



ORDER FORM
CERTIFIED COPY OF DEATH

TO ORDER: Death must have occurred in Polk County and be within six months of the occurrence. After six months, order must be processed through the state vital records. Call 888-896-4988 or access the website at: healthoregon.org/chs

COSTS: \$25.00 FOR EACH COPY

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

Return completed form along with payment and copy of photo ID to address above or FAX along with credit/debit card information to: 503-831-3499

For questions call: 503-623-8175

CERTIFIED COPY OF DEATH		
Please indicate quantity and type of Certificates of Death being ordered:		
_____ Short _____ Long _____ Veteran's		
Name of Decedent (First/Middle/Last):		
Date of Death (Month/Day/Year):		
Place of Death:		
Address: _____		
City/State/Zip: _____		
PERSON ORDERING CERTIFICATE		
Print Name:	Signature:	Date:
Relationship to Decedent:		
Reason for request:		
Mailing address of person ordering:		
Address: _____		
City/State/Zip: _____		
Phone Number:	Email:	
ID/Driver License Number:		
Payment type:		