CONFIRM BEFORE YOU AFFIRM

Check these fields for the most common typographical errors.

OREGON HEALTH AUTHORITY

Birth Registration Menu

Parent Information

Child

Child

Child's Name

First | Middle | Other Middle | Last | Suffix

Date of Birth | Time of Birth | Sex | Child SSN

MAR-08-2024 MMM-dd-yyyy | Female | Female

Request SSN for Child | Safe Harbor/Foundling Baby? No

Is Adoption/Legal proceeding expected? No

Father

Father

Father's Name

First | Middle | Last | Suffix

Date of Birth | Age | Social Security Number | None | Unknown

MMM-dd-yyyy

Father Birthplace

Birthplace State | Birthplace Country United States

Mother

Mother

Mother's Current Name

First | Middle | Last | Suffix

Copy Current Legal Name

Mother's Name Before First Marriage

First | Middle | Last | Suffix

Date of Birth | Age | Social Security Number | None | Unknown

MMM-dd-yyyy

Mother Birthplace

Birthplace State | Birthplace Country United States

Informant

Informant

Relationship of Informant to Baby | Other Specify

Informant Name

First | Middle | Last | Suffix

Mother Address

Mailing Address

Same As Residence Address

Street Number | Pre Directional | Street Name, Rural Route, etc. | Street Designator | Post Directional | Apt #, Suite #,etc

City or Town | State | Country United States | Zip Code

Verify BEFORE YOU Certify

March 2024