



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: **public.health.oregon.gov/BirthDeathCertificates/GetVitalRecords**

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 number and type of Certificates of Death being ordered: _____ Short _____ Long _____ Veteran's		
Name of Deceased (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 Deceased:		
Mailing Address of person ordering: Address: _____ City/State/Zip: _____		
Phone Number:	ID/Drivers License Number:	
Payment type:		