



ARE YOU ORDERING
A VITAL RECORD BY MAIL
OR BY DROP BOX?

No record will be provided unless you:

Sign the form

AND

Include a photocopy of your ID

See form for details.

Thank you!

Oregon Vital Records

**Declaration of Domestic Partnership
ORDER FORM**

QUANTITY Number of certified records requested.
\$25 each certificate

1. Partner A's full legal name at birth: _____
(first) (middle) (last name at birth)
2. Partner B's full legal name at birth: _____
(first) (middle) (last name at birth)
3. Date declaration of domestic partnership was registered at County: _____
4. County of filing: _____ **OREGON**
5. Your relationship to person named in line 1 or line 2 above: _____
6. Reason for needing record: _____
7. Daytime telephone number: _____ 8. Email: _____
9. **Name of person ordering:** _____
10. Your address: _____
11. City/State/ZIP: _____
12. **Person ordering: Attach legible photocopy of current, valid ID or legal representative document and representative's ID. See back of form for alternative ID options.**
13. **Required signature of person ordering:** _____

In accordance with law — ORS 432.350, access to Oregon registered declaration of domestic partnership records is restricted for 50 years to immediate family members, legal representatives, and government agencies. Legal guardians must enclose a copy of the legal document and ID. If you are not eligible, enclose a notarized permission note signed by an eligible person.

Send to: OREGON VITAL RECORDS PO BOX 14050 PORTLAND OR 97293-0050	Drop Box Location: 800 NE OREGON ST PORTLAND OR 97232	Make checks/money orders payable to: OHA/Vital Records PLEASE DO NOT SEND CASH Checks/money orders in U. S. Dollars
---	--	--

OFFICE USE ONLY		
DO NOT WRITE IN THIS SPACE		
Certificate number: _____		
	1	2
Film		
Film (P)		
Computer		
Indexes		
Index (P)		
DF/CO		
Refund: \$ _____		
<input type="checkbox"/> Excess fee	<input type="checkbox"/> Out/state	
<input type="checkbox"/> No record	<input type="checkbox"/> Uncompleted	
Check #: _____		
File date: _____	Amendment fee: _____	
NRL/ref. issued: _____	Full issued: _____	
Follow-up: _____	Computer copy: _____	

WARNING: Providing false information is a felony under ORS 432.993.

\$25 FOR THE FIRST RECORD; \$25 FOR EACH ADDITIONAL COPY. The first \$25 fee is non-refundable once the search for the record has been completed. Administrative Rule OAR 333-011-0340(1).

This form is available in alternative formats. See back for details.

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 penalty, not to exceed \$35, 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.healthoregon.org/chs or by calling 971-673-1190.

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

Name			
Street			
City	State	ZIP	

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact 971-673-1190 (voice) or 711 (TTY), or fax 971-673-1203.

Alternative identification you can send with your mail or drop box 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 or using the drop box, make photocopies of the documents and include them with your order form.

Documents must be dated within the last 30 days and show applicant's current mailing address.

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 both sides);
- 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, click on "Information Needed to Order," and scroll down to "Acceptable Proofs of Identity."

If you have no ID or other documents, an immediate family member can provide ID and order the record. Records may also be released to a legal representative of a family member or sent directly to a government agency.

How long does it take to receive a record ordered by mail? Processing times vary between three and five weeks, depending on seasonal workload. To ensure fast processing for mail orders, use a money order instead of a personal check. Payment by personal check may delay processing by three weeks if the check is on a new account, is a temporary check, does not include a printed name or address, or has a change to the printed name or address. If an amendment is being processed or the record is not on file, or ID or information is missing or in error, expect an additional delay of two to four weeks.

Order in person and receive the record within 30 minutes – 1 hour. Additional fees apply. Fees are not refundable after orders are submitted.

State Vital Records Office: 800 NE Oregon Street, Suite 205, Portland, OR 97232-2187

Office Hours: 9:00 a.m. to 4:00 p.m., Monday through Friday.

Orders must be submitted by 3:30 p.m. to receive the same day.

Ordering in person is limited to immediate family members of the person named on the record. Orders are placed at self-service kiosks. The identity of the applicant will be screened using Social Security number and date of birth. Additional fees apply. Persons 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 a family member. Payment by credit or debit card, cash, money order or electronic funds transfer (EFT) of a personal check is accepted.

Order online: www.vitalchek.com at any time. Additional fees apply.

Order by telephone through VitalChek: **1-888-896-4988**, 24 hours per day, 7 days per week, except for major holidays. **Additional fees apply.** Fees are not refundable. All major credit/debit cards accepted. Orders are processed through the VitalChek Network. Additional fees apply per order to cover vendor, security and expedite fees. Overnight shipping available for an additional fee that varies depending on the vendor and place of delivery. Records will be mailed/shipped within three working days of receipt unless a record problem is discovered. Shipments can be delayed for missing or incorrect information, or if records are still being registered or amended.