



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 <https://www.oregon.gov/oha/PH/BirthDeathCertificates/GetVitalRecords/Pages/index.aspx>

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:			
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