



Deschutes County Death Record ORDER FORM

Date: _____

Number of long form ordered: _____
(Shows cause of death)

Number of short form ordered: _____
(No cause of death)

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

Full Name on Record: _____
(first) (middle) (last)

Date of Death: ____/____/____ Place of Death: _____ OREGON
(MM / DD / YY) (city) **Deschutes County Only**

Spouse of decedent: _____
(including maiden name) (first) (middle) (last) (maiden)

Name of person ordering: _____

Relationship* to the person named on record: _____

Reason for ordering record: _____

Your address: _____

City / State / Zip: _____

Daytime telephone number: _____ Cell number: _____

Email: _____

Signature of person ordering: _____

★ NOTE: Person ordering must attach a legible copy of current, valid ID or legal representative document.

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, access to death records is restricted for 50 years except for family members, legal representatives, government agencies, persons licensed or registered under ORS 703.430 and persons with a personal or property right. If you are not eligible, please enclose a written permission note with a notarized signature of an eligible person.

PROVIDING FALSE INFORMATION IS A FELONY UNDER ORS 432.900.

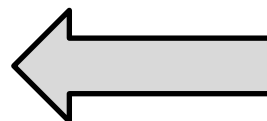
OFFICE USE ONLY

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

THIS SECTION 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



Your mailing address