

## Certified Copy of Birth Record ORDER FORM

**TO ORDER:** Request must be within (6) six months of birth and have occurred in Marion County.

(NOTE: After six months, orders must be processed through State Vital Records. Please call 971-673-1190 for assistance.)

**COST:** \$25.00 First copy and each additional copy of the same record ordered at the same time.

(The \$25 fee is non-refundable once a search for the record is completed, OAR 333-011-0340(1))

QUANTITY:

MAIL TO: MARION COUNTY VITAL STATISTICS

3160 Center St NE SALEM OR 97301

- WHEN ORDERING BY MAIL, PLEASE ENCLOSE CHECK OR MONEY ORDER (DO NOT SEND CASH BY MAIL) AND COPY OF YOUR PROPER PHOTO IDENTIFICATION.
- ID MUST NOT BE EXPIRED AND ADDRESS MUST BE CURRENT.
- IF YOU DON'T HAVE ID PLEASE SEE THE BACK OF THIS FORM FOR OTHER PROOF OF IDENTITY.
- WRITE CHECK OR MONEY ORDER TO: MARION COUNTY VITAL STATISTICS.
- TYPES OF PAYMENT ACCEPTED: CASH, CHECK, MONEY ORDER, VISA, MASTER CARD OR DISCOVER.
- NON-SUFFICIENT FUNDS (NSF) FEE, A \$35.00 PENALTY MAY BE ASSESSED FOR RETURNED CHECKS PER ORS 30.701(5)

| <b>FULL NAME OF CH</b>   | ILD:                |                  |                          |                           |                  |  |
|--------------------------|---------------------|------------------|--------------------------|---------------------------|------------------|--|
| (First)                  |                     | )                | (Middle)                 | (L                        | ast)             |  |
| DATE OF BIRTH: _         |                     |                  | SEX OF CHI               | LD                        |                  |  |
|                          | MONTH DAY           | YEAR             |                          | M/F                       |                  |  |
| PLACE OF BIRTH:          |                     |                  | , OREC                   | GON                       |                  |  |
|                          | CITY,               | CC               | OUNTY                    |                           |                  |  |
| MOTHER/PARENT A          | A's LEGAL NAM       | IE AT BIRTH      | PRIOR TO FIRST M         | MARRIAGE:                 |                  |  |
| (First)                  |                     | (Middle)         |                          | (Last name at birth)      |                  |  |
| FATHER/PARENT B          | 's LEGAL NAM        | E AT BIRTH/I     | PRIOR TO FIRST M         | ARRIAGE:                  |                  |  |
| (First)                  | rst) (Middle)       |                  |                          | (Last name at birth)      |                  |  |
| YOUR RELATIONSI          | нр то тне сн        | ILD?             |                          |                           |                  |  |
| REASON FOR NEED          | ING RECORD?         |                  |                          |                           |                  |  |
| DAYTIME PHONE N          | UMBER               |                  | EMAIL _                  |                           |                  |  |
| NAME OF PERSON (         | ORDERING:           |                  |                          |                           |                  |  |
| Address:                 |                     |                  |                          |                           |                  |  |
|                          |                     |                  | City                     | State                     | Zip              |  |
| ☐ Person ordering: Atta  | ch legible photocoj | y of current, va | lid ID or legal represen | tative document and repr  | esentative's ID. |  |
| Required signature of p  | erson ordering: _   |                  |                          | Date:                     |                  |  |
| In accordance with law - | - ORS 432.380, onl  | y the person nar | ned on the record, imm   | ediate family members, le | gal              |  |

In accordance with law – ORS 432.380, only the person named on the record, immediate family members, legal representatives and government agencies are eligible to access birth records. For all others, access to birth records is restricted for 100 years. Legal guardians must enclose a copy of the legal document and representatives ID. If you are not eligible, enclose a written permission note with a notarized signature of an eligible person.

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

IF YOU HAVE ANY QUESTIONS PLEASE CALL: (503) 588-5406

(Over)

## Alternative identification you can send with your mail order.

If you don't have a valid driver's license, state issued identification card, or passport, send photocopies of (3) different documents that include both your name and current address. Documents must be dated within the last 30 days.

## **EXAMPLES:**

- Utility bill (such as telephone, gas, electric, water, garbage removal) or other bill;
- Insurance statement, medical statement, or paycheck stub;
- Court document or parole document;
- Work ID, unemployment statement, food stamp letter or other benefit card (copy both sides);
- Valid permit for firearms, fishing, hunting or other license;
- Vehicle registration, title or insurance statement.

If you don't have valid ID or other documents, an immediate family member can order for you. The child's mother, father (if listed on the birth record), maternal grandparents or paternal grandparents (if father is listed on the record) may order and attach their ID. Records can also be released to a legal representative of an immediate family member or a government agency representative.

## Orders may be processed in person:

Marion County Vital Statistics 3160 Center St NE #1109 Salem OR 97301

Office Hours: 8:30 A.M. to 4:45 PM., Monday – Friday