

Deschutes County Vital Records <u>Funeral Home Order Form for Death Certificates</u> Phone: 541-322-7498 / Fax: 541-330-4624 / vitalrecords@deschutes.org

2577 NE Courtney Dr., Bend, OR 97701

OVERS Case #:	Date of Death:		County of Death: Deschutes
Certified Copies (please check below):	mm	dd/yr (less than 6 months a	
Paper/Hybrid ☐ Electronic ☐ F	First order \square	Additional order \Box	Replacement order \Box
Quantity:	(\$25 each)	(\$25 each)	(\$5 each with originals returned)
Short Form (\$25 each. Used for proper	rty transfer, terminatio	n of accounts, landlords, ar	nd other legal needs.)
Long Form (\$25 each. Used for insura	ance and other benefit	claims related to cause of	death.)
Veterans' Copy (No fee. Requested	for the purpose of app	lying for veterans' benefits	& mailed directly to VA office.)
Send to Deschutes Coun	ity veterans' servi	ce office (Only enter add	ress below if different county.)
Name:			
Address:			
☐ Send to Portland regiona	service office (O	nly enter address below if d	ifferent regional office.)
Name:			
Address:			
☐ Mail Certified Copies To: ☐ F	uneral Home		
	nformant/Fami	y (name and address	s below)
Name			,
	-		
Address	s:		
☐ Will Pick Up: Funeral Home ☐ c	or Family \square		
·		Signature of Person Re	eceiving Certificates Date
	Γ	County Use Only	-
Photo ID of Person Ordering		Date Received:	
		D	
		Payment:	
		Processing Notes:	
		Security #s Issued:	
Current photo ID of funeral home staff must accom	pany order.		
Polationship to decedent: Funeral home on			
Relationship to decedent: <u>Funeral home on</u> Reason for needing record: Legal needs of in			
·	y	VR Clerk: [Date of Issuance:
Person Ordering (print/sign):			
Telephone & E-mail: Funeral Home Name:			
Address:			
Auul caa.			