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: public.health.oregon.gov/BirthDeathCertificates/GetVitalRecords
- 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 DEC	EASED:				
REASON FOR REQU	EST:				
PERSON ORDERING	CERTIFICATE				
Print name:					
Signature:		Date:			
MAILING ADDRESS					
Street address		City	State	Zip	
PHONE NUMBER:	ID/DRIVERS	LICEN	NSE #:		
			-+- ID +-		
Rett	ırn by mail with payment and cop Vital Records	y or pn	oto ID to:		
	182 SW Academy Street, Suite	302,			
	Dallas, OR 97338				