



Deschutes County Birth Certificate ORDER FORM

Date: _____ Number of copies ordering: _____

Fee is: **\$25** for the first record / **\$20** for each additional ordered at the same time.
*Records are only available at Deschutes County for **6 months** from date of birth.*

★ **NOTE: Person ordering must attach a legible copy of photo ID.**

Full Name on Record: _____
(child's first name) (child's middle name) (child's last name)

Date of Birth: ____/____/____ M / F Place of Birth: _____ OREGON
(MM / DD / YY) (sex of child) (city) Deschutes County Only

Mother's full name: _____
(including maiden name) (first) (middle) (last) (maiden)

Father's full name: _____
(first) (middle) (last)

Name of person ordering: _____

Relationship* to the person named on record: _____

Your mailing address: _____

City / State / Zip: _____

Daytime telephone number: _____ Cell number: _____

Email: _____

Signature of person ordering: _____

Mail or bring your order form to:

Deschutes County Health Services - Vital Records

2577 NE Courtney Drive, Bend, OR 97701

*Please call **541-322-7411** with any questions.*

Please DO NOT SEND CASH!

Check or money orders made payable to:

Deschutes County Vital Records

You may pay by cash, debit, or credit in person only.

* In accordance with law - ORS 432.121, only the person named on the record, immediate family members, legal representatives, government agencies and persons licensed under ORS 703.430 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 legal guardianship. If you are not eligible, enclose a written permission note with a notarized signature of an eligible person.

PROVIDING FALSE INFORMATION IS A FELONY UNDER ORS 432.900.

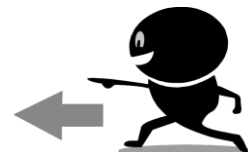
OFFICE USE ONLY

Check #	\$
CC/DB #	\$
M.O. #	\$
Cash	\$
Receipt #	
Date Sent/Pickup:	
Initials	Qty

PLEASE COMPLETE THIS SECTION - It will be detached and used to mail the certified copy of the record.

Your **MAILING ADDRESS** must be entered below:

Name	
Street	
City, State	Zip



Please enter your mailing address here!!