



Use this form to order an official copy of the birth certificate, directly from the County **Within the first 6 months following birth**

Requests made after 6 months of the child's birth must be requested from Oregon Vital Records. Website for further information: healthoregon.org/chs

You will need a certified copy of your child's birth certificate in the future for school entry, sports, obtaining a social security number, driver's license, passport, etc.

Baby's Full Name: _____
First Middle Last

Date of Birth: _____ Male Female Non-binary (X)
Month / Day / Year

Place of Birth: _____
Hospital / Home / Other City State

Mother's Full Name: _____
First Middle Maiden Last

Father's Full Name: _____
First Middle Last

Relationship to the child: _____ Reason for needing the record: _____
(Required) (Required)

Name of person ordering: _____ Signature: _____
(Required) (Required)

Your Address: _____
Number Street City State Zip

Contact Phone Number: _____

Person ordering: Attach legible photocopy of current, government issued photo ID.

None parent of the child, please attach a photocopy of birth certificate, court paperwork, or other documents that show your relation to the child.

Current Mailing Address: _____
Number Street City State Zip

_____ Number of certified records requested. \$25 each certificate
Quantity

Please make your check* or money order payable to **Coos Health & Wellness**
*If paying by personal check, it may be up to 15 days from receipt of payment before vital record is issued

Card payments can be processed by going to: <https://cooshealthandwellness.org/online-payments/> and selecting "Public Health Online Payments" (order form and ID is still required for processing)

Online payment has been processed

Included is a check or money order