



Public Health  
Prevent. Promote. Protect.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
VITAL RECORDS

155 North First Avenue, MS 5, Suite 170  
Hillsboro, OR 97124

Telephone: 503-846-3538

[www.co.washington.or.us/HHS/birthdeathcertificates](http://www.co.washington.or.us/HHS/birthdeathcertificates)

**DEATH RECORD ORDER FORM**

**IMPORTANT INFORMATION**

You may apply to Washington County for a record up until the **last day before six months from the date of death and for deaths within WASHINGTON COUNTY**. For example, if the death occurred on January 10, you can apply for a record from Washington County until July 9 during our regular weekday business hours only. **See Ordering Information on page 2. For ordering certificates over 6 months from date of death, see Additional Information on page 2.**

**DECEDENT INFORMATION**

Decedent full LEGAL name \_\_\_\_\_  
First Middle Last

Date of Death \_\_\_\_\_ Spouse of Decedent \_\_\_\_\_  
Month / Day / Year

Location/Address of Death \_\_\_\_\_ City of Death \_\_\_\_\_

**APPLICANT INFORMATION**

Full LEGAL Name (print) \_\_\_\_\_ Signature: \_\_\_\_\_

Your relationship to Decedent: \_\_\_\_\_ Reason for needing record: \_\_\_\_\_

Street/Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**FEE/ORDER INFORMATION**

\_\_\_\_\_ **SHORT FORM/FACT OF DEATH** (used for property transfer, terminate accounts, legal need unrelated to cause of death)  
Quantity

\_\_\_\_\_ **LONG FORM WITH CAUSE OF DEATH** (used for insurance and benefit claims related to cause of death)  
Quantity

**CERTIFIED DEATH RECORD FEE:**  
**\$25 each record**

**CORRECTED CERTIFIED RECORD FEE:**  
**\$ 5 each replacement**

Total certified record(s) \_\_\_\_\_ x \$25 \_\_\_\_\_  
Quantity

Replace corrected record \_\_\_\_\_ x \$5 \_\_\_\_\_  
Quantity

**TOTAL FEE ENLCOSED** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Fee Rec:	Cash/Ck/Mo/CC:	Date Rec:
Rec By:	Date Complete:	ID:
	Date Mailed/Pick up:	Exp. Date:
<input type="checkbox"/> Entered in OVERS _____ <input type="checkbox"/> Entered in Sequel/Transaction #: _____		

## ORDERING INFORMATION

### ORDER BY MAIL

**ADDRESS:** Washington County HHS-Vital Records  
155 N First, Ave., MS 5, Hillsboro, OR 97124

**INCLUDE:** **Completed order form, payment & photo copy of valid ID/documents**

**PAYMENT:** Check or money order payable to: **Vital Records**  
(do not send cash)

### ORDER IN PERSON

**ADDRESS:** Washington County HHS-Vital Records  
155 N First Ave., Suite 170, Hillsboro, OR 97124

**BRING:** **Completed order form, payment & original valid ID/documents**

**HOURS:** 8:30 a.m.-4:30p.m. Monday through Friday

**PAYMENT:** Credit card, cash, check or money order payable to: **Vital Records**

## CORRECTED RECORD REPLACEMENT INFORMATION

**DEATH RECORD REPLACEMENTS:** Corrected death records may be replaced in our office upon return of the original record(s) up to the last day of the 5<sup>th</sup> month from date of death. After 6 months, you will have to replace the records from Oregon Health Authority (OHA) – see below for OHA contact information. **Death record replacements are \$5.00 each.**

## APPLICANT IDENTIFICATION REQUIREMENT INFORMATION

In accordance with Oregon Law ORS 432.380, section 2a, in order for a person to obtain a certified copy of a vital record, it is **REQUIRED** that applicants provide valid photo identification and signature before the certificate can be released. When mailing your order, make photo copies of the front and back of your valid ID or documents and include with the order form and payment. **Expired documents are unacceptable.**

**Acceptable photo identification:** Current U.S. issued photo ID, current passport or current school ID

**Alternative identification:** Matricula Consular, Armed Services, and US Alien ID cards with one (1) more document from list below showing your name and current address dated within the last 30 days.

**Alternative documents:** If you don't have a valid U.S. driver's license, U.S. photo ID card, or passport, please provide **three (3)** different documents from the list below that includes **both your name and current address**. If you are mailing your order, make photocopies of the documents and include them with your order form and payment. **Alternative documents must be dated within the last 30 days and show current mailing address where the record(s) will be mailed.**

Documents such as:

- Utility bill (for example - telephone, gas, electric, water, garbage removal) or other bill;
- Insurance statement, medical statement, or paycheck stub, must have current mailing address and can be no more than 30 days old.

Other documents such as:

- Court or parole documents;
- Valid work ID, unemployment statement, food stamp or other benefit cards (copy front and back);
- Valid permit for firearms, fishing, hunting or other license;
- Vehicle registration, title or insurance statement,

may be used. However, expired documents are unacceptable. For more information on acceptable documents, go to [www.healthoregon.org/chs](http://www.healthoregon.org/chs), click on "Information Needed to Order", and scroll down to "Acceptable Proofs of Identity."

**If you have no ID or alternative documents,** records can be ordered by an immediate family member, legal representative of a family member or sent directly to a government agency.

## ADDITIONAL INFORMATION

In accordance with law - ORS 432.380 access to death records is restricted for 50 years to immediate 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 provide a copy of the legal document. If you are not eligible, provide a written permission note with a notarized signature of an eligible person. In some cases, proof of relationship may be required if the applicant does not share the last name of the person named on the record and is not clearly an immediate family member.

If the decedent's date of death is **more than 6 months**, you will have to order the record from Oregon Health Authority (OHA).

- In person: 800 NE Oregon Street, Room 205, Portland, OR 97232
- By mail: PO Box 14050, Portland, OR 97293-0050
- Online: [www.vitalchek.com](http://www.vitalchek.com)
- By phone: 1-888-896-4988

**WARNING: Providing false information is a felony under ORS 432.993. To screen orders, Vital Records may request more information or other documents to prove eligibility.**