Certificate of Receipt of Birth Parent Medical History

OREGON HEALTH AUTHORITY
Center for Health Statistics

Parent: Complete this section AND the address section at the bottom of the form. Then send the form to the Adoption Search and Registry or adoption agency.

Select the voluntary adoption registry:

☐ ODHS Adoption Search and Registry (500 Summer St NE, E-71 | Salem, OR 97301)

or

☐ Private adoption agency: (specify)_____

I am the: ☐ birth mother ☐ birth father for the following adoption:

Name of child on original birth record: _____

Date of birth: _____ Sex: _____ Hospital: _____

Mother's name: _____
(as shown on birth certificate)

Father's name (if known): _____

Adoption Search and Registry or Adoption Agency: Complete this section and then mail the form to the birth parent at the address provided below.

I verify that my agency has received a Department of Human Services medical history form for the birth parent named above:

Name of adoption search and registry
or adoption agency representative: _____

Title: _____

Agency: _____

Signature of representative: _____ Date: _____

Parent: Provide your mailing address. Once you receive this form back from the adoption registry/ agency, send it, along with your Contact Preference Form (45-29) and fee, to Oregon Center for Health Statistics (PO Box 14050 | Portland, OR 97293).
Note: The information below the dashed line will NOT be included in the child's sealed birth record.

Name of parent: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____