OREGON HEALTH AUTHORITY

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Affidavit in Support of Amending an Original Record of Live Birth Prior to Adoption if Parent is Deceased

Requirements: Type or clearly print in blue or black ink; affidavits with cross outs or white outs will be rejected. Signature is required in the presence of a Notary.

1. Applicant's ***current*** full name: _____
(First) (Middle) (Last) (Suffix ex. Jr. or Sr.)

2. Full name as it appears on ***current*** legal birth certificate: _____
(First) (Middle) (Last) (Suffix ex. Jr. or Sr.)

Original Record of Live Birth Information Prior to Adoption:

3. Full name as it appears on the ***original*** record of live birth: _____
(First) (Middle) (Last) (Suffix ex. Jr. or Sr.)

4. Date of birth: _____ (MM/DD/YYYY) 5. City or County of birth: _____

The following information will be added to or changed on the original record of live birth prior to adoption:

6. Parent's full name as it is ***to appear*** on original record of live birth prior to adoption:

_____
(First) (Middle) (Last name at parent's birth) (Suffix ex. Jr. or Sr.)

This addition or change may not be used for any legal purpose and does not create any legal rights for the child or the parents listed on the record.

Attestation:

I attest that I am the personal representative of the estate; or nominated in the decedent's will; or relative of the person (described in OAR 333-011-0300(1)(a)(A-G)), and that the name listed above in item #6 to be entered is that of the biological parent that was omitted from the original record of live birth prior to adoption. I understand making a false statement on this affidavit is a Class C felony under ORS 432.993.

STOP! Do not sign until notary is present.

Relationship to parent to be added (choose one):

- ◯ Personal Representative of the Estate (If parent is deceased)
- ◯ Nominated Person in the Decedent's Will (If parent is deceased)
- ◯ Relative (If parent is deceased; relationship required)

Relationship: _____

Printed name: _____

Signature: _____

Seal/Stamp

► Signature of Notary: _____

My commission expires: _____

Subscribed to before me on this ___day of_____20__

State of _____ County of _____

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.

This document may be available 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 may dial 711.

(05/26)