For Office Use Only			
Intaglio Beginning # :		Intaglio Ending # :	
Date Received:		Date Processed:	
(I.D. Type & Number) Identification Verified:		I.D. Expiration:	
Cash		Amount:	$
Check #		Total # of Copies Issued:	
Credit Card	**OVERS No.**	**Excel Spreadsheet Entry ( ) Done**	

DOUGLAS COUNTY HEALTH AND SOCIAL SERVICES

VITAL RECORDS ORDER FORM

OFFICE HOURS: Mon. thru Fri. 8:00 am to 5:00 pm

(For Same Day Processing and Issuance, Applications and Payments must be received before 4:30 pm)

621 West Madrone St., Roseburg, OR 97470

Telephone: (541) 440-3513 Fax: (541) 677-5820

Birth: $20.00 each, first copy
Additional copies ordered at the same time are $15.00 each

NUMBER OF CERTIFIED COPIES – Suitable for any purpose _____ Quantity

1. Child's Name on Record _____
(First) (Middle) (Last)

2. Date of Birth _____
(Month) (Day) (Year)

3. Place of Birth _____ DOUGLAS OREGON
(Place: Hospital Name or other street address) (City) (County) (State)

4. Mother's Full Name _____
(First) (Middle) (Last)

Mother's **Maiden** Name _____
(If applicable) (Last)

5. Father's Full Name _____
(First) (Middle) (Last)

6. Printed Name and Address of Person Ordering Record _____

_____
(Street or PO Box) (City, State, Zip) (Phone Number)

7. Signature and Relationship to Line 1 _____

In accordance with law – ORS 432.120, in addition to having one's own record, a birth record can be furnished to the parents, guardian, or respective representative. If you do not fall into one of the above categories, we will need notarized, written permission from one of the above eligible persons. The written consent must accompany this form.