
County Staff
Amendments and Replacement Orders
November 28 and 30, 2023

Center for Health Statistics



Today's Agenda

- **Amendments**
- **Verifying an amendment is complete**
- **Replacement orders**



What is an Amendment?



An amendment is the correction or completion of items that print on a vital event certificate.

Amendments can be for:

- Birth
- Death
- Marriage/Oregon Registered Domestic Partnership
- Dissolution of Marriage(Divorce)/Oregon Domestic Partnership

Birth Amendments

Examples of Common Amendments:


- Add a father's name to the record
- Add child's first, middle or last name
- Change or correct child's name
- Correct parent information
- Court ordered name change

Birth Amendments cont.

How birth information is gathered:

- Parents complete birth parent worksheet prior to discharge from birthing facility.
- Birth Information Specialists at the hospital enter exactly what is written on the birth parent worksheet into OVERS.
- If parents haven't selected a name, then the name field will be left blank.

Please print neatly



Birth Record PARENT WORKSHEET

Page 1 of 5

CHILD					
Legal Name as you want it to appear on the birth certificate					
First	Middle	Other Middle	Last	Suffix	
Date of Birth MM / DD / YYYY		Sex <input type="checkbox"/> Female <input type="checkbox"/> Undetermined <input type="checkbox"/> Male <input type="checkbox"/> X		Do you want to request a social security number for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, complete attached authorization to establish social security number at birth.)	
BIRTH MOTHER (THE PERSON WHO HAD THE BABY)					
Your Current Legal Name					
First	Middle	Last		Suffix	
Your Legal Name Prior to First Marriage/Your Legal Name at Birth <input type="checkbox"/> Check if same as Current Legal Name					
First	Middle	Last		Suffix	
Date of Birth MM / DD / YYYY		Social Security Number <input type="checkbox"/> Check if none		Birthplace	State Country
BIRTH MOTHER'S ADDRESS					
Mother's Residence Address					
No. & Street		Apt./Unit/Space	City	County	State ZIP
Mother's Mailing Address (if different) No. & Street or PO Box Apt./Unit/Space City County State ZIP					
<input type="checkbox"/> Same as residence					
Residence Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Telephone Number		Secondary Telephone Number
BIRTH MOTHER DEMOGRAPHICS					
Education: What is the highest level of education you have completed?					
<input type="checkbox"/> 8 th grade or less		<input type="checkbox"/> Some college credit but no degree		<input type="checkbox"/> Master's degree	
<input type="checkbox"/> 9 th - 12 th grade; no diploma		<input type="checkbox"/> Associate's degree		<input type="checkbox"/> Doctorate or Professional degree	
<input type="checkbox"/> High school diploma or GED		<input type="checkbox"/> Bachelor's degree			
Race or Ethnicity: Complete both Part A and Part B					
A. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry? Write your answer here: _____					
B. Which of the following describes your racial or ethnic identity? Please check ALL that apply.					
Hispanic and Latino/a/x:		American Indian and Alaska Native:		Asian:	
<input type="checkbox"/> Central American		<input type="checkbox"/> American Indian		<input type="checkbox"/> Asian Indian	
<input type="checkbox"/> Mexican		<input type="checkbox"/> Alaska Native		<input type="checkbox"/> Cambodian	
<input type="checkbox"/> South American		<input type="checkbox"/> Canadian-Inuit, Metis, or First Nation		<input type="checkbox"/> Chinese	
<input type="checkbox"/> Cuban		<input type="checkbox"/> Indigenous Mexican, Central American, or South American		<input type="checkbox"/> Communities of Myanmar	
<input type="checkbox"/> Puerto Rican		Specify Tribe(s) _____		<input type="checkbox"/> Filipino/a	
<input type="checkbox"/> Other Hispanic or Latino/a/x				<input type="checkbox"/> Hmong	
Specify _____				<input type="checkbox"/> Japanese	
Native Hawaiian and Pacific Islander:		Black and African American:		<input type="checkbox"/> Korean	
<input type="checkbox"/> Chamorro (Chamorro)		<input type="checkbox"/> African American		<input type="checkbox"/> Laotian	
<input type="checkbox"/> Marshallese		<input type="checkbox"/> Afro-Caribbean		<input type="checkbox"/> South Asian	
<input type="checkbox"/> Communities of the Micronesia Region		<input type="checkbox"/> Ethiopian		<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Native Hawaiian		<input type="checkbox"/> Somali		<input type="checkbox"/> Other Asian	
<input type="checkbox"/> Samoan		<input type="checkbox"/> Other African (Black)		Specify _____	
<input type="checkbox"/> Other Pacific Islander		Specify _____		<input type="checkbox"/> Not listed please specify: _____	
Specify _____		<input type="checkbox"/> Other Black			
White:		Specify _____			
<input type="checkbox"/> Eastern European		Middle Eastern/North African:			
<input type="checkbox"/> Slavic					
<input type="checkbox"/> Western European					

Birth Amendments Process



IMPORTANT

Parents and county staff should not contact the birthing facility. All changes to a birth record must go through the State Vital Records office.

Birth Amendments Process



Applicant should include the following in the email/voicemail message:

- Child's full name
- Child's date of birth
- Mother's full maiden name
- County of birth
- Error as it appears or what needs changing
- How the corrected information should appear on the certificate

The Amendments Team will:

- Let the applicant know what needs to be done to make the correction. Forms required, fees, etc.
- Contact the birthing facility to verify what was written on the birth parent worksheet.

**Refer all changes to
a birth record to:
[CHS.Amendments
@oha.oregon.gov](mailto:CHS.Amendments@oha.oregon.gov)
or call
971-673-1147**

Birth Amendments Fees



Parents should contact the Amendments team to determine if a fee is required to make a change to a birth record.

The fee does not include a copy of the certificate.

Birth Amendments Cont.

- If a customer needs to verify the accuracy of their vital record, ask them to order a certified copy.
- Don't ever provide a working copy of any vital record or tell customers vital record information from OVERS.
- If they identify an error on their certificate provide the CHS.Amendments@oha.oregon.gov email address.
- Do not hold orders until a correction has been made. Issue certificates as is.
- One free replacement for birth records if returned for exchange within 12 months of the issue date.

Death Amendments

Examples of Common Amendments:

- Correct names, addresses or other personal information.
- Correct cause of death or other medical information.

Death Amendments cont.

Print Save As Reset Form

How death information is gathered:

- Informants provide the decedent's personal information.
- Funeral directors or their staff enter the information provided by the informant into **OVERS**.
- The medical certifier completes the medical portion of the record.

OREGON DEATH CERTIFICATE WORKSHEET FOR FUNERAL HOMES

Instructions: This worksheet is designed to be used as a supplemental tool when obtaining information from an informant or family member about the decedent. We recommend that both the informant and funeral director review the worksheet for completeness and sign and date it. If a typographical error occurs in marital status or name of spouse, having a signed worksheet can be used as evidence to support the correction of the record by the funeral director.

1. Decedent's full legal name – Legal name, not nicknames

Prefix _____	First _____	Middle _____	Other Middle _____
Last name prior to first marriage _____		Last _____	Suffix _____

AKA (full name) _____ (Only include if substantially different than legal name)

2 a-b. Date of death _____ (mm dd yyyy)

- Actual date of death
 Approximate date of death
 Court determined date of death
 Presumed date of death
 Found date of death

3. County of death _____ 4. Sex F M Undetermined Unknown X

5. SSN _____ None Unknown

6. Date of birth _____ (mm dd yyyy) 7 a-b. Age _____ years months days hours minutes

8. Birth place _____
 City or Town _____ State _____ Country _____

9. a-c. Served in U.S. Armed Forces? No Yes Unknown

If cannot determine if the decedent served in the Armed Forces, select unknown. DO NOT leave this blank.

If the decedent served in the U.S. Armed Forces, did the decedent serve in a Combat Zone? No Yes.

If "Yes", add the Location of Combat Zone: _____

See attached list at the end of this worksheet for a list of common **Combat Zone Locations**. The informant may select the location(s) that apply from this list or they may provide other locations(s). We will accept any location(s) provided.

Funeral Home Staff: If more than one combat location is listed, you must separate the locations with a semi-colon (";") when entering the information in OVERS.

10. Decedent's resident address (If the decedent was homeless at the time of death, list "Domicile Unknown" for the Street Number, Name, Apt #. Fill in the other address fields as much as possible.)

Street Number, Name, Apt # _____		City or Town _____	
County _____	State _____	Country _____	Zip Code + 4 _____

11. Inside city limits? No Yes Unknown

1

02/2023

Death Amendments Process

Fully Electronic Records

- Funeral directors and medical certifiers can submit electronically in OVERS.
- Forward any paper affidavits to the state.

Paper/Hybrid Records

- Must have original record in hand.
- Death must have been in last 6 months in your county
- Must have legally sufficient affidavit.
- Not all changes are allowed-See [the Amendment Tool](#) for allowable changes and timing requirements/special circumstances.
- Ability to type new information on the paper record.
- Type a footnote on the record.
- Forward record and the affidavit to the state.

Affidavit to Correct a Death Record



CENTER FOR HEALTH STATISTICS
P.O. Box 14050
Portland, Oregon 97293-0050

File #: _____

Z #: _____

AFFIDAVIT TO CORRECT A DEATH RECORD [Print](#) [Save as](#) [Reset form](#)

NAME OF DECEASED:	
DATE OF DEATH:	
PLACE OF DEATH:	

Print/type information clearly.

If correcting name(s) please indicate if first, middle, or last name.

Reason #:	Item # or entry to be corrected:	Original record now shows:	Corrected item should show:

It is a Class C felony for any person to make any false statement or supply false information in an application for an amendment.

Reason for Correction to Record

- 1 Clerical error
- 2 Add supplemental information
- 3 Updated information from informant
- 4 Response to query letter
- 5 Other (specify) _____

Funeral director's signature: _____ Date signed: _____
 Printed name: _____ Oregon License #: _____
 Funeral facility name: _____ Telephone #: _____ - _____ - _____

Certifying physician's signature: _____ Date signed: _____
 (Signer on death record)
 Printed name: _____
 Please provide your telephone number in case we need to contact you for further information: _____ - _____ - _____

Fees/Certificates:

Within one year from date of death there is no fee for correcting/adding information to a death record. **There is never a fee for correcting/adding information to the medical portion of the death record (i.e. cause of death, accident information, etc.)**

You may return uncorrected death certificates (issued within the last 12 months) for \$5 per replacement certificate. If corrections are made to the medical portion only of the death record, no \$5 per record replacement fee will be charged. To order new certificates without returning certificates for replacement, enclose a fee of \$25 for each certificate.

- If the death occurred more than one year ago, a \$35 fee is required for non-medical amendments. This fee does not include the fee for a new certificate.
- If the amendment is to the non-medical portion of the death record and you return certificates issued in the last year, include \$5 for each replacement certificate.

Vital Records Use Only

_____	_____
Completed date of amendment	Initials

45-27A (01/18)

PUBLIC HEALTH DIVISION
Center for Health Statistics



Amendment Tool

Found on the CHS website [here](#).

FOR COUNTY USE ONLY
AMENDMENT TOOL - Death Certificate
 OREGON HEALTH AUTHORITY
 CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Medical but footnoted in #45

Legend on back

245874
 I.D. TAG NO.

1. Legal Name: First John, Middle, Last Doe, Suffix
 2. Death Date: June 22, 2011

3. Sex: Male, 4. Age: 56 years, 5. Social Security Number: 123-45-6789, 6. County of Death: Multnomah

7. Birthdate: March 12, 1955, 8. Birthplace: Portland, Oregon, 9. Decedent's Education: High school grad. or GED

10. Was Decedent of Hispanic Origin? No, 11. Decedent's Race(s): White, 12. Was Decedent Ever in U.S. Armed Forces? Yes

13. Residence: Number and Street: 123 N Oak Street, 14. City/Town: Portland, 15. Residence County: Multnomah, 16. State or Foreign County: Oregon, 17. Zip Code + 4: 97111, 18. Inside City Limits? Yes

19. Marital Status at Time of Death: Never married, 20. Spouse's Name Prior to First Marriage

21. Usual Occupation: Mason, 22. Kind of Business/Industry: Construction

23. Father's Name: James Doe, 24. Mother's Name Prior to First Marriage: Martha Miller

25. Informant's Name: Carla Doe, 26. Informant's Relationship to Decedent: Sister, 27. Informant's Address: 4477 N Pine Street, Portland, OR 94554

29. Place of Death: Decedent's Residence, 30. Facility Name

31. Location of Death: 123 N Oak Street, 32. City/Town or Location of Death: Portland, 33. State: Oregon, 34. Zip Code + 4: 97111

35. Method of Disposition: Burial, 36. Place of Disposition: Columbia Pioneer Cemetery, 37. Location: Portland, Oregon

38. Name and Complete Address of Funeral Facility: Affordable Burial and Cremation Company, 505 NE 1st Street, Newport, Oregon 97365

39. Date of Disposition: TBD, 40. Funeral Director's Signature: Funeral Director, 41. OB License Number: CO-3002

42. Registrar's Signature, 43. Date Received, 44. Local File Number

45. Amendment

Footnotes to items 1-39 go here. See back for examples of format.

46. Was case referred to Medical Examiner? Yes No, 47. Autopsy? Yes No, 48. Were autopsy findings available to complete the cause of death? Yes No, 49. Time of Death: 5:30 pm

50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. CAUSE OF DEATH

Final disease or condition resulting in death -> IMMEDIATE CAUSE + a Congestive Heart Failure

Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)

51. Other significant conditions contributing to the death, but not resulting in the underlying cause given above:

52. Manner of Death: Natural, Homicide, Accident, Unintentional, Suicide, Pending, 53. If Female: Not pregnant within past year, Not pregnant, but pregnant 43 days to 1 year before death, Pregnant at time of death, Unknown if pregnant within the past year, Not pregnant, but pregnant within 42 days before death, 54. Did tobacco use contribute to death? No, Yes, Probably, Unknown

55. Date of Injury (mm/dd/yyyy), 56. Time of Injury, 57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area), 58. Injury at Work? Yes, No, Unknown

59. Location of Injury (number & street or no., city/town, state, zip + 4), 60. Describe how injury occurred, 61. If transportation injury, specify: Driver/Operator, Passenger, Pedestrian, Other (Specify)

62. Name and Address of Certifier (number & street or P.O. box, city/town, state, zip + 4): Megan Smith, 14300 SW Sam Jackson Park Rd. Portland, OR 97222

63. Name and Title of Attending Physician (if Other than Certifier)

64. Title of Certifier: M.D., 65. License Number: MD01734, 66. Date Signed (mm/dd/yyyy): June 23, 2011

67. Medical Certifier - For the basis of any knowledge, directly observed at the time, date and place, and date to the certifier(s) and otherwise stated, 68. Medical Examiner - On the basis of a coroner's or medical investigator's investigation, in any location, date, and place, and date to the coroner(s) and otherwise stated

69. Amendment

Footnotes to items 46-66 go here. See back for examples of format.

45-2DP (01/06)

Last revised: 04/2023

Death Amendments Fees

There may be a fee for a death amendment to a registered record. This may vary based on how long it's been since date of death and what the change is. The Amendments team can advise a customer if a fee is required.



The fee does not include a copy of the certificate.

Marriage Amendments

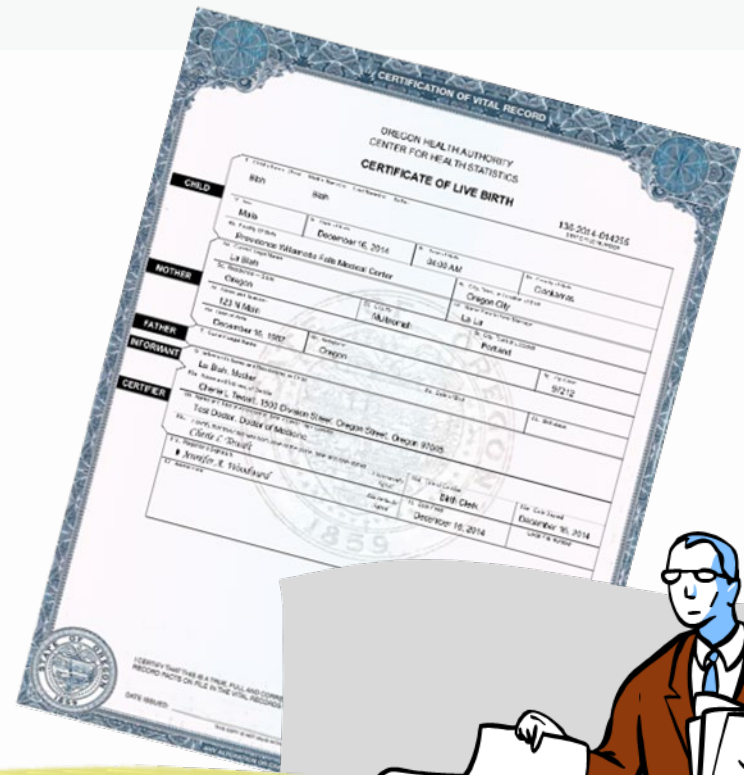
- All requests to change an Oregon marriage certificate must be approved by the county marriage office that issued the license.
- Customers contact the local county marriage office that issued the marriage certificate to request a correction.
- If the county marriage office approves the amendment, then a request will be sent to the State Vital Records Office.
- No amendment fee is required.

Divorce Amendments

- All requests to change an Oregon divorce certificate must be approved by the county court that approved the divorce judgement.
- Customers contact the local county court that approved the dissolution of marriage.
- If the court approves the amendment, then a request will be sent to the State Vital Records Office.
- No amendment fee is required.

Replacement Copies

- Customer may request a replacement copy if their certificate was amended.
- Counties can issue replacements for up to 6 months from the date of the event.
- You must obtain the original copies from the customer before issuing a replacement, have security paper voided, and shred the originals.



To void security paper, email void spreadsheet to CHS.VitalRecords@oha.oregon.gov



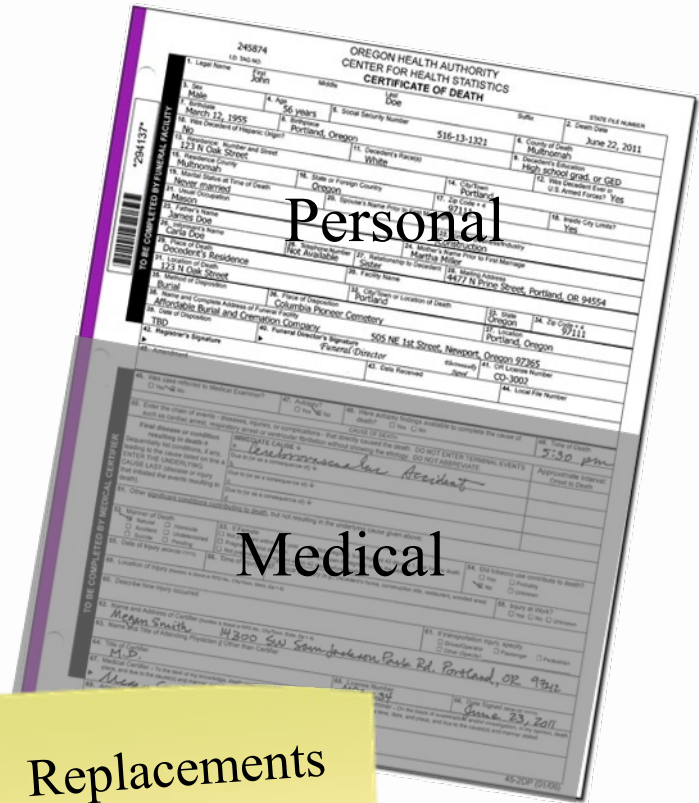
Replacement Certificate-Birth

- One free replacement
- \$5 for each additional certificate being replaced.
- Issue replacements only after original certificates are returned.
- If the customer cannot return certificates, a new order and fee is required.



Replacement Certificate-Death

- \$5 for each replacement after personal data amendment.
- \$5 for each replacement after personal and medical data amendment.
- If only medical data on the death record has been amended, you can provide all replacements without a replacement fee.
- No free exchange of long for short or short for long death certificates unless an amendment been done.



Replacements
for up to 6
months from
the date of
event

Verify Amendment is Complete

Order Processing Menu

20160400005 :Jim Winter 📄

/Order Valid/Completed

Applicant
 Match Events
 Services
 Payments
Summary
 Validate Order
 Assign Status
 Attachments

Order Summary

Source: Mail
 Received Date: APR-05-2016

ProCheck / ProID Status:
 Fee Effective Date: APR-05-2016

Applicant Information

Name: Jim Winter
 Address: 555 5th Street
 Clackamas, Oregon 97222
 Attention: Jim Winter
 Phone: (555) 555-5555
 Email:

Payment Information

Type	Amount	User
Check	\$25.00	County Skeleton Key
Paid:	\$25.00	
Due:	\$25.00	
Balance:	\$0.00	

Shipping Information

Name: Jim Winter
 Address: 555 5th Street
 Clackamas, Oregon, United States 97222
 Attention:
 Phone:
 Email:

Event Requested

Event Type: Death Correspondence Work Order Amend Receipt Mailing Envelope Mailing Label
 Relation: Funeral Home
 Relocate File Number:
 Conversion Locate Number:
 Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/ A/Amendment Exists
 Comments:

Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	1	APR-05-2016 04:54 PM


Services

Service Name	Quantity	Priority	Delivery	Fee
Death CC Long 📄	1	Regular	MAIL	\$25.00 Issue

New Order
Copy to New
Validate Order
Void
Issuance History

Previous
Return

PUBLIC HEALTH DIVISION
 Center for Health Statistics



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Verify Amendment is Complete

Order Processing Menu

20160400005 :Jim Winter 📄

/Order Valid/Completed

- Applicant
- Match Events
- Services
- Payments
- Summary
- Validate Order
- Assign Status
- Attachments

Order Summary

Source: Mail

Received Date: APR-05-2016

ProCheck / ProID Status:

Fee Effective Date: APR-05-2016

Applicant Information

Name: Jim Winter

Address: 555 5th Street
Clackamas, Oregon 97222

Attention: Jim Winter

Phone: (555) 555-5555

Email:

Payment Information

Type	Amount	User
Check	\$25.00	County Skeleton Key
Paid:	\$25.00	
Due:	\$25.00	
Balance:	\$0.00	

Shipping Information

Name: Jim Winter

Address: 555 5th Street
Clackamas, Oregon, United States 97222

Attention:

Phone:

Email:

Event Requested

Event Type: Death Correspondence Work Order Amend Receipt Mailing Envelope Mailing Label

Relation: Funeral Home

Relocate File Number:

Conversion Locate Number:

Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists

Comments:

Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	1	APR-05-2016 04:54 PM

Services

Service Name	Quantity	Priority	Delivery	Fee
Death CC Long	1	Regular	MAIL	\$25.00 Issue

New Order
Copy to New
Validate Order
Void
Issuance History

Previous
Return

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Center for Health Statistics

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Verify Amendment is Complete

View a Working Copy of the record to verify the amendment is complete.

Death Registration Menu	7324748 :June Anne Test JUN-26-2023 Amendment Exists
Personal Information	/Personal Valid/Medical Valid/Registered/Signed/Certified/NA/Birth Death Linkage Required Over 1 Year/ICD Coding Required/24-Hour Notice/Amendment Exists
Decedent	
Other Links	Print Forms
Comments	Working Copy
Correspondence	Final Disposition
Event and Issuance History	
Print Forms	
Validate Registration	

[Return](#)

Verify Amendment is Complete

On a working copy of a certificate, each section is numbered.

- Section numbers 45 and 69 list the amendment(s) made to the record by the funeral director and medical certifier on a death certificate.
- Section number 12 lists the amendment(s) made to the record on a birth certificate.

45. Amendment Date of Death formerly Apr-02-2017 amended by medical certifier's affidavit 2/18/17, M. Smith, Co. Reg., mgf

69. Amendment Time of Death, Manner, and Other significant conditions amended by medical certifier's affidavit 2/18/17, M. Smith, Co. Reg., mgf

11a. Registrar's Signature ◆ <i>Jennifer A. Woodward</i>	<i>Electronically Signed</i>	11b. Date Filed April 10, 2023	Local File Number
12. Amendment Father's Last Name, formerly Kllder, amended electronically by hosp due to typographical error, J.A. Woodward, State Reg., sw 05/24/2023.			

Notification when amendment is complete

You can be notified if you have an order where the amendment is not complete or has an AOP Pending status.

Leave a comment on the record with your contact information.

- Click on **Yes** in the Matched Events section.
- Click on Comments in the Birth/Death Registration Menu
- Enter a **General** comment type.

Once the amendment is complete the Amendments team will email you.

Matched Events			Services	
Registrant	Match	Total Number of Issuances	Date of Last Issuance	Service Name
Child Test	Yes	1	3/2/2023 10:40:00 AM	Birth CC Short

Birth Registration Menu

- Parent Information
- Child
- Other Links
 - Print Forms
 - ✓ Comments
 - Correspondence
 - Event and Issuance History
 - Validate Registration

Replacement Copies-Summary

Order Processing Menu

- Applicant
- Match Events
- Services
- Payments
- Summary
- Validate Order
- Assign Status
- Attachments

20160400005 :Jim Winter 🗄

/Order Valid/Completed

Order Summary

Source: Mail

Received Date: APR-05-2016

ProCheck / ProID Status:

Fee Effective Date: APR-05-2016

Applicant Information

Name: Jim Winter

Address: 555 5th Street
Clackamas, Oregon 97222

Attention: Jim Winter

Phone: (555) 555-5555

Email:

Payment Information

Type	Amount	User
Check	\$25.00	County Skeleton Key
Paid:	\$25.00	
Due:	\$25.00	
Balance:	\$0.00	

Shipping Information

Name: Jim Winter

Address: 555 5th Street
Clackamas, Oregon, United States 97222

Attention:

Phone:

Email:

Event Requested

Event Type: Death Correspondence Work Order Amend Receipt Mailing Envelope Mailing Label

Relation: Funeral Home

Relocate File Number:

Conversion Locate Number:

Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists

Comments:

Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	1	APR-05-2016 04:54 PM

Services

Service Name	Quantity	Priority	Delivery	Fee
Death CC Long 🗄	1	Regular	MAIL	\$25.00 Issue

[New Order](#) [Copy to New](#) [Validate Order](#) [Void](#) [Issuance History](#)

[Previous](#) [Return](#)

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Center for Health Statistics

Replacement Copies-Applicant

Order Processing Menu

Applicant

- Match Events
- Services
- Payments
- Summary
- Validate Order
- Assign Status
- Attachments

20220100045 :Kathy Test

/Order Invalid/Incomplete/Insufficient Funds

Applicant

Applicant: Person Organization ID Type: Other:
 Expedite Order

Name

Name Unknown

Prefix **First** **Middle** **Last** **Suffix** Fraud Suspect?

Address

Street Number Pre Directional Street Name Street Designator Post Directional Apartment Number
City or Town State Country Zip Code



Sandy

Oregon

United States

97055

Clear Save Next Return

Replacement Copies-Services

- Order Processing Menu
- Applicant
- Match Events
- Services**
- Payments
- Summary
- Validate Order
- Assign Status
- Attachments

20220100045 :Kathy Test
/Order Invalid/Incomplete/Insufficient Funds

Services

Source Received Date Fee Effective Date

1
Name: Noel Test
Applicant Relationship to Registrant: **Mother**

Id	Service	Quantity	Priority	Delivery	Request Reason	Other	Fee
1	Birth CC Short	1	Regular	COUNTER	Legal		\$26.00 Edit Reverse

Add Service

Save Previous Next Return

Replacement Copies-Services

Order Processing Menu

Applicant
Match Events

Services

Payments
Summary
Validate Order
Assign Status
Attachments

20220100045 :Kathy Test
/Order Invalid/Incomplete/Insufficient Funds

Services

Source **Counter** Received Date **FEB-23-2021** Fee Effective Date **FEB-23-2021**
MMM-dd-yyyy MMM-dd-yyyy

1

Name: Noel Test

Applicant Relationship to Registrant: **Mother**

Id	Service	Quantity	Priority	Delivery	Request Reason	Other	Fee	
1	Birth CC Short	1	Regular	COUNTER	Legal			Edit Reverse

Service: **Birth Replace CC with Fee** Quantity: **1** Priority: **Regular** Delivery: **COUNTER**
Request Reason: **Legal** Other Specify:
Save **Cancel**

Add Service

Birth Options:

Service dropdown menu:
Birth CC Short
Birth Replace CC No Fee
Birth Replace CC with Fee
Veterans Birth CC

Death Options

Service dropdown menu:
Death CC Long
Death CC Short
Death Replace CC Long No Fee
Death Replace CC Long with Fee
Death Replace CC Short No Fee
Death Replace CC Short with Fee
NRL Death Uncertified
Veterans Death CC Long

Save Previous Next Return

Replacement Copies-Services

Order Processing Menu

- Applicant
- Match Events
- Services**
- Payments
- Summary
- Validate Order
- Assign Status
- Attachments

20160400009 :Jim Winter
/Order Invalid/Incomplete/Insufficient Funds

Services

Source Received Date Fee Effective Date

Will this order be paid for by Credit Card?

1 Name: Beth Smith

Applicant Relationship to Registrant: Funeral Home

Id	Service	Quantity	Priority	Delivery	Request Reason	Other	Fee	
1	Death Replace CC with Fee	1	Regular	COUNTER	Legal		\$5.00	Edit Reverse



Replacement Copies-Payments

Order Processing Menu

- Applicant
- Match Events
- Services
- Payments**
- Summary
- Validate Order
- Assign Status
- Attachments

20160400009 :Jim Winter
/Order Invalid/Incomplete/Insufficient Funds

Payments

Received Date: APR-06-2016 Fee Effective Date: APR-06-2016

Add Payments

Cash **Add Payment**
Check
Money Order
No Fee Service
Refund

payments for this order. To add a payment select a payment type and click Add Payment.

SubTotal:	\$5.00
Total:	= \$5.00
Paid:	\$0.00
Balance:	= \$5.00
Change Due:	\$0.00

Edit Payer Previous **Next** Return



Replacement Copies-Payments

Order Processing Menu

- Applicant
- Match Events
- Services
- Payments**
- Summary
- Validate Order
- Assign Status
- Attachments

20160400009 :Jim Winter
/Order Invalid/Incomplete/Insufficient Funds

Payments

Received Date: APR-06-2016 Fee Effective Date: APR-06-2016

Add Payments

Cash

Payment Date	User	Amount	
APR-06-2016	CountySK	5.00	Save Cancel

SubTotal: \$5.00
Total: = \$5.00
Paid: \$5.00
Balance: = \$0.00
Change Due: \$0.00

Replacement Copies-Summary

Order Processing Menu

- Applicant
- Match Events
- Services
- Payments
- Summary**
- Validate Order
- Assign Status
- Attachments

20160400009 :Jim Winter
/Order Valid/incomplete

Order Summary

Source: Counter
Received Date: APR-06-2016

ProCheck / ProID Status:
Fee Effective Date: APR-06-2016

Applicant Information		Payment Information	
Name:	Jim Winter	Type	User
Address:	555 5th Street Clackamas, Oregon 97222	Cash	\$5.00 County Skeleton Key
Attention:	Jim Winter	Paid:	\$5.00
Phone:	(555) 555-5555	Due:	\$5.00
Email:		Balance:	\$0.00

Shipping Information

Name: Jim Winter
Address: 555 5th Street
Clackamas, Oregon, United States 97222
Attention:
Phone:
Email:

Event Requested

Event Type: Death Suspend Reject Request Correspondence Work Order Amend Receipt Mailing Envelope Mailing Label
Relation: Funeral Home
Relocate File Number:
Conversion Locate Number:
Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists
Comments:

Matched Events				Services				
Registrant	Match	Total Number of Issuances	Date of Last Issuance	Service Name	Quantity	Priority	Delivery	Fee
Beth Smith	Yes	1	APR-06-2016 01:52 PM	Death Replace CC with Fee	1	Regular	COUNTER	\$5.00 Issue

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Replacement Copies-Summary

Order Processing Menu

- Applicant
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- ▶ Summary
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- Attachments

20160400009 :Jim Winter 📄
 (Order Valid/Completed)

Order Summary

<p>Source: Counter Received Date: APR-06-2016</p> <hr/> <p>Applicant Information</p> <p>Name: Jim Winter Address: 555 5th Street Clackamas, Oregon 97222 Attention: Jim Winter Phone: (555) 555-5555 Email:</p> <hr/> <p>Shipping Information</p> <p>Name: Jim Winter Address: 555 5th Street Clackamas, Oregon, United States 97222 Attention: Phone: Email:</p> <hr/> <p>Event Requested</p> <p>Event Type: Death Correspondence Work Order Amend Receipt Mailing Envelope Mailing Label Relation: Funeral Home Relocate File Number: Conversion Locate Number: Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists Comments:</p> <hr/> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Registrant</th> <th style="text-align: left;">Match</th> <th style="text-align: left;">Total Number of Issuances</th> <th style="text-align: left;">Date of Last Issuance</th> </tr> </thead> <tbody> <tr> <td>Beth Smith</td> <td>Yes</td> <td>2</td> <td>APR-06-2016 02:44 PM</td> </tr> </tbody> </table>	Registrant	Match	Total Number of Issuances	Date of Last Issuance	Beth Smith	Yes	2	APR-06-2016 02:44 PM	<p>ProCheck / ProID Status: Fee Effective Date: APR-06-2016</p> <hr/> <p>Payment Information</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Type</th> <th style="text-align: left;">Amount</th> <th style="text-align: left;">User</th> </tr> </thead> <tbody> <tr> <td>Cash</td> <td>\$5.00</td> <td>County Skeleton Key</td> </tr> <tr> <td>Paid:</td> <td>\$5.00</td> <td></td> </tr> <tr> <td>Due:</td> <td>\$5.00</td> <td></td> </tr> <tr> <td>Balance:</td> <td>\$0.00</td> <td></td> </tr> </tbody> </table> <hr/> <p>Services</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Service Name</th> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Priority</th> <th style="text-align: left;">Delivery</th> <th style="text-align: left;">Fee</th> </tr> </thead> <tbody> <tr> <td>Death Replace CC with Fee</td> <td>1</td> <td>Regular</td> <td>COUNTER</td> <td>\$5.00 Issue</td> </tr> </tbody> </table>	Type	Amount	User	Cash	\$5.00	County Skeleton Key	Paid:	\$5.00		Due:	\$5.00		Balance:	\$0.00		Service Name	Quantity	Priority	Delivery	Fee	Death Replace CC with Fee	1	Regular	COUNTER	\$5.00 Issue
Registrant	Match	Total Number of Issuances	Date of Last Issuance																															
Beth Smith	Yes	2	APR-06-2016 02:44 PM																															
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Death Replace CC with Fee	1	Regular	COUNTER	\$5.00 Issue																														

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Replacement Copies-Comments

Comments

Order Number: 20160400009
Event Type: Death
Received Date: 4/6/2016 12:00:00 AM
Registrant Name: Beth Smith

No data found.

Enter New Comment

Comment Type: **Order processing**

Comment: Previous order 20160400005 voided and paper number 00003318400 voided due to amendment. -Krystalyn

Maximum text length: 4000 Characters left: 3902

Save
Clear
Cancel
New Comment
Close

Replacement Copies- ID Comments

Comments [X]

Comments

Order Number: 20230900019
Event Type: Birth
Received Date: 6/26/2023 12:00:00 AM
Registrant Name: June Anne Test

No data found.

Enter New Comment

Comment Type: ID [v]

OR DL 12345.

Comment:

Maximum text length: 4000 Characters left: 3987

Save
Clear
Cancel

New Comment [Close]

Replacement Copies-Summary

Order Processing Menu

20160400005 :Jim Winter
/Order Valid/Completed

☰

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Order Summary

Source: Mail

Received Date: APR-05-2016

ProCheck / ProID Status:

Fee Effective Date: APR-05-2016

Applicant Information

Name: Jim Winter
Address: 555 5th Street
 Clackamas, Oregon 97222
Attention: Jim Winter
Phone: (555) 555-5555
Email:

Payment Information

Type	Amount	User
Check	\$25.00	County Skeleton Key
Paid:	\$25.00	
Due:	\$25.00	
Balance:	\$0.00	

Shipping Information

Name: Jim Winter
Address: 555 5th Street
 Clackamas, Oregon, United States 97222
Attention:
Phone:
Email:

Event Requested

Event Type: [Death](#) [Correspondence](#) [Work Order](#) [Amend](#) [Receipt](#) [Mailing Envelope](#) [Mailing Label](#)
Relation: Funeral Home
Relocate File Number:
Conversion Locate Number:
Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists
Comments:

Matched Events

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	1	APR-05-2016 04:54 PM

Services

Service Name	Quantity	Priority	Delivery	Fee
Death CC Long ☰	1	Regular	MAIL	\$25.00 Issue

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Replacement Copies-Summary

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- Attachments

20160400009 :Jim Winter
/Order Valid/Completed



Order Summary

Source: Counter
Received Date: APR-06-2016

ProCheck / ProID Status:
Fee Effective Date: APR-06-2016

Applicant Information

Name: Jim Winter
Address: 555 5th Street
Clackamas, Oregon 97222
Attention: Jim Winter
Phone: (555) 555-5555
Email:

Payment Information

Type	Amount	User
Cash	\$5.00	County Skeleton Key
Paid:	\$5.00	
Due:	\$5.00	
Balance:	\$0.00	

Shipping Information

Name: Jim Winter
Address: 555 5th Street
Clackamas, Oregon, United States 97222
Attention:
Phone:
Email:

Event Requested

Event Type: Death Correspondence Work Order Amend Receipt Mailing Envelope Mailing Label
Relation: Funeral Home
Relocate File Number:
Conversion Locate Number:
Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists
Comments: Previous order 20160400005 voided and paper number 00003318400 voided due to amendment. -Krystalyn

Matched Events


Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth	..		

Services

Service Name	Quantity	Priority	Delivery	Fee
Death Replace CC with Fee	1	Regular	COUNTER	\$5.00 Issue

Intaglio Paper

- Security paper needs to be voided when a customer is returning the original for a replacement, and when it gets ruined or destroyed in the printing process.
- Email the Tracking Voids Excel Spreadsheet with a list of the voided security paper numbers. Send on the 1st and 15th of every month.

A yellow sticky note with a slight shadow, containing text about emailing a spreadsheet.

Email the
spreadsheet to
[chs.vitalrecords
@oha.oregon.gov](mailto:chs.vitalrecords@oha.oregon.gov)

Contacts

OVERS Help Desk Technical Support

971-673-0279

8:00 am – 5:00 pm

Monday – Friday

Kathy Ellis

Vital Records Trainer

971-673-1353

Kathy.Ellis@oha.oregon.gov

Amendments

971-673-1147

CHS.Amendments@oha.oregon.gov

Derrick Patterson

Vital Records County Liaison

971-673-1166

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David Tyner

Vital Records Certification Manager

971-673-1182

CHS.VitalRecords@oha.oregon.gov



Thank you!