

ARE YOU ORDERING A VITAL RECORD BY MAIL?

No record will be provided unless you:

Sign the form

AND

□ Include a photocopy of your ID

See form for details.

Thank you! Oregon Vital Records



Certificate of Stillbirth Order Form

QUANTITY Number of certified records requested. \$25 each certificate

 Full name of child: 								
	(first)	· ·	iddle)		(last)			
2. Date of delivery:		3. Sex: 4.	. Place of birth:		(county)	0	REG	SON
			(City)		(county)			
5. Mother's full legal bi	rth name:	(middle)		<u> </u>		USE ONLY		
(maiden name)	(first)	(middle)	(last name at mother's birth	/maiden name)	DO NOT WRIT		PACE	=
6. Father's full name:					Certificate number:			
6. Father's full name:_	(first)	(middle)	(last)					
7. Name of person ord (Only biological pare								
8. Daytime telephone number: 9. Email:								
10. Your address:							1	2
11. City/State/ZIP:					Film			~
					Film (P)			
If you do not ha	Indexes Index (P)							
suggestions. L	DF/CO							
from a biological parent named on the record and representative's ID.								
14. Required signature of person ordering:						Out/stat		
					 Excess fee No record 			b
In accordance with law	Check #:							
is available only for a stillbirth occurring on or after January 1, 1999, and requests are								
restricted to the biolog	ical parents.				File date:	Amendme	ent fee	e:
Send to:	RECORDS	Make checks/m OHA/Vital Rec	oney orders payable to: ords):	NRL/ref. issued:	Full issue	d:	
OREGON VITAL R								
PO BOX 14050 PORTLAND OR 97	293-0050		NOT SEND CASH ey orders in U. S. Dolla	irs	Follow-up:	Computer	сору	:

WARNING: Providing false information is a felony under ORS 432.993.

\$25 FOR THE FIRST RECORD; \$25 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).

Processing time for this record is approximately five to seven weeks. For current ordering information call 971-673-1190 or find Vital Records on our web page: www.healthoregon.org/chs.

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					

Non-Sufficient Funds (NSF) check processing policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically. In the ordinary course of business, your check will not be provided to you with your bank statement, but a copy can be retrieved by other means. A penalty, not to exceed \$35, may be assessed for NSF checks per ORS 30.701(5).

See second page of form for ordering options and processing times. Information is also available on our Web page at: www.healthoregon.org/chs or by calling 971-673-1190. This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact 971-673-1190 (voice) or 711 (TTY), or fax 971-673-1203.

Alternative identification you can send with your mail order.

If you don't have a valid driver's license, ID card or passport, send photocopies of three (3) different documents that include both your name and current address. Suggested documents are listed below. If you are mailing your order, make photocopies of the documents and include them with your order form.

Documents must be dated within the last 30 days and show current mailing address where record will be mailed.

Documents such as:

Utility bill (for example, telephone, gas, electric, water, garbage removal) or other bill;
Insurance statement, medical statement or paycheck stub,

must have current mailing address and can be no more than 30 days old.

Other documents such as:

- Court or parole documents;
- Valid work ID, unemployment statement, food stamp or other benefit cards (copy both sides);
- Permit for firearms, fishing, hunting or other license;
- · Vehicle registration, title or insurance statement,

may be used. However, expired documents are unacceptable. For more information on acceptable documents, go to www.healthoregon.org/chs, click on "Information Needed to Order," and scroll down to "Acceptable Proofs of Identity."

If you are the parent and you have no ID or other documents, you will need to have the other parent request the stillbirth certificate or obtain ID before placing an order for the record.

By law, only the biological parents may order a Commemorative Certificate of Stillbirth for a delivery that occurred after January 1, 1999.

How long does it take to receive a Commemorative Stillbirth Certificate? Processing times vary between five to seven weeks after the associated fetal death certificate is filed.

We recommend that orders for stillbirth certificates be placed by mail. There is no option to order a Stillbirth certificate on the web, or by telephone.

Order in person: Cost is \$28.25 for one record and security fee. Fees are not refundable after orders are submitted.

State Vital Records Office: 800 NE Oregon Street, Suite 205 Portland OR 97232-2162 Office Hours: 9:00 a.m. to 4:00 p.m., Monday through Friday. Last orders by 3:30 p.m.

Since stillbirth certificates are created from fetal death certificates, they will be mailed to applicants after an order has been received.