



ORDER FORM  
CERTIFIED COPY OF BIRTH

**TO ORDER:** Birth must have occurred in Polk County and be within six months of occurrence.

**NOTE:** After six months, order must be processed through the state vital records. Please call 888-896-4988 or access the website at: [healthoregon.org/chs](http://healthoregon.org/chs)

**COST:** \$25.00 FOR EACH COPY

**ORDER/QTY:** \_\_\_\_\_

**MAIL TO:** Polk County Public Health  
182 SW Academy Street, Suite 302  
Dallas, OR 97338-1922

**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**

CERTIFIED COPY BIRTH			
NAME OF CHILD (FIRST/MIDDLE/LAST):		DATE OF BIRTH (MONTH/DAY/YEAR)	
PLACE OF BIRTH:			
MOTHER/PARENT A's LEGAL NAME AT BIRTH PRIOR TO FIRST MARRIAGE (FIRST/MIDDLE/LAST):			
FATHER/PARENT B's LEGAL NAME AT BIRTH PRIOR TO FIRST MARRIAGE (FIRST/MIDDLE/LAST):			
PERSON ORDERING CERTIFICATE (PRINT NAME):		RELATION TO CHILD:	
SIGNATURE:		DATE:	
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
EMAIL ADDRESS:			
PHONE NUMBER:	ID/DRIVER LICENSE#	PAYMENT SOURCE:	

Return by mail with payment and copy of photo ID:

Vital Records  
182 SW Academy Street, Suite 302,  
Dallas OR, 97338