Print

Reset form

Request for Vital Records Publications

Stocked at, and shipped from,
Center for Health Statistics
This form can be accessed at: bit.ly/Form45-43b

OREGON HEALTH AUTHORITY

Mail to:

Agency/Facility/
County/Dept: _____

Street Address1/
or Attn: _____

Street Address2: _____

City/State/Zip: _____

Instructions:

Use street address.
Order the last approximately one month.
Enter quantity of packets.

Requester: _____ **Phone:** _____ **Date:** _____

Vital records pamphlets/handouts	Link to Form	Form no.	Qty.	
Let's Talk About Alcohol Use During Pregnancy - Engish/Spanish	------	------		(100 per pack)
The Oregon Birth Certificate - English	------	OHA 9751		(100 per pack)
The Oregon Birth Certificate - Spanish	------	SP OHA 9751		(100 per pack)
The Oregon Death Certificate - English	------	OHA 9752		(100 per pack)
The Oregon Death Certificate - Spanish	------	SP OHA 9752		(100 per pack)
REALD Data Collection: Birth Records - English/Spanish	bit.ly/REALDbirth	OHA 3841		(100 per pack)

Miscellaneous	Link to Form	Form no.	Qty.	
Commemorative Certificate of Registered Domestic Partnership (County Clerks only)	------	------		(100 per pack)
Request for Vital Records Forms and Tags	bit.ly/Form45-43	45-43	← Use bit.ly link to print form.	
Request for Vital Records Publications	bit.ly/Form45-43b	45-43B	← Use bit.ly link to print form.	

Note: bit.ly addresses are shortcuts to official CHS web pages or forms.

Email to: CHS.Registration@oha.oregon.gov
Fax to: 971-673-1201

Mail to: Center for Health Statistics
PO Box 14050
Portland, Oregon 97293-0050

Approved by: _____ Date sent: _____ Filled by: _____