OREGON HEALTH AUTHORITY

Vital Records Office
Verification of Live Birth

For child under age 1, born at home without a medical attendant

Directions:
Parents, please contact an Oregon county vital records office of your choice to inquire if they offer this "Verification of Live Birth" service and if an appointment is required.

Please Print:

Name of child: _____
(First) (Middle) (Last)

Child's date of birth: _____
(MM / DD / YYYY)

Mother's name at birth (maiden name): _____
(First) (Middle) (Last)

Mother's full legal name: _____
(First) (Middle) (Last)

Name of County Vital Records Office: _____

Phone number of vital records witness: _____

Name of vital records witness: _____
(First) (Middle) (Last)

Title of vital records witness: _____

Signature of witness: _____

Date child was brought into the county office: _____
(MM / DD / YYYY)

Attention County Office - Once the form is completed:

- Submit the form and a legible photocopy of mother's ID to the Center for Health Statistics by:
  - Email to CHS.Amendments@oha.oregon.gov
  - Fax to 971-673-1201
  - Mail to Oregon Vital Records, PO Box 14050 Portland, OR, Portland OR 97293
- Retain original in your file for 1 year

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.