

Request for Vital Records Publications

Stocked at, and shipped from,
Center for Health Statistics

This form can be accessed at: bit.ly/Form45-43b



Mail to:
 Agency/Facility/
 County/Dept: _____
 Street Address1/
 or Attn: _____
 Street Address2: _____
 City/State/Zip: _____

Instructions:

Use street address.

Enter quantity and check Pack (Pk) or Each (Ea).

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

Publication title	Amount per pack	Form number	Qty	Check one	
Vital-records pamphlets/handouts					
The Oregon Birth Certificate - English	(100 per pack)	OHA 9751		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
The Oregon Birth Certificate - Spanish	(100 per pack)	SP OHA 9751		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
The Oregon Death Certificate - English	(100 per pack)	OHA 9752		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
The Oregon Death Certificate - Spanish	(100 per pack)	SP OHA 9752		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Electronic Registration of Death Records	-----	OHA 9771		-----	<input type="checkbox"/> Ea
REALD Data Collection: Birth Records - English/Spanish	(100 per pack)	OHA 3841		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Paternity pamphlets/handouts					
What is Paternity? Pamphlet- English	(25 per pack)	-----		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
What is Paternity? Pamphlet - Spanish	(25 per pack)	-----		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Miscellaneous					
Handout - Let's Talk About Alcohol Use During Pregnancy - Eng/Span	(100 per pack)	-----		<input type="checkbox"/> Pk	<input type="checkbox"/> Ea
Certificate of Registered Domestic Partnership (County Clerks only)	-----	-----		-----	<input type="checkbox"/> Ea
Request for Vital Records Forms and Tags bit.ly/Form45-43	-----	45-43		-----	<input type="checkbox"/> Ea
Request for Vital Records Publications bit.ly/Form45-43b	-----	45-43B		-----	<input type="checkbox"/> Ea

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: _____