Reset form | Print form | Save as

OREGON HEALTH AUTHORITY
Center for Health Statistics

Center for Health Statistics
P.O. Box 14050
Portland, Oregon 97293-0050

Official use only
File no.: _____
Z#:

Supplemental Report to Add Omitted Data to a Birth Record within 12 Months of Event

Birth record	Name: _____
	Date: _____
	Place:

This form cannot be used to add, change or delete a parent name or move the location of any part of the child's name.

Entry or item to be added:	**Information to be added to record:**

It is a Class C felony for any person to make a false statement or supply false information in an application for an amendment of a birth or death record.

To add child's given name(s), both parents, or legal guardian with documentation, must sign below if listed on record.

☐ **Mother or Parent A**
Printed name: _____
Signature: _____
Street address: _____
City/State/Zip: _____
Subscribed to before me on this _____ day of _____ 20 _____
State of _____ County of _____
Notary signature: _____
Seal/Stamp

☐ **Father or Parent B**
Printed name: _____
Signature: _____
Street address: _____
City/State/Zip: _____
Subscribed to before me on this _____ day of _____ 20 _____
State of _____ County of _____
Notary signature: _____
Seal/Stamp

☐ **Legal Guardian**
Printed name: _____
Signature: _____
Street address: _____
City/State/Zip: _____
Subscribed to before me on this _____ day of _____ 20 _____
State of _____ County of _____
Notary signature: _____
Seal/Stamp

NOTARY INSTRUCTIONS: If notary is using a raised seal, indicate in which state you are registered as a notary and the date your commission expires. Notary signature and seal must appear in this form. Do not attach a separate notary statement.