Print Reset form

OREGON HEALTH AUTHORITY

Request to Change Birth Certificate Based on Court Order of Name Change

I hereby request the Center for Health Statistics to change the name on the Oregon birth certificate as stated in the court ordered decree of name change:

Name now on birth certifcate:		
(First)	(Middle)	(Last)

New name as it is to appear on birth certificate:		
(First)	(Middle)	(Last)

Birth information	
Date of birth: (MM/DD/YYYY)	Place of birth: (City) Oregon

Mother's maiden name:		
(First)	(Middle)	(Last)

Signature and contact information:

Signature of person on birth certificate or parent if under age 18 — Date signed

Print name

Relationship to person on birth certificate

Email address — Daytime phone number

Submission information:

This signed form and a certified copy of the court order showing the original seal and signature of the court clerk (our office will keep this document in a sealed file) must be returned with appropriate fee to:

Amendment Clerk
Center for Health Statistics
PO Box 14050
Portland, OR 97293-0500

(04/26)