Information Sheet in Support of Amending an Original Record of Live Birth Prior to Adoption

INSTRUCTIONS: A person may request a biological parent name be added to or changed on their original birth record prior to an adoption. The **applicant** is the person requesting to have their biological parent name be added or changed. If the applicant's current legal name does not match the name on their current birth record, evidence of the legal change through court order, marriage or other legal process must be provided.

The applicant must be:

(a) The person whose current record of live birth after adoption is filed with the Oregon Center for Health Statistics;

(b) The person who is listed on the original record of live birth prior to adoption (also called the **Registrant**);

(c) Age 21 or older; and

(d) The person who has a court order to open the sealed file under ORS 432.250 or has a copy of their original record of live birth issued under ORS 432.228.

The following documents and fee are required to be provided:

1. ☐ Application in Support of Amending an Original Record of Live Birth Prior to Adoption

2. ☐ A copy of the court order used to open the sealed file containing the original record of live birth prior to adoption, if applicable

3. ☐ Evidence that the parent to be added is the biological parent, including but not limited to:
   a. A DNA test identifying that the person whose name is to be entered as the biological parent is the biological parent of the applicant; or
   b. A copy of an order from a court of competent jurisdiction identifying that the person whose name is to be entered as the biological parent is the biological parent of the applicant; or
   c. Other official documents acceptable to the state registrar.

4. ☐ Photocopy of Applicant's Identification. Acceptable ID: https://bit.ly/OR-Proof-ID

5. ☐ $4.00 Fee | We offer expedited service for an additional $30 fee. See web page for more info.

6. ☐ Notarized Affidavit in Support of Amending an Original Record of Live Birth if Parent is **Deceased**
   -OR-
   ☐ Notarized Affidavit in Support of Amending an Original Record of Live Birth if Parent is **Living**

Submit ALL required documents and fee via mail or drop box:

Mail to:
Oregon Vital Records/Amendments
PO Box 14050
Portland, OR 97293

Drop Box Location:
800 NE Oregon Street
Portland, OR 97232

Make checks/money orders payable to:
OHA/Vital Records
PLEASE DO NOT SEND CASH
Checks/money orders in U.S. Dollars

The amended original record of live birth will be mailed to the applicant's mailing address provided on the application.

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.

Reset Form Print

OREGON HEALTH AUTHORITY

Application in Support of Amending an Original Record of Live Birth Prior to Adoption

CHS Use only
File #_____
Z #_____

See the Information Sheet for detailed instructions on what fees are required and what additional items must be submitted with this application. Please visit the Amending an Original Birth Record Prior to Adoption web page at https://bit.ly/OR-amend-orig-prior-to-adoption for more information.

Requirements: All information must match what currently appears on the Oregon birth record for the Registrant named, as well as the original record of live birth. If the name has changed from what is listed on the current legal record, proof of how the name was changed must be submitted. Type or clearly write in blue or black ink only; applications with cross outs or white out will be rejected. This form must be signed by the person whose original record of live birth prior to adoption will be changed.

1. Applicant's current legal 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. Sex as it appears on the record:_____ 6. City or County of birth:_____

7. Mother/Parent A's full name (prior to first marriage/maiden name) as it appears on the original record of live birth:

_____
(Mother/Parent A First) (Middle) (Last Name at Mother's/Parent A's Birth) (Suffix ex. Jr. or Sr.)

8. Father/Parent B's full name as it appears on the original record of live birth (if blank, write "N/A"):

_____
(Father/Parent B First) (Middle) (Last Name at Father's/Parent B's Birth) (Suffix ex. Jr. or Sr.)

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

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.)

The amended original record of live birth will be mailed. Please provide the applicant's mailing address:

_____
(No. and street) (City) (State) (Zip)

Applicant's e-mail: _____ Applicant's daytime phone: _____

Signature of Applicant:_____ **Date:** _____

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.