



Oregon Death Record ORDER FORM

QUANTITY Certified, long form with cause of death
 QUANTITY Certified, fact of death
 (Available for past 6 months only.)
 \$20 first record/\$15 each additional copy of
 the same record ordered at the same time.

1. Name of deceased: _____
(First) (Full middle) (Full last)
2. Date of death: _____ 3. Place of death: _____
(MM/DD/YYYY) (City) (County)
4. Spouse of decedent: _____
(First) (Full middle) (Full maiden)
5. Your relationship to person on request: _____
6. Reason for needing record: _____
7. Daytime telephone number: _____ 8. E-mail: _____
9. Name of person ordering: _____
10. Your address: _____
11. City/State/ZIP: _____
12. Signature of person ordering: _____
13. **Person ordering: Attach legible photocopy of current, valid ID or legal representative document. See back of form for alternative ID options.**

OREGON

OFFICE USE ONLY

DO NOT WRITE IN THIS SPACE

Certificate number: _____

	1	2
Film		
Film (P)		
Computer		
Indexes		
Index (P)		
DF/CO		

Refund: \$ _____

- Excess fee Out/state
 No record Uncompleted

Check #: _____

File date: _____	Amendment fee: _____
NRL/ref. issued: _____	Full issued: _____
Follow-up: _____	Computer copy: _____

Send to: TCHD PO BOX 489 TILLAMOOK OR 97141-0489	Make checks/money orders payable to: TCHD PLEASE DO NOT SEND CASH Checks/money orders in U. S. Dollars
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In accordance with law – ORS 432.121, access to death records is restricted for 50 years except for family members, legal representatives, government agencies, persons licensed or registered under ORS 703.430 and persons with a personal or property right. Legal guardians must enclose a copy of the legal document. If you are not eligible, enclose a written permission note with a notarized signature of an eligible person.

Providing false information is a felony under ORS 432.900

\$20.00 FOR THE FIRST RECORD; \$15.00 FOR EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME. The \$20.00 fee is non-refundable once the search for the record has been completed. Administrative Rule 333-011-0106 (2)

This form available in alternative formats. See second page for details.

ENTER YOUR MAILING ADDRESS
 THIS SECTION WILL BE DETACHED AND USED AS A MAILING LABEL

Name		
Street		
City	State	ZIP

Non-Sufficient Funds (NSF) check processing policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically. In the ordinary course of business, your check will not be provided to you with your bank statement, but a copy can be retrieved by other means. A \$25.00 penalty may be assessed for NSF checks per ORS 30.701(5).

See second page of form for ordering options and processing times. Information is also available on our Web page at: www.co.tillamook.or.us/gov/Health/PublicHealth/Vital.htm or by calling 503-842-3900.

This form can be provided upon request in alternative formats for individuals with disabilities. Other formats may include (*but are not limited to*) large print, Braille, audio recordings, Web-based communications and other electronic formats. Call 503-842-3900 (*voice*), or 800-735-2900 (*TTY*), or FAX 503-842-3903 to arrange for the alternative format that will work best for you.

Alternative identification you can send with your mail order.

If you don't have a valid driver's license, ID card, or passport send photocopies of three (3) different documents that include both your name and current address. Suggested documents are listed below. If you are mailing your order, make photocopies of the documents and include them with your order form.

Documents must be dated within the last thirty days and show current mailing address where record will be mailed.

- Utility bill (such as telephone, gas, electric, water, garbage removal) or other bill;
- Insurance statement, medical statement, or paycheck stub;
- Court document or parole document;
- Work ID, unemployment statement, food stamp or other benefit card (copy both sides);
- Valid permit for firearms, fishing, hunting or other license;
- Vehicle registration, title or insurance statement.

If you have no ID or other documents records can also be released to a legal representative, family member, or a government agency representative.

To order in person:

Tillamook County Health Department

801 Pacific Ave

Tillamook, OR 97141

Office Hours: 8:00 a.m. to 4:45 p.m. Monday - Friday

Person ordering must show valid ID or provide alternative documents. In some cases proof of relationship may be required if the person ordering does not share the last name of the person on the record and is not clearly an immediate family member. Payment by cash, money order or check.