural or spinal anesthesia during labor
- Clinical chorioamnionitis diagnosed during labor or maternal temp. ≥ 38ºC
- Unplanned operating room procedure following delivery
- Admission to intensive care unit
- None of the above

#### 81. Number Born Alive This Delivery
- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- Other

#### 82. Infant Alive at Time of Report?
- Yes
- No

#### 83. Delivery Method
- Vaginal/spontaneous
- Vaginal/vacuum
- Cesarean — If Cesarean, was a trial of labor attempted?
- Augmentation of labor
- Induction of labor
- Cephalic
- Breech
- Maternal transfusion
- Other

#### 84. Obstetric Procedures (Check all that apply)
- Epidural or spinal anesthesia during labor
- Clinical chorioamnionitis diagnosed during labor or maternal temp. ≥ 38ºC
- Unplanned operating room procedure following delivery
- Admission to intensive care unit
- None of the above

#### 85. Newborn Characteristics (Check all that apply)
- Newborn given surfactant replacement therapy
- Assisted ventilation for more than 6 hours
- Assisted ventilation required immediately
- Antibiotics received by newborn for suspected neonatal sepsis
- Normal newborn
- Newborn given surfactant replacement therapy
- None of the above

#### 86. Obstetric Estimate of Gestation (Weeks)
- Yes
- No

#### 87. Plurality (Single, Twin, Triplet, etc.)
- Single
- Twin
- Triplet
- Other
**Appendix D: Sample forms — Report of Induced Termination of Pregnancy**

**REPORT OF INDUCED TERMINATION OF PREGNANCY**

Information is PRIVATE and CONFIDENTIAL

**STATE FILE NUMBER**

**Facility use only**

<table>
<thead>
<tr>
<th>11. Patient's ID number:</th>
<th>2. Date termination performed:</th>
<th>3. Patient's age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Patient ID/Facility Chart/Case No.)</td>
<td>/</td>
<td>/</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Patient's residence address:</th>
<th>5. Inside city limits?</th>
<th>6. Date last normal menses began:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(City) (State) (Zip)</td>
<td>☐ Yes ☐ No</td>
<td>(Month/Day/Year)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Clinical estimation of gestational age:</th>
<th>8. Previous live births (enter a number or &quot;none&quot;):</th>
<th>9. Previous terminations (enter a number or &quot;none&quot;):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed weeks</td>
<td>a. Live births now living:</td>
<td>a. Spontaneous Abortions, Miscarriages, Stillbirths, Fetal Deaths:</td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td>b. Live births now dead:</td>
<td>b. Induced Abortions (Do NOT include this termination):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Never Married ☐ Now Married ☐ Declaration of Oregon Registered Domestic Partnership</td>
<td>☐ 9th grade or less; none ☐ Some college credit, but no degree ☐ Master’s degree&lt;br/&gt;(specify tribe(s)):</td>
<td>☐ No ☐ Yes, Hispanic&lt;br/&gt;(specify):</td>
<td>☐ White ☐ Black or African American&lt;br/&gt;(specify):</td>
</tr>
<tr>
<td>☐ Separated ☐ Divorced/Dissolution of Domestic Partnership ☐ Widowed ☐ Unknown</td>
<td>☐ High school graduate or GED ☐ Bachelor’s degree ☐ Doctorate or professional degree&lt;br/&gt;(specify):</td>
<td>☐ Yes, Other Hispanic Origin&lt;br/&gt;(specify):</td>
<td>☐ Asian Indian ☐ Chinese ☐ Filipino&lt;br/&gt;(specify):</td>
</tr>
<tr>
<td>☐ Unknown</td>
<td>☐ Associate’s degree</td>
<td>☐ Yes, Cuban&lt;br/&gt;(specify):</td>
<td>☐ Japanese ☐ Korean ☐ Vietnamese&lt;br/&gt;(specify):</td>
</tr>
<tr>
<td></td>
<td>☐ Some college credit, but no degree</td>
<td>☐ Yes, Puerto Rican&lt;br/&gt;(specify):</td>
<td>☐ Other Asian (specify):</td>
</tr>
<tr>
<td></td>
<td>☐ Master’s degree</td>
<td>☐ Yes, Cuban&lt;br/&gt;(specify):</td>
<td>☐ Native Hawaiian ☐ Samoan&lt;br/&gt;(specify):</td>
</tr>
<tr>
<td></td>
<td>☐ Doctorate or professional degree&lt;br/&gt;(specify):</td>
<td>☐ Yes, Puerto Rican&lt;br/&gt;(specify):</td>
<td>☐ Guamanian or Chamorro&lt;br/&gt;(specify):</td>
</tr>
<tr>
<td></td>
<td>☐ Unknown</td>
<td>☐ Yes, Cuban&lt;br/&gt;(specify):</td>
<td>☐ Other Pacific Islander (specify):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Was birth control being used at the time patient became pregnant?</th>
<th>15. Name of facility where termination occurred:</th>
<th>16. Location of termination:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>☐ Non-surgical sterilization; e.g., Essure&lt;br/&gt;(specify):</td>
<td>(City) (County) (State) (Zip)</td>
</tr>
<tr>
<td></td>
<td>☐ Emergency Contraception&lt;br/&gt;(specify):</td>
<td>(Month/Day/Year)</td>
</tr>
<tr>
<td></td>
<td>☐ Contraceptive Injection; e.g., Depo-Provera&lt;br/&gt;(specify):</td>
<td>☐ Completed weeks</td>
</tr>
<tr>
<td></td>
<td>☐ Other (specify):</td>
<td>☐ Suction Curettage&lt;br/&gt;(specify):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. Primary procedure that terminated this pregnancy (check only one):</th>
<th>18. Other procedures used for this termination (check all that apply):</th>
<th>19. Was follow-up visit recommended?</th>
<th>20. Was post-operative/after-care information provided?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Suction Curettage ☐ Medical – Mifepristone ☐ Other medical (Non-surgical); specify medication(s):</td>
<td>☐ Suction Curettage ☐ Medical – Mifepristone ☐ Other medical (Non-surgical); specify medication(s):</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ Dilatation and Evacuation (D &amp; E) ☐ Vaginal Prostaglandin ☐ Sharp Curettage (D &amp; C) ☐ Hysterotomy/Hysterectomy</td>
<td>☐ Dilatation and Evacuation (D &amp; E) ☐ Vaginal Prostaglandin ☐ Sharp Curettage (D &amp; C) ☐ Hysterotomy/Hysterectomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other (specify):</td>
<td>☐ Other (specify):</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>21. Were there complications at the time of the procedure?</th>
<th>22. At time of completion of this report, had follow-up visit occurred at this facility?</th>
<th>23. Type of location of follow-up visit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>☐ Physician’s Office ☐ Clinic ☐ Hospital</td>
</tr>
<tr>
<td>☐ If yes, specify complications (check all that apply):</td>
<td>☐ If yes, specify complications (check all that apply):</td>
<td>☐ Unknown ☐ Other (specify):</td>
</tr>
<tr>
<td>☐ Hemorrhage ☐ Infection ☐ Uterine perforation ☐ Cervical laceration</td>
<td>☐ Hemorrhage ☐ Infection ☐ Uterine perforation ☐ Cervical laceration</td>
<td></td>
</tr>
<tr>
<td>☐ Retained products ☐ Failure of first method ☐ Other (specify):</td>
<td>☐ Retained products ☐ Failure of first method ☐ Other (specify):</td>
<td></td>
</tr>
</tbody>
</table>

Please complete this form no sooner than 2 weeks following the date of termination. Form must be submitted no later than 30 days following the date of termination of pregnancy.

(See information on the back side of this form.)

45-113 (01/15)
## Appendix D: Sample forms — Application, License, and Record of Marriage

### Local file number

**APPLICATION, LICENSE, AND RECORD OF MARRIAGE**

<table>
<thead>
<tr>
<th>County:</th>
<th>License effective on or after:</th>
<th>License expires (month, day, year):</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARTY A: □ Groom □ Bride □ Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1a. Legal name: First Middle Last</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b. Legal name at birth (if different):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c. Previous name (if different):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Birthplace (state or foreign country):</td>
<td>3. Date of birth (month, day, year):</td>
<td>4. Age (18 or older; 17 with consent):</td>
</tr>
<tr>
<td>8a. Father’s name (first, middle, legal surname prior to first marriage):</td>
<td>8b. Birthplace (state or foreign country):</td>
<td>9a. Mother’s name (first, middle, legal surname prior to first marriage):</td>
</tr>
<tr>
<td>10a. Address: Street and number</td>
<td>City or town</td>
<td>State/country</td>
</tr>
<tr>
<td>10b. County of residence:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Legal name after marriage: First Middle Last</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARTY B: □ Groom □ Bride □ Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a. Legal name: First Middle Last</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b. Legal name at birth (if different):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12c. Previous name (if different):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Birthplace (state or foreign country):</td>
<td>14. Date of birth (month, day, year):</td>
<td>15. Age (18 or older; 17 with consent):</td>
</tr>
<tr>
<td>19a. Father’s name (first, middle, legal surname prior to first marriage):</td>
<td>19b. Birthplace (state or foreign country):</td>
<td>20a. Mother’s name (first, middle, legal surname prior to first marriage):</td>
</tr>
<tr>
<td>21a. Address: Street and number</td>
<td>City or town</td>
<td>State/country</td>
</tr>
<tr>
<td>21b. County of residence:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Legal name after marriage: First Middle Last</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AFFIDAVIT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. □ Party A — name and address of affiant:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. □ Party B — name and address of affiant:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Party A’s legal signature: Date:</td>
<td>26. Party B’s legal signature: Date:</td>
<td></td>
</tr>
<tr>
<td>We hereby certify that the information provided is correct to the best of our knowledge and belief and that we are free to marry under the laws of this state.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LICENSE TO MARRY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Date license issued:</td>
<td>28. Signature of issuing official:</td>
<td>29. Title of issuing official:</td>
</tr>
<tr>
<td>30a. Date of marriage:</td>
<td>30b. Place married (city, town or location):</td>
<td>30c. County:</td>
</tr>
<tr>
<td>31a. I certify that the above named person or persons were married on the date listed above (30a). Signature of person performing ceremony (officiant):</td>
<td>Name:</td>
<td>Address:</td>
</tr>
<tr>
<td></td>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>31c. Name and address of officiant (person performing ceremony):</td>
<td>31d. Name and address of authorizing religious congregation/organization of officiant:</td>
<td></td>
</tr>
<tr>
<td>32. Witness name (print):</td>
<td>33. Witness name (print):</td>
<td></td>
</tr>
<tr>
<td>34. Signature of county official:</td>
<td>35. Date filed by county official (month, day, year):</td>
<td></td>
</tr>
</tbody>
</table>

**ORS 402.010** required statistical information: The information below will not appear on the certified copies of the record.

<table>
<thead>
<tr>
<th>36. Party A’s Social Security number (specify number, none or unknown):</th>
<th>37. Party B’s Social Security number (specify number, none or unknown):</th>
</tr>
</thead>
<tbody>
<tr>
<td>38a. Race — OPTIONAL such as Asian, American Indian, African American, White, etc. (specify below):</td>
<td>38b. Race — OPTIONAL such as Asian, American Indian, African American, White, etc. (specify below):</td>
</tr>
<tr>
<td>39a. Date of marriage:</td>
<td>39b. Date of marriage:</td>
</tr>
<tr>
<td>40a. Number of this marriage — first, second, etc. (specify below):</td>
<td>40b. Number of this marriage — first, second, etc. (specify below):</td>
</tr>
</tbody>
</table>

The authorized person performing this marriage is required to return the original copy of this form to the county clerk within five (5) days following the date of the marriage (ORS 432.173). A penalty may be assessed (ORS 106.990).

---

**CENTER FOR HEALTH STATISTICS**

**OREGON**

45-4 (4/14)
**Appendix D: Sample forms — Declaration of Oregon Registered Domestic Partnership**

**Declaration of Oregon Registered Domestic Partnership**

This declaration of domestic partnership must be registered with an Oregon county clerk to be valid.

<table>
<thead>
<tr>
<th>Field</th>
<th>Partner A</th>
<th>Partner B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Partner A – Legal name:</td>
<td>First</td>
<td>Middle</td>
</tr>
<tr>
<td>2. Surname at birth (if different than current legal name):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Other legal surnames used:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Birthplace (state or foreign country):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Date of birth (month, day, year):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Age (18 or older):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Sex:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Current status (never married, widowed, divorced):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a. Resident county:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b. Resident state:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c. Mailing address:</td>
<td>Number and street</td>
<td>City or town</td>
</tr>
<tr>
<td>10. Partner A legal name taken after domestic partnership:</td>
<td>First</td>
<td>Middle</td>
</tr>
<tr>
<td>11. Partner B – Legal name:</td>
<td>First</td>
<td>Middle</td>
</tr>
<tr>
<td>12. Surname at birth (if different than current legal name):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Other legal surnames used:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Birthplace (state or foreign country):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Date of birth (month, day, year):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Age (18 or older):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Sex:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Current status (never married, widowed, divorced):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19a. Resident county:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19b. Resident state:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19c. Mailing address:</td>
<td>Number and street</td>
<td>City or town</td>
</tr>
<tr>
<td>20. Partner B legal name taken after domestic partnership:</td>
<td>First</td>
<td>Middle</td>
</tr>
</tbody>
</table>

I acknowledge that: I am entering into a domestic partnership with the party listed above (Partner B); I am at least 18 years of age; I and/or my partner reside in Oregon and am otherwise capable to enter into this relationship. I declare the information and representations contained herein are true, correct and contain no material omissions of fact to the best of my knowledge and belief. I consent to the jurisdiction of the circuit courts of Oregon for the purpose of an action to obtain a judgment of dissolution or annulment of the domestic partnership or for legal separation of the partners in the domestic partnership, or for any other proceeding related to the partners’ rights and obligations, even if one or both partners cease to reside in or to maintain a domicile in this state.

Signature of partner A (current name) | Date | State of |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>county of</td>
<td>This instrument was acknowledged before me on (date), by</td>
<td></td>
</tr>
<tr>
<td>(name(s) of person(s)).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature of notarial officer:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My commission expires:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of partner B (current name) | Date | State of |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>county of</td>
<td>This instrument was acknowledged before me on (date), by</td>
<td></td>
</tr>
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<td>(name(s) of person(s)).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature of notarial officer:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My commission expires:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Local Official

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of filing:</td>
<td>Signature of county official at county of filing:</td>
</tr>
<tr>
<td>Date registered at county:</td>
<td>Name of issuing official (print):</td>
</tr>
</tbody>
</table>

The information below is optional and will not appear on certified copies of the RECORD.
## Appendix D: Sample forms — Record of Dissolution of Marriage, Annulment or Registered Domestic Partnership

### Record of Dissolution

**1. Spouse/Partner A — Legal name:** (first, middle, last, suffix)

**2. Last name at birth:** (not required for RDP)

**3. Residence or legal address:** (street and number)  (city or town)  (county)  (state)

**4. Other legal last names used:**

**5. Date of birth: (mm/dd/yyyy)**

**6. Birthplace: (state, territory or foreign country)**

**7. Spouse/Partner B — Legal name:** (first, middle, last, suffix)

**8. Last name at birth:** (not required for RDP)

**9. Residence or legal address:** (street and number)  (city or town)  (county)  (state)

**10. Other legal last names used:**

**11. Date of birth: (mm/dd/yyyy)**

**12. Birthplace: (state, territory or foreign country)**

**13. Date of marriage / filing of RDP declaration: (mm/dd/yyyy)**

**14. Date couple last resided in same household: (mm/dd/yyyy)**

**15a. Place of marriage/RDP: (city, town or location)**

**15b. County:**

**15c. State or foreign country:**

**16. Number of children under 18 in this household as of the date in item 14:**

**17. Petitioner:**

- [ ] Spouse/Partner A
- [ ] Spouse/Partner B
- [ ] Both

**18a. Name of petitioner’s attorney: (print)**

**18b. Address:** (street and number or rural route number, city or town, state, ZIP code)

**19a. Name of respondent’s attorney: (print)**

**19b. Address:** (street and number or rural route number, city or town, state, ZIP code)

**20. Marriage/RDP declaration of the above named persons was dissolved on: (mm/dd/yyyy)**

**21. Date judgment becomes effective: (mm/dd/yyyy)**

**22. Number of children under 18 whose physical custody was awarded to:**

- [ ] Spouse/Partner A
- [ ] Spouse/Partner B
- [ ] Joint (shared custody)
- [ ] Other (specify)
- [ ] No children

**23. County of decree:**

**24. Title of court:**

**25. Signature of court official:**

**26. Title of court official:**

**27. Date signed: (mm/dd/yyyy)**

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**Information below will not appear on the certified copies of the record.**

**28. Spouse A’s Social Security number: (not required for RDP)**

**29. Spouse B’s Social Security number: (not required for RDP)**

**30. Number of this marriage/RDP: first, second, etc.**

**31. If previously married or in a RDP date last marriage/RDP ended:**

- [ ] By death, divorce, dissolution or annulment (specify below)
- [ ] Date: (mm/dd/yyyy)

**32. Hispanic origin: Cuban, Mexican, Puerto Rican**

**33. Race(s): Black, White, etc.**

**34. Education — Specify only highest grade completed:**

- [ ] Elementary/Secondary: grades 0-12
- [ ] College: (1-4 or 5+)

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45-12 (08/14)