



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

**Oregon Death Record  
ORDER FORM**

\_\_\_\_\_  
QUANTITY Certified, long form with cause of death  
\_\_\_\_\_  
QUANTITY Certified, fact of death  
(Available 1978 through the present.)  
\$20 first record/\$15 each additional copy of  
the same record ordered at the same time.

1. Name of deceased: \_\_\_\_\_  
(First) (Full middle) (Full last)
2. Date of death: \_\_\_\_\_ 3. Place of death: \_\_\_\_\_ **OREGON**  
(MM/DD/YYYY) (City) (County)
4. Spouse of decedent: \_\_\_\_\_  
(First) (Full middle) (Full maiden)
5. Your relationship to person on record requested: \_\_\_\_\_
6. Reason for needing record: \_\_\_\_\_
7. Daytime telephone number: \_\_\_\_\_ 8. Email: \_\_\_\_\_
9. Name of person ordering: \_\_\_\_\_
10. Your address: \_\_\_\_\_
11. City/State/ZIP: \_\_\_\_\_
12.  **Person ordering: Attach legible photocopy of current, valid ID or legal representative document. See back of form for alternative ID options.**
13. Required signature of person ordering: \_\_\_\_\_

OFFICE USE ONLY		
DO NOT WRITE IN THIS SPACE		
Certificate number: _____		
	1	2
Film		
Film (P)		
Computer		
Indexes		
Index (P)		
DF/CO		
Refund: \$ _____		
<input type="checkbox"/> Excess fee	<input type="checkbox"/> Out/state	
<input type="checkbox"/> No record	<input type="checkbox"/> Uncompleted	
Check #: _____		
File date: _____	Amendment fee: _____	
NRL/ref. issued: _____	Full issued: _____	
Follow-up: _____	Computer copy: _____	

<b>Send to:</b> <b>OREGON VITAL RECORDS</b> <b>PO BOX 14050</b> <b>PORTLAND OR 97293-0050</b>	<b>Make checks/money orders payable to:</b> <b>OHA/Vital Records</b> <b>PLEASE DO NOT SEND CASH</b> <b>Checks/money orders in U. S. Dollars</b>
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In accordance with law — ORS 432.121, access to death records is restricted for 50 years to immediate family members, legal representatives, government agencies, and persons with a personal or property right. Legal guardians must enclose a copy of the legal document. If you are not eligible, enclose a written permission note with a notarized signature of the eligible person.

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

\$20.00 FOR THE FIRST RECORD; \$15.00 FOR EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME. The \$20.00 fee is non-refundable once the search for the record has been completed. Administrative Rule 333-011-0106(3).

**This form is available in alternative formats. See second page for details.**

**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 \$25.00 penalty 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](http://www.healthoregon.org/chs) or by calling 971-673-1190.

ENTER YOUR MAILING ADDRESS  
THIS SECTION WILL BE DETACHED AND USED AS A MAILING LABEL

Name		
Street		
City	State	ZIP

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 971-673-1180 (voice) or 971-673-0372 (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](http://www.healthoregon.org/chs), click on "Information Needed to Order," and scroll down to "Acceptable Proofs of Identity."**

**If you have no ID or other documents**, an immediate family member can provide ID and order the record. Records may also be released to a legal representative of a family member or sent directly to a government agency.

**How long does it take to receive a record ordered by mail?** Processing times vary between eight and 10 weeks depending on seasonal workload. To ensure fast processing for mail orders, use a money order instead of a personal check. Payment by personal check may delay processing by three weeks if the check is on a new account, is a temporary check, does not include a printed name or address, or has a change to the printed name or address. If an amendment is being processed or the record is not on file, or ID or information is missing or in error, expect an additional delay of two to four weeks.

**Order in person and receive the record within 30 - 45 minutes. Cost: \$23.25 for one record, including 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: 8:00 a.m. to 4:30 p.m., Monday through Friday.

Orders must be submitted by 4:00 p.m. to receive the same day.

Ordering in person is limited to immediate family members of the person named on the record and persons with a personal or property right. Orders are placed at self-service kiosks. The identity of the applicant will be screened using Social Security number and date of birth. The cost of each screening is \$3.25. Persons ordering must show valid ID or provide alternative documents. In some cases, proof of relationship may be required if the person ordering does not share the last name of the person on the record and is not clearly a family member. Payment by credit or debit card, cash, money order or electronic funds transfer (EFT) of a personal check is accepted.

**Order online:** [www.vitalchek.com](http://www.vitalchek.com) at any time. Cost: **\$36.50** for one record shipped by regular mail.

**Order by telephone** through VitalChek: **1-888-896-4988**, 24 hours per day, 7 days per week, except for major holidays. **Cost is \$38.45** for one record shipped by regular mail. Fees are not refundable. All major credit/debit cards accepted. Orders are processed through the VitalChek Network. The fee includes \$18.45 per order to cover vendor, security and expedite fees. Overnight shipping available for an additional fee that varies depending on the vendor and place of delivery. Records will be mailed/shipped within two working days of receipt unless a record problem is discovered. Shipments can be delayed for missing or incorrect information, or if records are still being registered or amended.