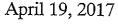




800 NE Oregon Street Portland, OR 97232-2187

> Voice: 971 - 673-1185 Fax: 971 - 673-1201

TTY: 711



Casey Purington 18350 N 32nd Street Phoenix AZ 85032

Dear Mr. Purington:

This is in response to your Order to Oregon State, and or State Registrar.

I cannot respond to your request under HUR-192 since Oregon laws and rules do not make any reference to the Universal Commercial Code.

Under Oregon Revised Statute 432.030 (1) The State Registrar of the Center for Health Statistics shall (b) Direct and supervise the system of vital statistics and the Center for Health Statistics, and be custodian of its records.

Oregon Revised Statutes in 432.380 define who is eligible to order a certified copy of a birth record on file and the process for requesting such a record. In ORS 432.380 (2)(a) it states that the State Registrar of the Center for Health Statistics shall require an applicant for a certified copy to submit a signed application, documentation of identity and evidence of eligibility.

I have enclosed order forms for your use. You have the option of ordering a short form birth certificate for \$25 or a long form certificate for \$30.

Sincerely,

Jennifer A Woodward, Ph.D.

State Registrar



Oregon Birth Record Order Form Full image (long form), 1903-2007

Number of certified records requested \$30 each certificate

. Full name on record:(first)	(middle)		(last)					
2. Date of birth: 3.	Sex:	4. Place of birth	•		÷	OF	REG	ON
			(city)	(county)	-			
5. Mother/Parent A's legal birth name			•			USE ONL		
(maiden name)	(first)	(middle)	(last name at mother's birth/ma	aiden name)	DO NOT WRIT		SPAC	<u>:E</u>
6. Father/Parent B's full name:					Certificate number:			
(first)		(middle)	(last)					
7. Your relationship to person named	l in line 1:							
8. Reason for needing record:								
9. Daytime telephone number:								
11. Name of person ordering:							1	12
40.14					Film		<u> </u>	<u> </u>
12. Your address:					Film (P) Computer		+	+
13. City/State/ZIP:					Indexes		1	\perp
15. Oity/State/21F.					Index (P)		+	+
14. Person ordering: Attach legil document and representative	e's ID. See ba	ck of form for alt	ernative ID options					
15. Required signature of person o	ordering:				☐ Excess fee	☐ Out/sta	ate	
In accordance with law — ORS 432	380 only the	norcon named o	n the record immed	liata	☐ No record	Uncorr	plete	ed
family members, legal representative	es and goverr	iment agencies a	re eligible to access	s birth	Check #:	•		
records. For all others, access to bir must enclose a copy of the legal do enclose a written permission note w	cument and re	presentative's ID	. If you are not eligi		File date:	Amendm	ent fe	ee:
					NRL/ref. issued:	Full issue	ed:	
Send to:		-	orders payable to:					
OREGON VITAL RECORDS		VVital Records	-ND 04011		Follow-up:	Compute	יר כטיטי	
PO BOX 14050 PORTLAND OR 97293-0050		ASE DO NOT SI			T Ollow-up.	Compute	, cop	· y ·
, with a real value of the second	ı'ha	CKS/MODOV OTAC	ers in U. S. Dollars	1	ŀ	1		

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

\$30 FOR THE FIRST RECORD; \$30 FOR EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME. The first \$30 fee is non-refundable once the search for the record has been completed. Administrative Rule OAR 333-011-0340(1).

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

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

Name		
Street		
City	State	ZIP
City	State	ZIP

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.

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 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, make photocopies of the documents and include them with your order form.

Documents must be dated within the last 30 days and show current mailing address where record 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 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. Cost: \$33.25 for one record, including security fee. 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. The cost of each screening is \$3.25. 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. Cost: \$48 for one record shipped by regular mail.

Order by telephone through VitalChek: 1-888-896-4988, 24 hours per day, 7 days per week, except for major holidays. Cost is \$49.95 for one record shipped by regular mail. Fees are not refundable. All major credit/debit cards accepted. Orders are processed through the VitalChek Network. The fee includes \$19.95 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.



Oregon Birth Record ORDER FORM

Number of certified records requested. \$25 first record/\$20 each additional copy of the same record ordered at the same time.

1. Full name on record:	(middle)	(last)					
2. Date of birth: (mm/dd/yyyy)		• •			ORE	<u> GO</u>)N
(mm/dd/yyyy) (M or F) (city) (county) 5. Mother/Parent A's legal birth name: (maiden name) (first) (middle) (last name at mother's birth/maiden name)				OFFICE USE ONLY DO NOT WRITE IN THIS SPACE			<u> </u>
6. Father/Parent B's full name:	t) (middle)	(la	st)	Certificate numbe	r;		
7. Your relationship to person nam							
8. Reason for needing record:							
9. Daytime telephone number:	10. Email:						
11. Name of person ordering:						1	2
12. Your address:			<u> </u>	Film Film (P)			
13. City/State/ZIP:				Computer Indexes Index (P)			
14. Person ordering: Attach le document and representat				DF/CO Refund: \$			
15. Required signature of person ordering:					☐ Out/state	 }	
In accordance with law — ORS 43 family members, legal representative records. For all others, access to	tives and government agen	cies are eligible t	to access birth	No record Check #:	☐ Uncompl	leted	
must enclose a copy of the legal c enclose a written permission note	locument and representativ	e's ID. If you are	not eligible,	File date:	Amendmer	nt fee	::
Send to: OREGON VITAL RECORDS	Make checks/m OHA/Vital Reco	oney orders paya ords	able to:	NRL/ref. issued:	Full issued		
PO BOX 14050 PLEASE DO NOT SEND CASH PORTLAND OR 97293-0050 Checks/money orders in U. S. Dollars			Follow-up: Computer		сору:		
		est susse trade town towns			to promote mer		_
WARNING: Providing false information is a felony under ORS 432.993. \$25 FOR THE FIRST RECORD; \$20 FOR EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME. The \$25 fee is non-refundable once the search for the record has been completed. Administrative Rule OAR 333-011-0340(1).				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			
This form available in alternativ	e formats. See back for d	etails.		course of business not be provided to statement, but a c by other means. A \$35, may be asse per ORS 30.701(5	s, your check vo you with your copy can be re A penalty, not t essed for NSF	vill r ban trieve to exi	nk ed cee
Name				See second page ordering options a		a tim	ies.
Street City State ZIP				Information is also page at: www.hea	o available on althoregon.org	our /	Wel
				by calling 971-67	o-1190.		

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Documents such as:

- Utility bill (for example, telephone, gas, electric, water, garbage removal) or other bill;
- · Insurance statement, medical statement or paycheck stub,

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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,

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Order in person and receive the record within 30 minutes – 1 hour. Cost: \$28.25 for one record, including security fee. 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. The cost of each screening is \$3.25. 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. Cost: \$43 for one record shipped by regular mail.

Order by telephone through VitalChek: 1-888-896-4988, 24 hours per day, 7 days per week, except for major holidays. Cost is \$44.95 for one record shipped by regular mail. Fees are not refundable. All major credit/debit cards accepted. Orders are processed through the VitalChek Network. The fee includes \$19.95 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.