OREGON HEALTH AUTHORITY

Print Reset Form

OFFICE USE ONLY:
Live Birth Certificate Serial Number

Order Number

Home Birth Packet Request Form

Today's Date _____

Maiden Last Name of Mother _____

Current Last Name of Mother _____

First and Middle Name of Mother _____
First Middle

Mailing Address _____

Mailing City/State/ZIP _____
City State ZIP

Phone Number _____

Email Address _____

Name of Person Requesting _____

Estimated Due Date/
Child's Birth Date _____
Month Day Year

Child's Name
(if applicable) _____
First Middle Last

Submit this form to the State of Oregon Center for Health Statistics by:

Mail:
CHS/Home Birth
Attn: Sheryl W.
PO Box 14050
Portland, OR 97293

Email:
CHS.Amendments@oha.oregon.gov

Vital Records Drop Box:*
800 NE Oregon St.
Portland, OR 97232
(located by west door entrance in parking lot)
**Make sure to place all required documents and fees in a sealed envelope.*

04/2026