Birth Certificate Order Form

The Multnomah County Health Department is the only agency that can provide you with an **EXACT copy** of the original birth certificate created by your hospital. Ours is the ONLY certificate--available to you-- that will not only contain basic information but also the time of birth, hospital name, and both parents' date of birth.

If you want an exact copy of your child's original birth certificate, **order a birth certificate within the first six months** after the birth of your child. After six months, we can no longer issue certificates and you will need to order a different version of your child's birth certificate from the Oregon Department of Human Services. If you should have any questions, please do not hesitate to call our office at **(503) 988-3745.**

1-$20.00 **2-$35.00** **additional copies** Number of copies requested_____
3-$50.00 **4-$65.00** **add $15 for each one**

Please make checks or money orders payable to VITAL RECORDS and send orders to:

Vital Records
3653 SE 34th Avenue
Portland, Oregon 97202

(1) NAME OF BABY: _____ First _____ Middle _____ Last

(2) DATE OF BIRTH: _____ Month _____ Day _____ Year

(3) PLACE OF BIRTH: _____ Hospital/Facility _____ City _____ County

(4) MOTHER'S NAME: _____ First _____ Middle _____ Maiden

(5) FATHER'S NAME: _____ First _____ Middle _____ Last

(6) YOUR RELATIONSHIP TO BABY_____
(If an adopted child, send your request to Oregon State Health Division)

In Accordance with law – ORS 432.120, access to birth records is restricted for 100 years to registrant, immediate family members, legal representatives, government agencies and persons licensed or registered under ORS 703.430. 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 an eligible person**.** **Warning:** Under Oregon law, knowingly providing false information on an order form to obtain a document you are not eligible to receive, fraudulently using a document for identification purpose, or providing such a document to another person is a Class C Felony – ORS 432.900

Signature _____ **Please print name**_____

Street Address_____

City_____**State**_____**Zip**_____

Daytime Phone Number: (_____) _____

*After six months from the date of birth, all requests must be sent to the Vital Records Unit of the Oregon State Health Division. P.O Box 14050, Portland OR 97293-0050 Phone: (971) 673-1190