



LINN COUNTY HEALTH SERVICES

Certified Copy of Birth Record Order Form

Request must be within (6) six months of birth and have occurred in Linn County.

Quantity: _____

(Cost: \$25 per certificate)

Name of Infant: _____
(First) (Middle) (Last)

Date of Birth: _____ Place of Birth: _____
(City)

Mother/Parent A's Full Legal Name: _____
(at birth/prior to first marriage) (First) (Middle) (Last)

Father/Parent B's Full Legal Name: _____
(at birth/prior to first marriage) (First) (Middle) (Last)

Warning: Under Oregon law, knowingly providing false information on an order form to obtain a document you are not eligible to receive, fraudulently using a document for identification purpose, or providing such a document to another person is a Class C Felony – ORS 432.993

Applicant Information (Attention: Applicant's current & valid ID is required upon submission of this application in order to fill the request.)

Your Relationship to Infant: _____

Full Legal Name: _____
(First) (Middle) (Last)

Mailing Address: _____

Phone Number: _____ Email: _____

Signature: _____ Date: _____

In accordance with law — ORS 432.380, only the person named on the record, immediate family members, legal representatives and government agencies are eligible to access birth records. For all others, access to birth records is restricted for 100 years. Legal guardians must enclose a copy of the legal document and representative's ID. If you are not eligible, enclose a written permission note with a notarized signature of an eligible person.

MAIL TO:

LINN COUNTY HEALTH SERVICES
ATTN: Vital Statistics
PO BOX 100
ALBANY, OR 97321

WHEN ORDERING BY MAIL:

- PLEASE ENCLOSE CHECK OR MONEY ORDER (DO NOT SEND CASH BY MAIL) PAYABLE TO: **LINN COUNTY**
- BE SURE TO INCLUDE A **COPY OF YOUR ACCEPTABLE PHOTO IDENTIFICATION**

FOR OFFICE USE ONLY:

PAYMENT METHOD: _____ ISSUANCE METHOD: _____

RECEIPT #: _____ INTAGLIO PAPER NUMBERS: _____

ORDER #: _____

PROCESSING DATE: _____