

DEATH CERTIFICATE ORDER FORM

A certified copy of a death certificate is available to you through the Josephine County Public Health Dept the first six (6) months after the death.

To order a certified copy of the death certificate, please complete this form and mail or bring in it to Josephine County Public Health Dept along with a check or money order and a copy of picture ID. You may obtain the certified in person at the Health Department on Monday through Friday 8:00 am to 11:30 noon and 1:00 pm to 4:30 pm.

If you have any questions, please call Josephine County Public Health at 474-5330.

Name of Deceased	(First) (Middle) (Last)
Date of Death	(Month/Day/year)
Place of Death	(City) (County)
Birth date of Deceased	((Month/Day/year)
Spouse of Decedent	(First) (Middle) (Last)
Person Requesting Record	
Relationship to Deceased	
Explain your need for this information	
Daytime Phone Number	
Mailing Address	
FEE:	The non-refundable search fee for the first copy of a certificate is \$20; each additional copy ordered at the same time is \$15. Fees for additional copies will be refunded if no record can be found. Payment should be made to Josephine County Public Health Department.

FEE: _____ 1 Certified Copy \$20.00 for 1st Copy + \$15.00 for each additional
 copies _____ 2 Certified Copies \$35.00 (\$20.00 for 1st Copy + \$15.00 for 2nd copy)
 _____ 3 Certified Copies \$50.00 (\$20.00 for 1st, + \$15.00 ea for 2nd & 3rd copy)

In accordance with law – ORS 432.121, access to death records is restricted for 50 years to family members, legal representatives, government agencies, persons licensed or registered under ORS 703.430 and persons with a personal or property right. Legal guardians must enclose a copy of the legal document. If you are not eligible, enclose a written permission note with a notarized signature of an eligible person.

MAIL TO: Josephine County Public Health Dept
 715 NW Dimmick
 Grants Pass OR 97526

BIRTH CERTIFICATE ORDER FORM

Dear Parents:

Congratulations on the birth of your baby! A certified copy of your child's birth certificate is available to you through the Josephine County Public Health Dept the first six (6) months after the birth of your child.

To order a certified copy of your baby's birth certificate, please complete this form and mail it to Josephine County Public Health Dept along with a check or money order. You may obtain the certified in person at the Health Department on Monday through Friday 8:00 am to 12:00 noon and 1:00 pm to 5:00 pm.

If you have any questions, please call Josephine County Public Health at 474-5325.

Name of Child	(First)	(Middle)	(Last)
Date of Birth	(Month/Day/year)		
Place of Birth	(City)	(County)	
Mother's Full Name	(First)	(Middle)	(Maiden Last Name)
Father's Name	(First)	(Middle)	(Last)
Person Requesting Record			
Relationship to Child			
Daytime Phone Number			
Mailing Address			

FEE: _____ 1 Certified Copy \$20.00
 _____ 2 Certified Copies \$35.00 (\$20.00 for 1st Copy + \$15.00 for 2nd copy)
 _____ 3 Certified Copies \$50.00 (\$20.00 for 1st, + \$15.00 ea for 2nd & 3rd copy)

In accordance with law – ORS 432.120, in addition to having one's own record, a birth record can be furnished to the parents, guardian or respective legal representative. If you do not fall into one of the above categories, we will need written permission with a notarized signature from one of the above eligible persons. The written consent must accompany this form. Legal guardians must enclose copy of legal document.

MAIL TO: Josephine County Public Health Dept
 715 NW Dimmick
 Grants Pass OR 97526

FORMA PARA ORDENAR ACTAS DE NACIMIENTO

Estimados Padres:

¡Felicidades por el nacimiento de su bebé! Usted puede obtener una copia certificada del acta de nacimiento de su niño(a) acudiendo al Departamento de Salud Pública del Condado de Josephine durante los primeros 6 (seis) meses después del nacimiento.

Para ordenar una copia certificada del acta de nacimiento de su bebe, favor de llenar esta forma y enviarla a la dirección abajo mencionada. Favor de incluir pago en forma de cheque u orden de pago. También puede obtener copias en persona acudiendo al Departamento de Salud de Lunes a Viernes de 8:00 AM a 12:00 y de 1:00 a 5:00 PM.

Para cualquier pregunta, favor de llamar al Departamento de Salud Pública al 474-5325.

Nombre del Niño (a)	(primer nombre)	(segundo)	(apellido)
Fecha de Nacimiento	(mes/día/año)		
Lugar de Nacimiento	(Ciudad)	(Condado)	
Madre (nombre completo)	(primer nombre)	(segundo)	(apellido de soltera)
Padre (nombre complete)	(primer nombre)	(segundo)	(apellido)
Persona solicitando Registro			
Parentesco con Niño (a)			
Numero de Teléfono (día)			
Dirección			

COSTO: _____ 1 Copia Certificada - \$20.00
 _____ 2 Copias Certificadas -\$35.00 (\$20.00 primer copia + \$15.00 segunda copia)
 _____ 3 Copias Certificadas- \$50.00 (\$20.00 primer copia + \$15.00 adicionales)

Si desea pagar con cheque personal sus documentos serán detenidos hasta que el banco haya cobrado el cheque.

De acuerdo a la ley – ORS 432.120, además de poder obtener su propia información, registros también pueden ser obtenidas por los padres, guardianes o respectivo representante legal. Si usted no esta dentro de una de las categorías arriba mencionadas, necesitaremos permiso por escrito con firma notariada de la persona interesada. El consentimiento por escrito deberá acompañar esta forma. Guardianes legales deberán incluir una copia del documento legal.

ENVIAR PAGO A: Josephine County Public Health
 715 NW Dimmick Street
 Grants Pass OR 97526