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# County Staff *Records Issuance*

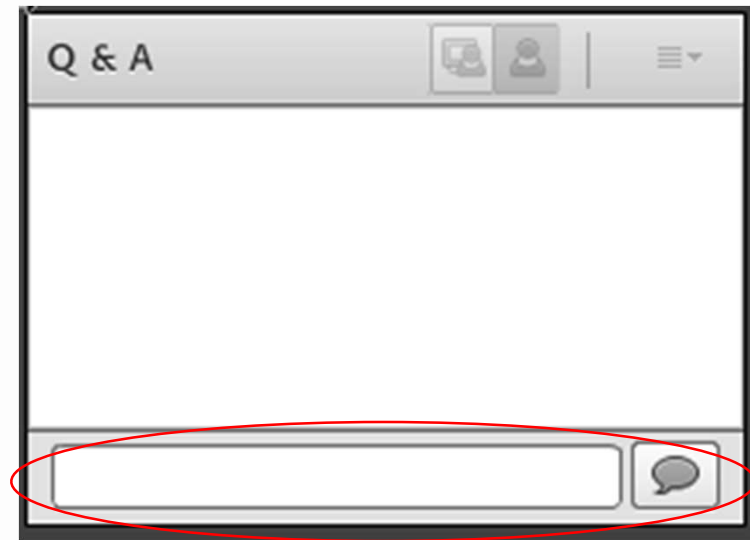
Center for Health Statistics

The logo for the Oregon Health Authority is centered within a light blue, rounded rectangular background. It features the word "Oregon" in a smaller, orange, serif font positioned above the "H" of the word "Health". The word "Health" is written in a large, dark blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font, with a thin blue horizontal line extending from the left side of the "H" in "Health" to the start of "Authority".

Oregon  
Health  
Authority

# How we will communicate

- Question and Answer Session between segments (phones will be unmuted)
- Type your questions in the Q & A chat box; we can either respond to questions individually or address to the whole group



# Today's Agenda

- **Eligibility**
- **Issuing Death and Birth Certificates**
- **Issuing a Replacement Copy**



# Eligibility - Who can order a **birth** record?

- **Mother**
- **Father or 2<sup>nd</sup> parent** if listed on record
- **Stepparent** if married to a parent listed on the birth record and child is under age 18
- **Registered domestic partner of the mother**
- **Grandmother/Grandfather** as long as their child is listed on the record
- **Sibling** age 18 or older need birth certificate as proof of eligibility

Who can order a  
birth certificate?

ORS  
432.380(2)(C)(B)(ii)

# Eligibility - Who can order a **birth** record?

- **Legal representative** with documentation of who they represent and why they are ordering
- **Government agencies** with documentation and why they are ordering
- **Legal Guardian** with documentation of legal guardianship paperwork
- **Non-eligible person** with a notarized permission note from an eligible person

Who can order a  
birth certificate?

ORS  
432.380(2)(C)(B)(ii)

# Eligibility - Who can order a **death** record?

- Current husband/wife/spouse
- Parent
- Child if 18 or over
- Grandparent
- Grandchild
- Sibling
- Registered domestic partner
- Legal guardian



Who can order a  
death certificate?

ORS  
432.380(2)(C)(B)(ii)-  
432.380(3)

# Eligibility - Who can order a **death** record?

- Government agency
- Legal representative of an immediate family member
- An agency or person who demonstrates a personal or property right reason
- Non-eligible person with a notarized permission note from an eligible person

Who can order a  
death certificate?

ORS  
432.380(2)(C)(B)(ii)-  
432.380(3)

# ID required to purchase a record

Any ONE of the following documents are acceptable:

- Current, valid Oregon driver's license, permit or ID card.
- Current, valid passport or passport card with photo.
- Current, valid out-of-state driver's license or ID card.
- Tribal membership or ID card with photo and address  
(without photo accepted as one of three pieces of ID).
- US alien registration card with photo.
- Armed services ID card with photo.
- Current student body card with name and photo (high school students only).
- Consulate card with photo and address.
- Citizen ID with photo.
- Permanent resident card with photo.
- State or Federal government ID badge with photo.





# ID required to purchase a record

OR... Any THREE of the following documents as long as one shows current address.

- Selective Service card or military discharge paper (must be original).
- US Immigration or naturalization papers.
- Concealed weapon permit with photo.
- Official papers issued by courts of record which include date of birth.
- Official corrections department or parole papers showing date of birth and identity.
- Vehicle registration or title.
- Personalized check or savings account passbook.
- Monthly account statement (**Documents Must Be No More Than 30 Days Old**).
- Pistol or firearms permit.

# ID required to purchase a record

**OR... Any THREE of the following documents as long as one shows current address.**

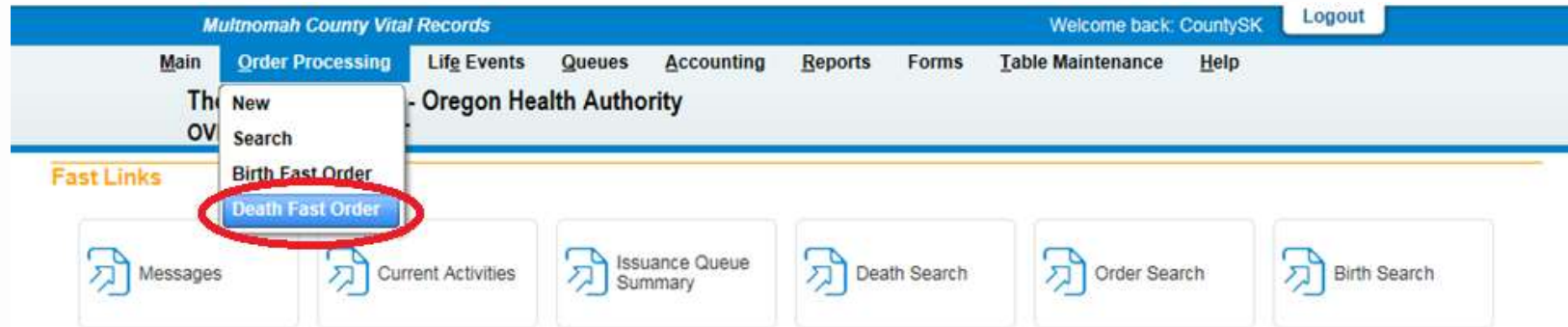
- State hunting or fishing license-cannot be expired.
- Recent utility or other bill with current address. **(Documents Must Be No More Than 30 Days Old).**
- Recent paycheck stub or paycheck (Official company type only). **(Documents Must Be No More Than 30 Days Old).**
- Company identification card.
- Voter registration card issued by a county elections department.
- Valid food stamp, welfare or unemployment identification.
- Medical or hospital card of identification.
- Tax statements – W-2 forms, etc. from current tax year
- Auto insurance policy.
- Union membership card.

# Q & A



# Issuing Death Certificates

## Death Fast Order



# Death Fast Order-Applicant

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Accounting](#) [Reports](#) [Forms](#) [Table Maintenance](#) [Help](#)

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**Death Fast Order**

Applicant:  Person  Organization ID Type:  Other:   Expedite Order

Name Valid Driver License  
Valid Passport  
Current Student Picture ID  
Government ID  
Military ID + Address Documentation  
Alien Registration Card + Address Documentation  
Tribal Picture ID + Address Documentation  
Naturalization Certificate + Address Documentation  
Other (Specify)

Prefix:  First  Middle

Applicant Address

Street Number  Pre Directional  Street Name  Post Directional  Apartment Number

City or Town  State  Country  Zip Code

[Home](#)   United States

Shipping Information  
 Contact Information

---

Eligibility

Applicant Relationship:  Other Specify:

---

Event Search

File Number: Year:   Number:

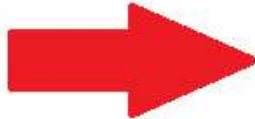
Registrant First:   Middle:   Last:

Date of Death Start:   End:

Date of Birth Start:   End:

Gender:   Place of Event City:   Place of Event County:

Number of rows to be returned:



# Death Fast Order-Applicant

Multnomah County Vital Records

Welcome back: CountySK

Logout

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## Death Fast Order

Applicant:  Person  Organization ID Type:    Expedite Order

### Name

Prefix  First  Middle  Last  Suffix

### Applicant Address

Street Number  Pre Directional  Street Name  Street Designator  Post Directional  Apartment Number   
City or Town  State  Country  Zip Code

### Shipping Information

Shipping Name: Prefix  First  Middle  Last  Suffix

### Shipping Address

Street Number  Pre Directional  Street Name  Street Designator  Post Directional  Apartment Number   
City or Town  State  Country  Zip Code

### Contact Information

Attention:   
Phone Number:  Alternate Number:  Fax Number:   
Email:



# Death Fast Order-Applicant

Eligibility

Applicant Relationship:  Other Specify:

Event Search

File Number: Year:   Number:

Registrant First:   Middle:   Last:

Date of Death Start:    End:

Date of Birth Start:    End:

Gender:    Place of Event City:   Place of Event County:

Number of rows to be returned:

- No Matching Event
- Legacy Record





Service

Source:   Priority:   Delivery:

▶ Service	▶ Quantity	▶ Request Reason	Other specify
<input type="checkbox"/> Death CC Long	<input type="text"/>	<input type="text"/> <input type="button" value="dropdown"/>	<input type="text"/>
<input type="checkbox"/> Death CC Short	<input type="text"/>	<input type="text"/> <input type="button" value="dropdown"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC No Fee	<input type="text"/>	<input type="text"/> <input type="button" value="dropdown"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC Short No Fee	<input type="text"/>	<input type="text"/> <input type="button" value="dropdown"/>	<input type="text"/>

# Death Fast Order-Event Search

## Event Search

File Number:   Year:   Number:    
 First:   Middle:   Last:    
 Start:    End:     
 Date of Birth:    End:     
 Gender:    Place of Event City:   Place of Event County:    
 Number of rows to be returned:

Search for Registrant using:  
 First Name  
 Last Name  
 and  
 Date of Death

Select	Date of Event	SFN	Registrant Name	
<input type="radio"/>			No Matching Event	
<input type="radio"/>			Legacy Record	
<input checked="" type="radio"/> Preview	MAR-15-2016	2016000018	Smith, Beth	Multnomah
				Total records : 1



# Death Fast Order-Preview

**Event Search** ⓘ

File Number: Year:   Number:

Registrant First:   Middle:   Last:

Date of Death Start:   End:

Date of Birth Start:   End:

Gender:   Place of Event City:   Place of Event County:

Number of rows to be returned:

Select	Date of Event	SFN	Registrant Name	Place of Event
<input type="radio"/>			No Matching Event	
<input type="radio"/>			Legacy Record	
<input checked="" type="radio"/> Preview	MAR-15-2016	2016000018	Smith, Beth	Multnomah

Total records : 1

**Service**

Source:  Priority:  Delivery:

Service	Quantity	Request Reason	Other specify
<input type="checkbox"/> Death CC Long	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death CC Short	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC No Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC Short No Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC Short with Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>



# Death Fast Order-Preview

**Preview**

**Preview**

Case Id: 4482546	Medical Record Number:	ME Case Number:
Decedent's Name: Beth Smith		Date of Death: MAR-15-2016
Decedent Alias:		
Spouse's Name:	Marital Status: Never married	
Sex: Female	Date of Birth: JAN-01-1999	SSN: None
City or Town of Death: Portland		County: Multnomah
Place of Death: Providence Portland Medical Center		
Residence: Beaverton Oregon, United States		
Mother's Maiden Name: Jane Watson		
Informant Name: Jane Smith		
Funeral Director: Agreat Funeral Director		
Funeral Home: Virgil T Golden Funeral Service, 605 Commercial Street SE, Salem		
Medical Certifier: Amedical Certifier		
Date Entered: MAR-15-2016	Last Update Made By: Registration Supervisor	
Status: (Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA)		

Hybrid records always show as “Not Registered”.  
If you have the legally sufficient death record in your hand, you can issue the certificate.

# Death Fast Order-Preview

Funeral Director: Agreat Funeral Director  
Funeral Home: Virgil T Golden Funeral Service, 605 Commercial Street SE, Salem  
Medical Certifier: Amedical Certifier  
Date Entered: MAR-15-2016 Last Update Made By: Registration Supervisor  
Status: /Personal Valid/Medical Invalid/Not Registered/Signed/Dropped to Paper/NA/Medical Pending/

# Death Fast Order-Service

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Total records : 1

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Service

Source **Mail** Priority **Regular** Delivery

Counter  
 Fax  
 Courier  
 Overnight Express  
 Death Phone  
 Death Priority Mail  
 Death Replace CC No Fee  
 Death Replace CC Short No Fee  
 Death Replace CC Short with Fee  
 Death Replace CC with Fee  
 Veterans Death CC

Quantity	Request Reason	Other specify
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

---

Payments

Cash  
 Check  
 No Fee Service  
 Refund

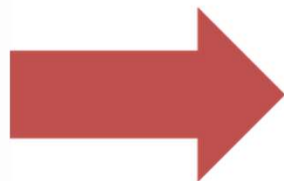
SubTotal:	\$0.00
Total:	= \$0.00
Paid:	\$0.00
Balance:	= \$0.00
Change Due:	<b>\$0.00</b>

---

Event Requested

Event Type: [Correspondence](#) [Work Order](#) [Receipt](#) [Mailing Envelope](#) [Mailing Label](#)

Relation:



# Death Fast Order-Service

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Total records : 1

---

Service

Source: Mail  Priority: Regular  Delivery: **COUNTER MAIL**

Service	Quantity	Req	Other specify
<input type="checkbox"/> Death CC Long	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death CC Short	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC No Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC Short No Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC Short with Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC with Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Veterans Death CC	<input type="text"/>	<input type="text"/>	<input type="text"/>

---

Payments

<input type="checkbox"/> Cash	<b>SubTotal:</b> \$0.00
<input type="checkbox"/> Check	<b>Total:</b> = \$0.00
<input type="checkbox"/> No Fee Service	<b>Paid:</b> \$0.00
<input type="checkbox"/> Refund	<b>Balance:</b> = \$0.00
	<b>Change Due:</b> \$0.00

---

Event Requested



# Death Fast Order-Service

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

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Total records : 1

Service

Source: Mail Priority: Regular

Service:  Death CC Long Quantity: 1

Death CC Short

Death Replace CC No Fee

Death Replace CC Short No Fee

Death Replace CC Short with Fee

Death Replace CC with Fee

Veterans Death CC

[Calculate Fees](#)

Apostille / Authentication

Agency Investigation

Agency Benefits Review

Clear Title on Property

Employment

Estate / Inheritance

Genealogy / Family History

Title Change

Immigration

Income Tax

Insurance

**Legal**

Marriage

Marriage Over seas

Missing Heir Search

Other

Retirement / Pension

Social Security

Veterans Benefits

Stock Transfer

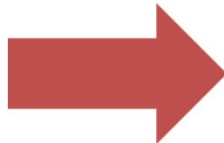
Other specify

Payments

Cash  Check  No Fee Service  Refund

SubTotal:	\$0.00
Total:	= \$0.00
Paid:	\$0.00
Balance:	= \$0.00
Change Due:	\$0.00

Event Requested



When completing a Death Fast Order, you will only see Death Certificate services available.

# Death Fast Order-Service

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

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The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

---

Service

Source:  Priority:  Delivery:

Service	Quantity	Request Reason	Other specify
<input checked="" type="checkbox"/> Death CC Long	<input type="text" value="1"/>	<input type="text" value="Legal"/>	<input type="text"/>
<input type="checkbox"/> Death CC Short	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC No Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC Short No Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC Short with Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC with Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Veterans Death CC	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Calculate Fees**

---

Payments

<input type="checkbox"/> Cash	<b>SubTotal:</b> \$25.00
<input type="checkbox"/> Check	<b>Total:</b> = \$25.00
<input type="checkbox"/> No Fee Service	<b>Paid:</b> \$0.00
<input type="checkbox"/> Refund	<b>Balance:</b> = \$25.00
	<b>Change Due:</b> \$0.00

---

Event Requested

Event Type:

# Death Fast Order-Payments

<input checked="" type="checkbox"/> Death CC Long	<input type="text" value="1"/>	<input type="text" value="Legal"/>	<input type="text"/>
<input type="checkbox"/> Death CC Short	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC No Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC Short No Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC Short with Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Death Replace CC with Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Veterans Death CC	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Calculate Fees**

**Payments**

Cash

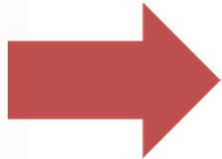
Check

Number  Payment

No Fee Service

Refund

SubTotal: \$25.00  
 Total: = \$25.00  
 Paid: \$0.00  
 Balance: = \$25.00  
 Change Due: **\$0.00**



**Event Requested**

Event Type: Death    Correspondence    Work Order    Receipt    Mailing Envelope    Mailing Label

Relation: Funeral Home

Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA

Relocate Number:

Comments:

**Matched Events**

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	0	

**Services**

Service Name	Quantity	Priority	Delivery	Fee
Death CC Long	1	Regular	MAIL	\$25.00





# Death Fast Order-Issue

When an order is validated, Issue becomes active.

Matched Events				Services					
Registrant	Match	Total Number of Issuances	Date of Last Issuance	Service Name	Quantity	Priority	Delivery	Fee	
Beth Smith	Yes	0		Death CC Long	1	Regular	MAIL	\$25.00	Issue

[Next Order](#) [Copy to New](#) [Take me to Regular Order](#) [Void](#) [Issuance History](#) [Clear](#) [Save & Validate](#)



# Death Fast Order-Error message

- For fully paper death records, the below error message will always appear.

Next Order Copy to New Take me to Regular Order Void Issuance History Clear Save & Validate

Validation Results Save Overrides Hide

Error Message	Event Id	Service Id	Override
OP0033: Please ensure you did not find a Match for this record before proceeding with this Order. Fully Paper Death Records should be the only Orders processed without a Matched Event. Hybrid and Fully Electronic Records will always have a Matching Event in the Overs System.	1		<input type="checkbox"/>

- If the record in your hand is determined to be legally sufficient, you will need to override the error in order to issue.

# Death Fast Order-Issuance

Check the box(es) for the records that you will issue and then click Print Issuance

The screenshot shows a web application window titled "Issuance". Inside, there is a table with the following columns: All, Applicant Name, Service, Date Received, Priority, Delivery, Registrant, SFN, Security Paper Number, and Date Printed. There are three rows of data, each with a checkbox in the "All" column. The first checkbox is circled in red. Below the table, there are sections for "Actions" (Print Issuance, Delete), "Void Complete", and "Numbering" (AutoNumber Ascending, AutoNumber Descending, Beginning Number). A red arrow points to the "Print Issuance" button. At the bottom right, there are "Save" and "Close" buttons. The text "Total records : 3" is visible at the bottom right of the table area.

All	Applicant Name	Service	Date Received	Priority	Delivery	Registrant	SFN	Security Paper Number	Date Printed
<input type="checkbox"/>	John Doe	Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018		
<input type="checkbox"/>	John Doe	Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018		
<input type="checkbox"/>	John Doe	Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018		

Total records : 3

**Actions**  
Print Issuance  
Delete

**Void Complete**  
Void Complete

**Numbering**  
AutoNumber Ascending  
AutoNumber Descending  
Beginning Number

Save Close

# Death Fast Order-Issuance

Note:  
For fully paper and hybrid records, don't click 'Open'. Click the 'x', and make a certified copy on security paper from the record.

Service	Date Received	Priority	Delivery	Registrant	SFN	Security Paper Number	Date Printed
Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018	<input type="text"/>	APR-22-2016
Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018	<input type="text"/>	APR-22-2016
Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018	<input type="text"/>	APR-22-2016

Total records : 3

**Actions**  
Print Issuance      Void  
Delete                Complete

**Numbering**  
AutoNumber Ascending  
AutoNumber Descending  
Beginning Number

Save Close

Do you want to open or save Issuances.pdf from or-vitaleventstest.hr.state.or.us?  
Open Save Cancel x

https://or-vitaleventstest.hr.state.or.us/OVERSTest/UI/Pages/Order/FastOrder.aspx?OrderType=EVENT\_TYPE\_DEATH&OrderId=1151290&IsOrderCalculated=1&IsCreditCardOr... Fast Order

File Edit View Favorites Tools Help

Issuances.pdf (SECURED) - Adobe Reader

File Edit View Window Help

Open... Ctrl+O

CreatePDF Online...

Save Ctrl+S

Save As... Shift+Ctrl+S

Save As Other...

Share Files Using SendNow Online...

Send File...

Get Documents Signed...

Revert

Close Ctrl+W

Properties... Ctrl+D

Print... Ctrl+P

C:\Users\OR0206014\AppData\Local\Issuances.pdf

C:\Users\OR0206014\AppData\Local\Brochure V1 2.pdf

C:\Users\OR0206014\AppData\Local\CHS OVERS\... \Vital Records overview 2012-06-07.pdf

C:\Users\OR0206014\AppData\Local\WorkingCopy-Legal(45-1V).pdf

Exit Ctrl+Q

1 121%

Tools Sign Comment

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

136-2016-000018  
STATE FILE NUMBER

Middle	Last	Suffix	Death Date
	Smith		March 15, 2016
Age	Social Security Number	County of Death	
17 years	None	Multnomah	
Birthplace	Was Decedent Ever in U.S. Armed Forces?		
Jefferson City, Michigan	No		
	City/Town		
	Beaverton		
	State or Foreign Country	Zip Code + 4	Inside City Limits?
	Oregon	97006	Yes
Spouse's Name Prior to First Marriage			
Father's Name		Mother's Name Prior to First Marriage	
Jeff Smith		Jane Watson	
Informant's Name	Telephone Number	Relationship to Decedent	Mailing Address
Jane Smith	Not Available	Mother	1234 Main Street, Beaverton, OR 97006
Place of Death	Facility Name		
Hospital-Inpatient	Providence Portland Medical Center		
Location of Death	City/Town or Location of Death	State	Zip Code + 4
4805 NE Glisan Street	Portland	Oregon	97213
Method of Disposition	Place of Disposition	Location (City/Town and State)	
Burial	Belcrest Memorial Park	Salem, Oregon	
Name and Complete Address of Funeral Facility			
Virgil T Golden Funeral Service 605 Commercial Street SE, Salem, Oregon 97301			
Date of Disposition	Funeral Director's Signature	Electronically Signed	OR License Number
TBD	Agreat Funeral Director		CO-3489
Registrar's Signature	Date Received	Local File Number	
Jennifer A. Woodward	March 15, 2016		
Amendment			

TO BE COMPLETED BY

Next Order Copy to new Take me to Regular Order Void Issuance history Clear Save & Validate

PUBLIC HEALTH DIVISION  
Center for Health Statistics



# Death Fast Order-Issuance

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

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**Issuance**

**Issuances**

All	Applicant Name	Service	Date Received	Priority	Delivery	Registrant	SFN	Security Paper Number	Date Printed
<input checked="" type="checkbox"/>	John Doe	Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018	00000248299	APR-22-2016
<input checked="" type="checkbox"/>	John Doe	Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018	00000248300	APR-22-2016
<input checked="" type="checkbox"/>	John Doe	Multnomah Death Certified Copy	04/22/2016	Regular	COUNTER	Beth Smith	2016000018	00000248301	APR-22-2016

Total records : 3

**Numbering**  
[AutoNumber Ascending](#)  
[AutoNumber Descending](#)  
 Beginning Number

Each security paper number is unique and can only be used once.

# Death Fast Order-Issuance

The screenshot shows a web application window titled "Issuance". Inside, there is a table with the following columns: All, Applicant Name, Service, Date Received, Priority, Delivery, Registrant, SFN, Security Paper Number, and Date Printed. A single record is displayed for Jim Winter, with the date printed circled in red. Below the table are sections for Actions, Numbering, and buttons for Save and Close.

All	Applicant Name	Service	Date Received	Priority	Delivery	Registrant	SFN	Security Paper Number	Date Printed
<input type="checkbox"/>	Jim Winter	Multnomah Death Certified Copy	04/05/2016	Regular	MAIL	Beth Smith	2016000018	00003318400	APR-05-2016

Total records : 1

**Actions**  
Print Issuance      Void  
Delete                      Complete

**Numbering**  
AutoNumber Ascending  
AutoNumber Descending  
Beginning Number

Save   Close

# Death Fast Order-Issuance

The screenshot shows a web application window titled "Issuance". It contains a table with the following columns: All, Applicant Name, Service, Date Received, Priority, Delivery, Registrant, SFN, Security Paper Number, and Date Printed. A single record is displayed for Jim Winter, with a checkbox in the "All" column circled in red. Below the table, there are "Actions" (Print Issuance, Delete) and "Numbering" options (AutoNumber Ascending, AutoNumber Descending, Beginning Number). The "Complete" status is circled in red. "Save" and "Close" buttons are at the bottom right.

All	Applicant Name	Service	Date Received	Priority	Delivery	Registrant	SFN	Security Paper Number	Date Printed
<input type="checkbox"/>	Jim Winter	Multnomah Death Certified Copy	04/05/2016	Regular	MAIL	Beth Smith	2016000018	00003318400	APR-05-2016

Total records : 1

**Actions**  
Print Issuance  
Delete

**Numbering**  
AutoNumber Ascending  
AutoNumber Descending  
Beginning Number

Save Close



# Death Fast Order

Matched Events				Services					
Registrant	Match	Total Number of Issuances	Date of Last Issuance	Service Name	Quantity	Priority	Delivery	Fee	
Beth Smith	Yes	1	APR-05-2016 04:54 PM	Death CC Long	1	Regular	MAIL	\$25.00	<b>Issue</b>

[Next Order](#) [Copy to New](#) [Take me to Regular Order](#) [Void](#) [Issuance History](#) [Clear](#) [Save & Validate](#)

Once all services (certificates) have been issued, the order will show “Order Valid/Completed”.

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

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 **20160400005 :Jim Winter**   
/Order Valid/Completed  
**Death Fast Order**

# Q & A



# Issuing Birth Certificates

Counties should only issue a birth certificate for REGISTERED electronic records.

**CERTIFICATION OF VITAL RECORD**  
OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
**CERTIFICATE OF LIVE BIRTH**

136-2014-014215  
ISSUE NO. 1000

**CHILD**  
Sex: **Male**  
Date of Birth: **December 16, 2014** Time of Birth: **06:30 AM** Place of Birth: **Clark County**  
Place of Birth: **Providence Willamette Falls Medical Center**

**MOTHER**  
Name: **Lu Blah** City: **Oregon City**  
Address: **123 N Main** City: **Portland**

**FATHER**  
Name: **Cherie L. Taylor** City: **Oregon**

**INFORMANT**  
Name: **Lu Blah, Mother**

**CERTIFIER**  
Name: **Cherie L. Taylor, 1500 Division Street, Oregon Street, Oregon 97005**  
Title: **Test Doctor, Doctor of Medicine**  
Signature: **Cherie L. Taylor**  
Date: **December 16, 2014**

4514 (01/13)

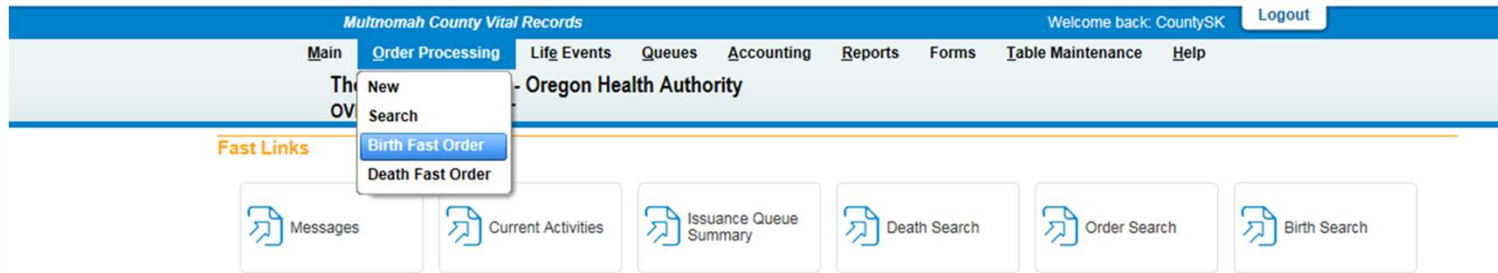
CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.  
DATE ISSUED: \_\_\_\_\_  
JENNIFER A. SPOONER, PH.D.  
STATE REGISTRAR

# Issuing Birth Certificates-Minimum Required fields

- Applicant Name
- Applicant Address
- Applicant Relationship
- Event
  - Registrant First & Last Name
  - Mother's First & Maiden Last Name
  - Father/2<sup>nd</sup> Parent's First & Last Name
  - Date of Birth
- Service
- Payment
- Validate Order





# Birth Fast Order



Who can order  
a birth  
certificate?  
  
ORS  
432.380(2)(C)(B)(ii)

# Birth Fast Order-Event Search

## Event Search

File Number:	Year:	<input type="checkbox"/>	<input type="text"/>	Number:	<input type="checkbox"/>	<input type="text"/>	
Relocate File Number:		<input type="checkbox"/>	<input type="text"/>	Special File Number:	<input type="checkbox"/>	<input type="text"/>	
Registrant	First:	<input checked="" type="checkbox"/>	<input type="text" value="Child"/>	Middle:	<input checked="" type="checkbox"/>	<input type="text"/>	
Mother	First:	<input type="checkbox"/>	<input type="text" value="Mom"/>	Middle:	<input type="checkbox"/>	<input type="text"/>	
Mother	First:	<input type="checkbox"/>	<input type="text"/>	Middle:	<input type="checkbox"/>	<input type="text"/>	
Father	First:	<input type="checkbox"/>	<input type="text" value="Dad"/>	Middle:	<input type="checkbox"/>	<input type="text"/>	
Date of Birth	Start:	<input checked="" type="checkbox"/>	<input type="text" value="FEB-23-2016"/> 	End:	<input type="checkbox"/>	<input type="text"/> 	
Gender:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Place of Event City:	<input type="checkbox"/>	<input type="text"/>	
		<input type="text"/>		Place of Event County:	<input type="checkbox"/>	<input type="text"/>	
Number of rows to be returned:	<input type="text" value="200"/>						
						<input type="button" value="Search"/>	<input type="button" value="Soundex"/>

# Birth Fast Order-Preview

**Preview**

**Preview**

Conversion Locate Number:  
Child's Name: Child Example  
Sex: Female  
Facility of Birth: 1 State Street, Portland, Oregon 97232

Date and Time of Birth: FEB-23-2016 10:15 AM  
City or Town of Birth: Portland  
County of Birth: Multnomah

Mother's Current Name: Mother Example  
Mother's Maiden Name: Mother Example  
Mother's Date of Birth: JAN-01-1990  
Mother's Birthplace: Oregon

Father's Current Name:  
Father's Date of Birth:

Date Entered: Feb-24-2016  
Last Updated By: Adelivery Midw

Status: /Legal Valid/Medical Valid/Certified/Registered  
Amendments:  
Paternity Court Date:

Check the status to make sure the record has been registered.

# Birth Fast Order-Service

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

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---

Service

Source: Counter Priority: Regular Delivery: COUNTER

Service	Quantity	Request Reason
<input type="checkbox"/> Birth CC Long	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Birth CC Short	1	<input type="text"/>
<input type="checkbox"/> Birth Replace CC No Fee	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Birth Replace CC with Fee	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Veterans Birth CC	<input type="text"/>	<input type="text"/>

Payments

Cash  
 Check  
 No Fee Service  
 Refund

Event Requested

Event Type: Birth  
 Relation: Mother  
 Status: /Legal Valid/Medical Valid/Certified/Registered  
 Relocate Number:  
 Comments:

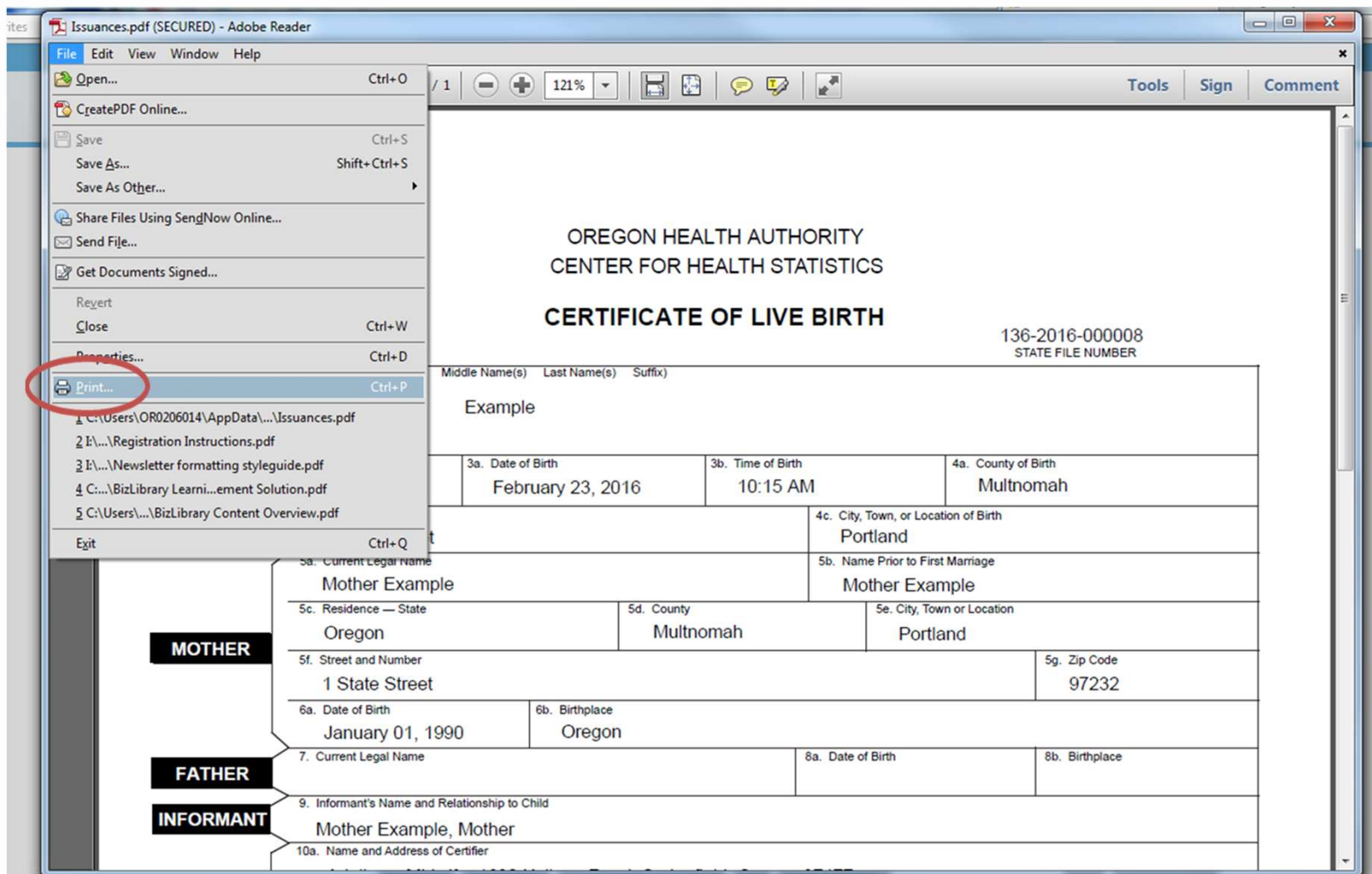
- Child Care / Day Care
- Apostille / Authentication
- Child Welfare
- Drivers License
- Dual Citizenship
- Employment
- Genealogy / Family History
- Immigration
- Income Tax
- Insurance
- Legal
- Marriage
- Marriage Over seas
- Other
- Stock Transfer
- Passport / Visa / Travel
- Retirement / Pension
- Travel
- School
- Social Security
- Veterans Benefits
- Welfare Benefits / Public Housing
- Sports

Counties should never select "Birth CC Long", as it will calculate an incorrect fee





# Birth Fast Order-Printing

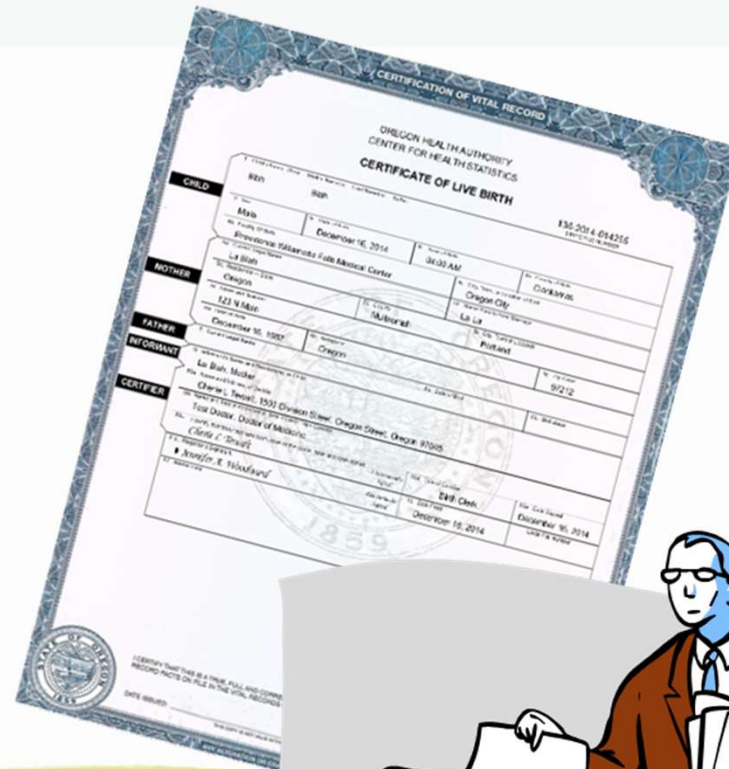


# Q & A

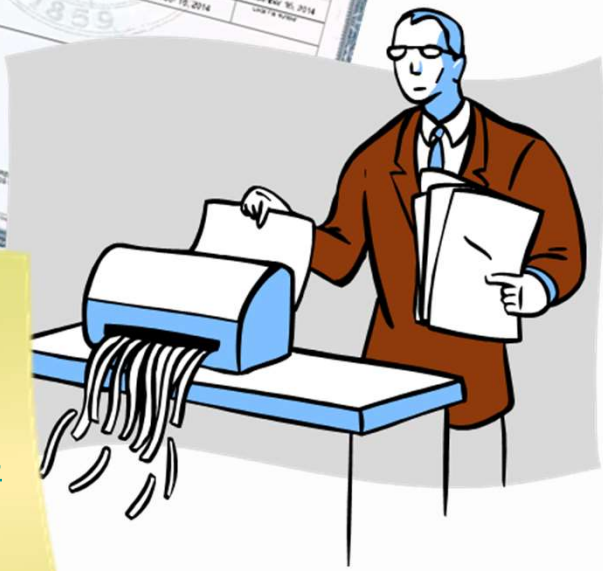


# Replacement Copies

- Customer may request a replacement copy if their certificate was amended.
- Counties can issue replacements for up to 6 months from the date of the event.
- You must obtain the original copies from the customer before issuing a replacement, have security paper voided, and shred the originals.

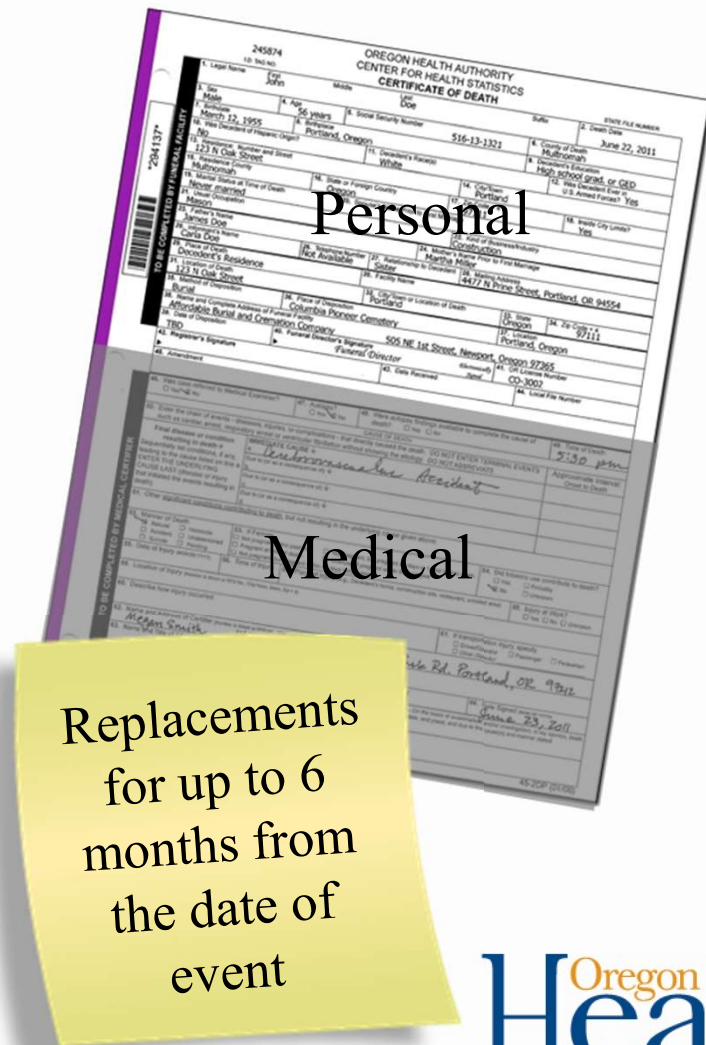


Email  
[CHS.VitalRecords@dhsosha.state.or.us](mailto:CHS.VitalRecords@dhsosha.state.or.us)  
to void security paper



# Issuing a Replacement Copy-Death

- \$5 for each replacement after personal data amendment .
- \$5 for each replacement after personal and medical data amendment.
- If only medical data on the death record has been amended, you can provide all replacements without a replacement fee.



# Issuing a Replacement Copy-Birth

- One free replacement
- \$5 for each additional replacement.
- Issue replacements only after original certificates are returned.
- If the customer cannot return certificates, a new order and fee is needed.



# Issuing a Replacement

- No free exchange of long for short or short for long death certificates unless an amendment been done.
- Counties can issue replacements for up to 6 months from the date of event.
- Births only-one free replacement
- Check issuance history in OVERS to see if a replacement has already been issued.

## Issuance History

Order Number: 20160400010

Service Name	Security Paper Number	Tracking Number	Date Printed	Shipped Date	Date Completed	Date Voided	User	Issuing Office	Delivery Date	
State Birth CC Short	00003318396		APR-07-2016 02:53 PM		APR-07-2016 02:56 PM		County Skeleton Key	Multnomah County Vital Records		Edit

Return

# Replacement Copies-Search

The screenshot displays the Multnomah County Vital Records web application. At the top, a blue navigation bar contains the text "Multnomah County Vital Records" on the left and "Welcome back: CountySK" and "Logout" on the right. Below this is a secondary navigation bar with links for "Main", "Order Processing", "Life Events", "Queues", "Accounting", "Reports", "Forms", "Table Maintenance", and "Help". The "Order Processing" link is selected, and a dropdown menu is open, showing options for "New", "Search", "Birth Fast Order", and "Death Fast Order". The "Search" option is highlighted with a blue background and is circled in red. Below the navigation is a "Fast Links" section with six icons: Messages, Current Activities, Issuance Queue Summary, Death Search, Order Search, and Birth Search. The page title "The Oregon Health Authority" is partially visible.

# Replacement Copies-Search

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

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### Search for an order

#### Search By Order

Order Number:

VPS Order Number:

Security Paper Number:

Tracking Number:

Received between  and

#### Search by Event Requested

First Name:

Last Name:

#### Search by Applicant

Organization Name:

First Name:

Last Name:

Phone:

#### Search by Matched Event

Event Type:

Search Criteria 1:

Value 1:

Search Criteria 2:

Value 2:

Maximum records to display:



# Replacement Copies-Results

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Accounting](#) [Reports](#) [Forms](#) [Table Maintenance](#) [Help](#)

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**Results**

Order Number	Date Received	Applicant Name	Event Type	SFN	Registrant Name
20160400005	APR-05-2016	Jim Winter	Death	2016000018	Beth Smith

Total records : 1

[New Search](#)

# Replacement Copies-Summary

[Main](#)
[Order Processing](#)
[Life Events](#)
[Queues](#)
[Accounting](#)
[Reports](#)
[Forms](#)
[Table Maintenance](#)
[Help](#)

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20160400005 :Jim Winter 📄  
/Order Valid/Completed

**Order Summary**

Source: Mail  
Received Date: APR-05-2016

ProCheck / ProID Status:  
Fee Effective Date: APR-05-2016

---

**Applicant Information**

Name: Jim Winter  
Address: 555 5th Street  
Clackamas, Oregon 97222  
Attention: Jim Winter  
Phone: (555) 555-5555  
Email:

**Payment Information**

Type	Amount	User
Check	\$25.00	County Skeleton Key
<b>Paid:</b>	\$25.00	
<b>Due:</b>	\$25.00	
<b>Balance:</b>	\$0.00	

---

**Shipping Information**

Name: Jim Winter  
Address: 555 5th Street  
Clackamas, Oregon, United States 97222  
Attention:  
Phone:  
Email:

---

**Event Requested**

Event Type: Death      Correspondence    Work Order    Amend    Receipt    Mailing Envelope    Mailing Label  
Relation: Funeral Home  
Relocate File Number:  
Conversion Locate Number:  
Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA  
Comments:

---

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	1	APR-05-2016 04:54 PM

**Matched Events**

**Services**

Service Name	Quantity	Priority	Delivery	Fee
Death CC Long 📄	1	Regular	MAIL	\$25.00 Issue

[New Order](#)
[Copy to New](#)
[Validate Order](#)
[Void](#)
[Issuance History](#)
[Previous](#)
[Return](#)

# Replacement Copies-Summary

[Main](#)
[Order Processing](#)
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[Table Maintenance](#)
[Help](#)

The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

20160400005 :Jim Winter 📄  
/Order Valid/Completed

**Order Summary**

Source: Mail  
Received Date: APR-05-2016

ProCheck / ProID Status:  
Fee Effective Date: APR-05-2016

---

**Applicant Information**

Name: Jim Winter  
Address: 555 5th Street  
Clackamas, Oregon 97222  
Attention: Jim Winter  
Phone: (555) 555-5555  
Email:

**Payment Information**

Type	Amount	User
Check	\$25.00	County Skeleton Key
<b>Paid:</b>	\$25.00	
<b>Due:</b>	\$25.00	
<b>Balance:</b>	\$0.00	

---

**Shipping Information**

Name: Jim Winter  
Address: 555 5th Street  
Clackamas, Oregon, United States 97222  
Attention:  
Phone:  
Email:

---

**Event Requested**

Event Type: Death      Correspondence    Work Order    Amend    Receipt    Mailing Envelope    Mailing Label  
Relation: Funeral Home  
Relocate File Number:  
Conversion Locate Number:  
Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA  
Comments:

---

**Matched Events**

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	1	APR-05-2016 04:54 PM

**Services**

Service Name	Quantity	Priority	Delivery	Fee
Death CC I	1	Regular	MAIL	\$25.00 Issue

# Replacement Copies-Search

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

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**Order Processing Menu**

- Applicant
- Match Events
- Services
- Payments
- Summary
- Validate Order
- Assign Status
- Attachments

**Issuance History** Order Number: 20160400005

Service Name	Security Paper Number	Tracking Number	Date Printed	Shipped Date	Date Completed	Date Voided	User	Issuing Office	Delivery Date	
Multnomah Death Certified Copy	00003318400		APR-05-2016 04:54 PM		APR-05-2016 05:00 PM		County Skeleton Key	Multnomah County Vital Records		<a href="#">Edit</a>

[Return](#)

# Replacement Copies-Summary

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

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OVERS SQL 2014 TEST

**Order Processing Menu**

- [Applicant](#)
- [Match Events](#)
- [Services](#)
- [Payments](#)
- [Summary](#)
- [Validate Order](#)
- [Assign Status](#)
- [Attachments](#)

20160400005 :Jim Winter 📄  
/Order Valid/Completed

**Order Summary**

Source: Mail ProCheck / ProID Status:  
Received Date: APR-05-2016 Fee Effective Date: APR-05-2016

Applicant Information		Payment Information	
Name:	Jim Winter	Type	Amount
Address:	555 5th Street Clackamas, Oregon 97222	Check	\$25.00
Attention:	Jim Winter	Paid:	\$25.00
Phone:	(555) 555-5555	Due:	\$25.00
Email:		Balance:	\$0.00

**Shipping Information**

Name: Jim Winter  
Address: 555 5th Street  
Clackamas, Oregon, United States 97222  
Attention:  
Phone:  
Email:

**Event Requested**

Event Type: [Death](#) [Correspondence](#) [Work Order](#) [Amend](#) [Receipt](#) [Mailing Envelope](#) [Mailing Label](#)  
Relation: Funeral Home  
Relocate File Number:  
Conversion Locate Number:  
Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists

**Comments:**

**Matched Events**

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth Smith	Yes	1	APR-05-2016 04:54 PM

**Services**

Service Name	Quantity	Priority	Delivery	Fee
Death CC Long 📄	1	Regular	MAIL	\$25.00 Issue

[New Order](#) [Copy to New](#) [Validate Order](#) [Void](#) [Issuance History](#)
[Previous](#) [Return](#)

# Replacement Copies-Comments

**Comments**

Order Number: 20160400009  
Event Type: Death  
Received Date: 4/6/2016 12:00:00 AM  
Registrant Name: Beth Smith

No data found.

Enter New Comment

Comment Type: **Order processing**

Comment: Previous order 20160400005 voided and paper number 00003318400 voided due to amendment. -Krystalyn

Maximum text length: 4000 Characters left: 3902

Save  
Clear  
Cancel  
New Comment **Close**

# Replacement Copies-Summary

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

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OVERS SQL 2014 TEST

**Order Processing Menu**

- Applicant
- Match Events
- Services
- Payments
- Summary
- Validate Order
- Assign Status
- Attachments

20160400005 :Jim Winter 📄

/Order Valid/Completed

**Order Summary**

Source: Mail

Received Date: APR-05-2016

ProCheck / ProID Status:

Fee Effective Date: APR-05-2016

---

**Applicant Information**

Name: Jim Winter

Address: 555 5th Street  
Clackamas, Oregon 97222

Attention: Jim Winter

Phone: (555) 555-5555

Email:

**Payment Information**

Type	Amount	User
Check	\$25.00	County Skeleton Key
<b>Paid:</b>	\$25.00	
<b>Due:</b>	\$25.00	
<b>Balance:</b>	\$0.00	

---

**Shipping Information**

Name: Jim Winter

Address: 555 5th Street  
Clackamas, Oregon, United States 97222

Attention:

Phone:

Email:

---

**Event Requested**

Event Type: Death [Correspondence](#) [Work Order](#) [Amend](#) [Receipt](#) [Mailing Envelope](#) [Mailing Label](#)

Relation: Funeral Home

Relocate File Number:

Conversion Location Number:

Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists

Comments:

---

**Matched Events**

Registrant	Match	Number of Issues	Date of Last Issuance
Beth Smith	Yes	1	APR-05-2016 04:54 PM

**Services**

Service Name	Quantity	Priority	Delivery	Fee
Death CC Long 📄	1	Regular	MAIL	\$25.00 Issue

[New Order](#) [Copy to New](#) [Validate Order](#) [Void](#) [Issuance History](#)

[Previous](#) [Return](#)

# Replacement Copies-Summary

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

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The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

**Order Processing Menu**

- Applicant
- Match Events
- Services
- Payments
- Summary
- Validate Order
- Assign Status
- Attachments

20160400009 :Jim Winter  
/Order Invalid/Incomplete/No Services  
**Order Summary**

---

Source: Counter ProCheck / ProID Status:  
Received Date: APR-06-2016 Fee Effective Date: APR-06-2016

Applicant Information		Payment Information		
		Type	Amount	User
Name: Jim Winter		Paid:	\$0.00	
Address: 555 5th Street Clackamas, Oregon 97222		Due:	\$0.00	
Attention: Jim Winter		Balance:	\$0.00	
Phone: (555) 555-5555				
Email:				

---

**Shipping Information**

Name: Jim Winter  
Address: 555 5th Street  
Clackamas, Oregon, United States 97222

Attention:  
Phone:  
Email:

---

**Event Requested**

Event Type: [Death](#) [Suspend](#) [Reject Request](#) [Correspondence](#) [Work Order](#) [Amend](#) [Receipt](#) [Mailing Envelope](#) [Mailing Label](#)  
Relation: Funeral Home  
Relocate File  
Number:  
Conversion  
Locate Number:  
Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists  
Comments:



# Replacement Copies-Services

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Accounting](#) [Reports](#) [Forms](#) [Table Maintenance](#) [Help](#)

The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

**Order Processing Menu**

- Applicant
- Match Events
- Services**
- Payments
- Summary
- Validate Order
- Assign Status
- Attachments

20160400009 :Jim Winter  
/Order Invalid/Incomplete/No Services

**Services**

Source: Counter Received Date: APR-06-2016 Fee Effective Date: APR-06-2016

Will this order be paid for by Credit Card?

**1 Name:** Beth Smith

**Applicant Relationship to Registrant:** Funeral Home

Currently there are no services for this event request. Please click Add Service to add a service.

[Add Service](#)

[Save](#) [Previous](#) [Next](#) [Return](#)

# Replacement Copies-Services

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Accounting](#) [Reports](#) [Forms](#) [Table Maintenance](#) [Help](#)

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**Order Processing Menu**

- Applicant
- Match Events
- Services
- Payments
- Summary
- Validate Order
- Assign Status
- Attachments

20160400009 :Jim Winter  
/Order Invalid/Incomplete/No Services

**Services**

Source: Counter Received Date: APR-06-2016 Fee Effective Date: APR-06-2016

Will this order be paid for by Credit Card?

**1 Name:** Beth Smith  
**Applicant Relationship to Registrant:** Funeral Home

▶ Service Death Replace CC with Fee	▶ Quantity 1	▶ Priority Regular	▶ Delivery COUNTER
Request Reason Legal	Other Specify		

Save Cancel

Add Service

Save Previous Next Return



# Replacement Copies-Services

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

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**Order Processing Menu**

- Applicant
- Match Events
- Services**
- Payments
- Summary
- Validate Order
- Assign Status
- Attachments

20160400009 :Jim Winter  
/Order Invalid/Incomplete/Insufficient Funds

**Services**

Source: Counter Received Date: APR-06-2016 Fee Effective Date: APR-06-2016


Will this order be paid for by Credit Card?

**1 Name:** Beth Smith  
**Applicant Relationship to Registrant:** Funeral Home

Id	Service	Quantity	Priority	Delivery	Request Reason	Other	Fee
1	Death Replace CC with Fee	1	Regular	COUNTER	Legal		\$5.00 Credit Reverse

[Add Service](#)

[Save](#) [Previous](#) [Next](#) [Return](#)



# Replacement Copies-Payments

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

[Main](#) [Order Processing](#) [Life Events](#) [Queues](#) [Accounting](#) [Reports](#) [Forms](#) [Table Maintenance](#) [Help](#)

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**Order Processing Menu**

- Applicant
- Match Events
- Services
- Payments
- Summary
- Validate Order
- Assign Status
- Attachments

20160400009 :Jim Winter  
/Order Invalid/Incomplete/Insufficient Funds

### Payments

Received Date: APR-06-2016 Fee Effective Date: APR-06-2016

Add Payments

Cash	Add Payment
Check	
Money Order	
No Fee Service	
Refund	

payments for this order. To add a payment select a payment type and click Add Payment.

SubTotal:	\$5.00
Total:	= \$5.00
Paid:	\$0.00
Balance:	= \$5.00
Change Due:	\$0.00

[Edit Payer](#) [Previous](#) [Next](#) [Return](#)



# Replacement Copies-Payments

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The State of Oregon - Oregon Health Authority  
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**Order Processing Menu**

- Applicant
- Match Events
- Services
- Payments**
- Summary
- Validate Order
- Assign Status
- Attachments

20160400009 :Jim Winter  
/Order Invalid/Incomplete/Insufficient Funds

**Payments**

Received Date: APR-06-2016 Fee Effective Date: APR-06-2016

Add Payments

Cash

Payment Date	User	Amount	
APR-06-2016	CountySK	5.00	<input type="button" value="Save"/> <input type="button" value="Cancel"/>

SubTotal: \$5.00  
Total: = \$5.00  
Paid: \$5.00  
Balance: = \$0.00  
Change Due: **\$0.00**

# Replacement Copies-Summary

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

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**Order Processing Menu**

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- ▶ **Summary**
- Validate Order
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- Attachments

20160400009 :Jim Winter  
/Order Valid/Incomplete

**Order Summary**

Source: Counter ProCheck / ProID Status:  
 Received Date: APR-06-2016 Fee Effective Date: APR-06-2016

Applicant Information		Payment Information	
<b>Name:</b> Jim Winter		<b>Type</b>	<b>Amount</b> <span style="float: right;"><b>User</b></span>
<b>Address:</b> 555 5th Street Clackamas, Oregon 97222		Cash	\$5.00 <span style="float: right;">County Skeleton Key</span>
<b>Attention:</b> Jim Winter		<b>Paid:</b>	\$5.00
<b>Phone:</b> (555) 555-5555		<b>Due:</b>	\$5.00
<b>Email:</b>		<b>Balance:</b>	\$0.00

**Shipping Information**

**Name:** Jim Winter  
**Address:** 555 5th Street  
Clackamas, Oregon, United States 97222  
**Attention:**  
**Phone:**  
**Email:**

**Event Requested**

**Event Type:** Death [Suspend](#) [Reject Request](#) [Correspondence](#) [Work Order](#) [Amend](#) [Receipt](#) [Mailing Envelope](#) [Mailing Label](#)  
**Relation:** Funeral Home  
**Relocate File Number:**  
**Conversion Locate Number:**  
**Status:** /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists  
**Comments:**

Matched Events				Services				
Registrant	Match	Total Number of Issuances	Date of Last Issuance	Service Name	Quantity	Priority	Delivery	Fee
Beth Smith	Yes	1	APR-06-2016 01:52 PM	Death Replace CC with Fee	1	Regular	COUNTER	\$5.00 <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">Issue</span>

# Replacement Copies-Summary

Multnomah County Vital Records Welcome back: CountySK [Logout](#)

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The State of Oregon - Oregon Health Authority  
OVERS SQL 2014 TEST

20160400009 :Jim Winter ☰

Order Valid/Completed

**Order Summary**

Source: Counter ProCheck / ProID Status:  
Received Date: APR-06-2016 Fee Effective Date: APR-06-2016

Applicant Information		Payment Information	
Name:	Jim Winter	Type	Amount
Address:	555 5th Street Clackamas, Oregon 97222	Cash	\$5.00
Attention:	Jim Winter	<b>Paid:</b>	\$5.00
Phone:	(555) 555-5555	<b>Due:</b>	\$5.00
Email:		<b>Balance:</b>	\$0.00

Shipping Information

Name: Jim Winter  
Address: 555 5th Street  
Clackamas, Oregon, United States 97222  
Attention:  
Phone:  
Email:

Event Requested

Event Type: [Death](#) [Correspondence](#) [Work Order](#) [Amend](#) [Receipt](#) [Mailing Envelope](#) [Mailing Label](#)  
Relation: Funeral Home  
Relocate File Number:  
Conversion Locate Number:  
Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists  
**Comments:**

Matched Events				Services				
Registrant	Match	Total Number of Issuances	Date of Last Issuance	Service Name	Quantity	Priority	Delivery	Fee
Beth Smith	Yes	2	APR-06-2016 02:44 PM	Death Replace CC with Fee ☰	1	Regular	COUNTER	\$5.00 Issue

[New Order](#) [Copy to New](#) [Validate Order](#) [Void](#) [Issuance History](#) [Previous](#) [Return](#)

# Replacement Copies-Comments

Comments

**Comments**

Order Number: 20160400009  
Event Type: Death  
Received Date: 4/6/2016 12:00:00 AM  
Registrant Name: Beth Smith

No data found.

Enter New Comment

Comment Type: Order processing

Comment: Previous order 20160400005 voided and paper number 00003318400 voided due to amendment. -Krystalyn

Maximum text length: 4000 Characters left: 3902

Save  
Clear  
Cancel

New Comment Close



# Replacement Copies-Summary

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**The State of Oregon - Oregon Health Authority**  
OVERS SQL 2014 TEST

**Order Processing Menu**

- Applicant
- Match Events
- Services
- Payments
- Summary
- Validate Order
- Assign Status
- Attachments

20160400009 :Jim Winter 📄

/Order Valid/Completed

---

**Order Summary**

Source: Counter

Received Date: APR-06-2016

ProCheck / ProID Status:

Fee Effective Date: APR-06-2016

---

**Applicant Information**

Name: Jim Winter

Address: 555 5th Street  
Clackamas, Oregon 97222

Attention: Jim Winter

Phone: (555) 555-5555

Email:

**Payment Information**

Type	Amount	User
Cash	\$5.00	County Skeleton Key
<b>Paid:</b>	\$5.00	
<b>Due:</b>	\$5.00	
<b>Balance:</b>	\$0.00	

---

**Shipping Information**

Name: Jim Winter

Address: 555 5th Street  
Clackamas, Oregon, United States 97222

Attention:

Phone:

Email:

---

**Event Requested**

Event Type: [Death](#) [Correspondence](#) [Work Order](#) [Amend](#) [Receipt](#) [Mailing Envelope](#) [Mailing Label](#)

Relation: [Funeral Home](#)

Relocate File Number:

Conversion Locate Number:

Status: /Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA/Amendment Exists

Comments: Previous order 20160400005 voided and paper number 00003318400 voided due to amendment. -Krystalyn

---

**Matched Events**

Registrant	Match	Total Number of Issuances	Date of Last Issuance
Beth	Yes	2	APR 06 2016 09:44 AM

**Services**

Service Name	Quantity	Priority	Delivery	Fee
Death Replace CC with Fee <span style="float: right;">📄</span>	1	Regular	COUNTER	\$5.00 Issue

# Q & A



# Contacts



## **OVERS Help Desk Technical Support**

971-673-0279

8:00 am – 5:00 pm

Monday – Friday

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**Thank you!**