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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

Death: $20.00 each, first copy
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NUMBER OF CERTIFIED COPIES – Suitable for any purpose _____ Quantity

1. Name of Deceased _____
(First) (Middle) (Last)

2. Spouse of Decedent _____
(First) (Middle) (Last)

3. Date of Death _____/_____/_____
(Month) (Day) (Year)

4. Place of Death _____ DOUGLAS OREGON
(City) (County) (State)

5. Printed Name of Person Ordering Record _____

6. Signature of Person Ordering Record _____

7. Your Relationship to Line 1 _____

8. Date of Order _____/_____/_____
(Month) (Day) (Year)

9. Mailing Address _____
(Street or PO Box) (City, State)

10. Daytime Phone Number _____