

PART I	PLEASE FURNISH INFORMATION AS TAKEN FROM ORIGINAL BIRTH RECORD. THIS INFORMATION IS NECESSARY TO LOCATE THE ORIGINAL BIRTH CERTIFICATE.					
FACTS OF BIRTH	1. Name of child — First		Middle name	Last name	1A. Sex	
	2. Date of birth		3. Name of physician, if known			
	4A. Place of birth — Hospital		4B. City	4C. State (if not in U.S.A., name country)		
NATURAL PARENTS' DATA	5. Name of mother — First		Middle name	Maiden name	Last name	
	6. Name of father — First		Middle name	Last name		
	7. U.S. citizenship — Was natural mother a U.S. citizen when child was born? <input type="checkbox"/> No <input type="checkbox"/> Yes		8. U.S. citizenship — Was natural father a U.S. citizen when child was born? <input type="checkbox"/> No <input type="checkbox"/> Yes			
PRIOR ADOPTION	9. Was the child listed above previously adopted in the united states? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please complete item #10.			10. State/County of adoption:		
PART II	PLEASE ENTER INFORMATION BELOW AS IT IS TO APPEAR ON THE NEW BIRTH RECORD. If any information is left blank, it will be blank on the birth certificate. All information requested below MUST be provided or a new birth certificate cannot be completed for filing.					
MOTHER (check one) <input type="checkbox"/> Adoptive <input type="checkbox"/> Natural <input type="checkbox"/> Parent A	11. Current legal name of mother/parent A — First		Middle name	Last name		
	11A. Legal/Maiden name at birth of mother/parent A — First		Middle name	Last name at mother's birth/maiden name		
	12. Date of birth		13. State of birth (if not in U.S.A., name country)		14. Social Security Number	
	15. Mother's residence at time of child's birth		15A. Residence street address			
	15B. State (if not in U.S.A., name country)		15C. County	15D. City	15E. Zip code	15F. Inside city limits? <input type="checkbox"/> No <input type="checkbox"/> Yes
FATHER (check one) <input type="checkbox"/> Adoptive <input type="checkbox"/> Natural <input type="checkbox"/> Parent B	16. Name of father/parent B — First		Middle name	Last name		
	17. Date of birth		18. State of birth (if not in U.S.A., name country)		19. Social Security Number	
	20A. If adoptive person is an adult, is new birth record to be issued? <input type="checkbox"/> No <input type="checkbox"/> Yes		20B. Is this a step-parent adoption? <input type="checkbox"/> No <input type="checkbox"/> Yes		20C. Is this a single-parent adoption? <input type="checkbox"/> No <input type="checkbox"/> Yes	
AGENCY	21. Agency or person through which child was obtained					
ATTORNEY	22A. Name (print or type)		22B. Mailing address		22C. Telephone	
	23A. Current mailing address				23B. Telephone	
PART III	The clerk of the court should require that as much of the information as is available in parts I and II be completed before certification is made and the report mailed to the registrar of vital statistics.					
	24. I hereby certify that an adoption decree was filed on the _____ Day of _____ 20_____ Case no. _____		25. Adopted name of child as set forth in decree First name Middle name Last name			
	26. Signature of _____ Clerk of court _____ County of _____					

COURT SEAL:

**The \$35 fee for amendment of Oregon birth certificate may be submitted with this form.
The \$35 fee does not include a certified copy of the new certificate.**

One short-form certificate is \$25.

One full-image, long-form certificate is \$30 (available for 1903-2007).

Mail to: Center for Health Statistics, P.O. Box 14050, Portland, Oregon 97293-0050 45-24 (01/16)