OREGON HEALTH AUTHORITY

Notarized Permission to Order or Pick Up a Vital Record

Instructions:

This form may be used by someone who is eligible for a vital record certificate to grant permission to order or pick up a certificate to someone who is not eligible. Information about who is eligible for a record is available at bit.ly/OR-Eligibility. Documentation may be required to prove eligibility.

This permission can be used once within a year of being signed.

_____ gives permission to _____

Name of eligible person — Name of person receiving permission

Choose:

- ☐ to order and receive
- ☐ to pick up

Choose certificate type:

- ☐ a birth certificate
- ☐ a death certificate
- ☐ a marriage certificate
- ☐ a divorce certificate

Name on certificate being ordered or picked up:

_____ _____ _____

First — Middle — Last

Relationship between eligible person to person on certificate: _____

STOP! Do not sign until notary is present.

Printed name of eligible person: _____

► Signature of eligible person: _____

► Signature of notary: _____

My comission expires: _____

Subscribed to before me on this _____ day of _____ 20 ____

State of: _____ County of: _____ *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.

You can get this document in other languages, large print, braille or a format you prefer. Contact the Center for Health Statistics at 971-673-1190. We accept all relay calls or you can dial 711.