

Clackamas County Department of Human Services
Community Health Division

DEATH RECORD ORDER FORM

\$20 first copy / \$15 every additional copy

_____ Number of Certified Copies Requested

_____ Number of fact of death copies requested — does not include cause of death

1. Name on Record _____

2. Spouse of Deceased _____

3. Date of Death _____

4. Place of death _____ OREGON

5. Name of Person Ordering Record _____

6. Your Relationship to the
Person Named on the Record _____

7. Reason for Ordering Record _____

In accordance with law - ORS 432.121, access to death records is restricted for 50 years to 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 enclose a copy of the legal document. If you are not eligible, enclose a written permission note with a notarized signature of an eligible person.

Send to: **CLACKAMAS COUNTY VITAL RECORDS**
2051 KAEN ROAD SUITE 367
OREGON CITY, OR 97045

Make checks/money orders payable to: **CCPHD/Vital Records**
PLEASE DO NOT SEND CASH

RECORDS ARE \$20 FOR THE FIRST COPY; \$15 FOR EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME

If the requested record cannot be found, the \$20 fee must be retained as a search fee as prescribed by Administrative Rule 333-011-0106

For current ordering information call (503)655-8406.

Warning: Providing false information is a felony under ORS 432.993

PLEASE ENTER YOUR MAILING ADDRESS BELOW:

Name _____

Street _____

City/State/Zip _____

Daytime Telephone Number _____

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 \$25 penalty may be assessed for NSF checks per ORS 30.701 (5).