

CENTER FOR HEALTH STATISTICS P.O. Box 14050

File #
7#

Authority	Portland, (∪rego	n 97293-0050	Z#
•	DAVIT TO CORF	RECT	A BIRTH CERT	IFICATE
Name at birth				
Date of birth			County of bi	rth
	instructions that ma	ay be		e which boxes are marked on the front and he changes indicated below, one or more
Item # or entry to be corrected	Original	Original record now shows		Corrected item should show
Registrant, Mother/Parent A, Father/P Registrant must sign if age 18 or older. M				
Please list your telephone number in cas		•		· ·
I, (we), do hereby declare that this affi				
above. It is a Class C felony for any pe	erson to make any	false	statement or supp	bly false information in an application
for an amendment of a birth record.				
Registrant or Guardian (attach original/certified proof of guardian)	dianshin)			
Printed name:	• •			
Signature:				
Signature: Street address: City/State/Zip: Subscribed to before me on this State of County of		dr		
City/State/Zip:) Star		
Subscribed to before me on this	day of 20	 - 		
State of County of		Se.		
Notary signature:				
☐ Mother or Parent A		_		
Printed name:				
Signature:				
Street address: City/State/Zip: Subscribed to before me on this		_ _ _ _		
City/State/Zip:		itar —		
Subscribed to before me on this	day of 20	_ } }		
State of County of	_ ==	Se —		
Notary signature:				
☐ Father or Parent B				
Drinted name:				
Signature:				
Street address:		_ 6		
City/State/Zin:				
Signature: Street address: City/State/Zip: Subscribed to before me on this State of County of	day of 20	<u> </u>		
State of County of	_uay 01 20_	— š		
Notary signature:				
☐ Medical record/Birth clerk		_		
Printed name:				
				CTIONS: If notary is using a raised seal,
Signature:				ate you are registered as a notary and the
Hospital/Facility:				ion expires. Notary signature and seal must. Do not attach a separate notary statement.
Date signed:			appear in this lotti.	. Do not attaon a soparate notally statement.

REQUIRED FEES		
Your choice: \$25 for a sho	ort-form birth certificate	
\$30 for a full	l-image birth certificate (available 1903-	2007)
Or		
		ment for a corrected birth certificate-pay this fee when ted ones or when a certificate is not needed.
	ect original birth certificate issued with within 12 months may be replaced for \$5	n the last 12 months for a corrected one, free of charge. 5 each.
Other Fee:		
Note: If you apply in person for	a record or correction, an additional \$3.	25 is added to each order.
REQUIRED ORIGINAL EVIDE	NCE DOCUMENT	
	l documents cannot be accepted. tch what is now listed on the birth certifi	cate except for item being corrected.
Child age 1 or older and adult	ts — provide one evidence document	i e
☐ Document — must be at lea	st 5 years old. For child under age 7, evi	dence must be at least 1 year old.
		rent name, parent date of birth or parent place of birth, and include parent full name, date of birth or age.
☐ To correct date of birth, hosp prior to 7th birthday.	oital affidavit required until medical reco	rd is no longer available, then evidence must be dated
Evidence must show:		
`	rst, middle, last) as it is to appear on the or age — unless correcting birth date, t	birth record, including <u>full</u> middle name. hen evidence must show birth date.
	y the 1st birthday to be accepted without	their 1st birthday. Complete and correct amendment evidence. After one year rules require evidence
	nts for specific types of corrections. See BirthDeathCertificates/ChangeVitalReco	e attached list or one available on the web at rds/Pages/evidencedocs.aspx
record filed in Oregon Vital Rec		a marriage, older sibling's birth, or your own child's birth v. We will locate it and determine whether it is acceptable eet the required criteria.
Current/Past marriage record	Husband/Spouse A full name:	
	Wife/Spouse B full maiden name:	
	Marriage date:	Place:
Current/Past marriage record	Husband/Spouse A full name:	
	Wife/Spouse B full maiden name:	
	Marriage date:	Place:
Birth record evidence docum	ent filed in Oregon (mark applicable b	ox below):
☐ Your child ☐ Older sibling	Child full name:	
☐ Parent		Place:
☐ Parent		Place:
□ Parent	Birth date:	

Please note: An affidavit can only be used for minor corrections.

More extensive corrections will require a court judgment or a different form. For further information please see our website at: https://public.health.oregon.gov/BirthDeathCertificates/ChangeVitalRecords/Pages/LegalAmendVR.aspx

45-25 (0) 45-25 (01/16)