

ORDER FORM

CERTIFIED COPY OF BIRTH

TO ORDER: BIRTH 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:
public.health.oregon.gov/BirthDeathCertificates/GetVitalRecords

COSTS: \$25.00 First Copy
\$20.00 Each Additional Copy

ORDER/QTY: _____

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

PHONE: 503-623-8175 FAX: 503-831-3499

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

* NAME OF CHILD:

FIRST MIDDLE LAST

* DATE OF BIRTH:

MONTH DAY YEAR

* PLACE OF BIRTH:

* RELATION TO CHILD: _____

* 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