ORDER FORM
CERTIFIED COPY OF DEATH

TO ORDER: DEATH MUST HAVE OCCURRED IN POLK COUNTY AND BE WITHIN SIX MONTHS OF THE OCCURENCE.

NOTE: After six months, orders must be processed through the state vital records. Please call 1-888-896-4988 or access the state website at: http://public.health.oregon.gov/BirthDeathCertificates

COSTS: $20.00 First Copy
$15.00 Each Additional Copy

ORDER/QTY: _____Short Form _____Long Form _____Veteran's Form

MAIL TO: Polk County Public Health
182 SW Academy Street, Suite 302
Dallas, OR 97338

PHONE: 503-623-8175

WHEN ORDERING BY MAIL, PLEASE ENCLOSE CHECK OR MONEY ORDER AND A COPY OF YOUR PHOTO IDENTIFICATION.

* **NAME OF DECEASED:**

_____
FIRST MIDDLE LAST

* **DATE OF DEATH:**

_____
MONTH DAY YEAR

* **PLACE OF DEATH:**

_____

* **RELATION TO DECEASED:**_____

* **PERSON ORDERING CERTIFICATE**

Print name:_____

Signature:_____**Date:**_____

* **MAILING ADDRESS:**

_____
Street address **City** **State** **Zip**

* **PHONE NUMBER:**_____**ID/DRIVERS LICENSE #:**_____

* **PAYMENT SOURCE:**_____

Return by mail with payment and copy of photo ID to:
Vital Records
182 SW Academy Street, Suite 302,
Dallas, OR 97338