



ARE YOU ORDERING  
A VITAL RECORD BY MAIL?

**No record will be provided** unless you:

Sign the form

AND

Include a photocopy of your ID

See form for details.

Thank you!

Oregon Vital Records

**Oregon Paternity Affidavit  
ORDER FORM**

\_\_\_\_\_ QUANTITY Number of certified copies requested (\$24)  
 \_\_\_\_\_ QUANTITY Number of uncertified copies requested (\$4)

1. Full name on affidavit: \_\_\_\_\_  
 (First) (Full middle) (Full last)
2. Date of birth: \_\_\_\_\_ 3. Sex: \_\_\_\_\_ 4. Place of birth: \_\_\_\_\_ **OREGON**  
 (MM/DD/YYYY) (M or F) (City) (County)
5. Mother's full maiden name: \_\_\_\_\_  
 (First) (Full middle) (Full maiden)
6. Father's full name: \_\_\_\_\_  
 (First) (Full middle) (Full last)
7. Your relationship to person named in line 1 (or enter agency name): \_\_\_\_\_
8. Reason for needing affidavit: \_\_\_\_\_
9. Daytime telephone number: \_\_\_\_\_ 10. Email: \_\_\_\_\_
11. Name of person ordering: \_\_\_\_\_
12. Your address: \_\_\_\_\_
13. City/State/ZIP: \_\_\_\_\_
14.  ID Required: Person ordering must attach legible photocopy of current, valid ID or legal representative document. See back of form for alternative ID options.
15. Required: Signature of person ordering: \_\_\_\_\_

**OFFICE USE ONLY**  
**DO NOT WRITE IN THIS SPACE**

Certificate number: \_\_\_\_\_

	1	2
Film		
Film (P)		
Computer		
Indexes		
Index (P)		
DF/CO		

Refund: \$ \_\_\_\_\_

Excess fee     Out/state  
 No record     Uncompleted

Check #: \_\_\_\_\_

File date: _____	Amendment fee: _____
NRL/ref. issued: _____	Full issued: _____
Follow-up: _____	Computer copy: _____

In accordance with OAR 333-011-0275, paternity affidavits can only be released to a Child Support agency administering Title IV-D of the Social Security Act, the parents of a minor child, or the registrant after age 18 and their legal representatives.

<p><b>Send to:</b>  <b>OREGON VITAL RECORDS</b>  <b>PO BOX 14050</b>  <b>PORTLAND OR 97293-0050</b></p>	<p><b>Make checks/money orders payable to:</b>  <b>OHA/Vital Records</b>  <b>PLEASE DO NOT SEND CASH</b>  <b>Checks/money orders in U. S. Dollars</b></p>
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RECORDS ARE \$24 FOR A CERTIFIED COPY;  
 \$4 FOR AN UNCERTIFIED COPY.

If the requested record can not be found, the fee must be retained as a search fee as prescribed by OAR 333-011-0340(1).

**Warning:** Providing false information is a felony under Oregon law.

**ENTER YOUR MAILING ADDRESS**  
**THIS SECTION WILL BE DETACHED AND USED AS A MAILING LABEL**

Name		
Street		
City	State	ZIP

Non-Sufficient Funds (NSF) check processing policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically. In the ordinary course of business, your check will not be provided to you with your bank statement, but a copy can be retrieved by other means. A penalty, not to exceed \$35, may be assessed for NSF checks per ORS 30.701(5).

**See back of form** for ordering options and processing times. Information is also available on our Web page at: [www.healthoregon.org/chs](http://www.healthoregon.org/chs) or by calling 971-673-1190.

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact 971-673-1190 (voice) or 711 (TTY), or fax 971-673-1203.

**Alternative identification you can send with your mail order.**

If you don't have a valid driver's license, ID card or passport, send photocopies of three (3) different documents that include both your name and current address. Suggested documents are listed below. If you are mailing your order, make photocopies of the documents and include them with your order form.

**Documents must be dated within the last 30 days and show current mailing address where record will be mailed.**

**Documents such as:**

- Utility bill (for example, telephone, gas, electric, water, garbage removal) or other bill;
- Insurance statement, medical statement or paycheck stub,

**must have current mailing address and can be no more than 30 days old.**

**Other documents such as:**

- Court or parole documents;
- Valid work ID, unemployment statement, food stamp or other benefit cards (copy both sides);
- Permit for firearms, fishing, hunting or other license;
- Vehicle registration, title or insurance statement,

**may be used. However, expired documents are unacceptable. For more information on acceptable documents, go to [www.healthoregon.org/chs](http://www.healthoregon.org/chs), click on "Information Needed to Order," and scroll down to "Acceptable Proofs of Identity."**

**If you have no ID or other documents,** the other parent can provide ID and order the record. Records may also be released to a legal representative of the registrant or parent named on the record.

**Eligibility to order:** Only the parents of a minor child, the registrant or their legal representatives may order a Voluntary Acknowledgment of Paternity form. Division of Child Support Offices administering Title IV-D of the Social Security Act also may order. Our office will not verify whether there is a form on file before an order is placed.

**How long does it take to receive a copy of this form when ordered by mail?** Processing times can vary from 4 – 6 weeks. Some orders can be filled more quickly if the form was filed within the last year and is still stored in the office. After 1 – 2 years, forms are moved to storage. Accessing storage records takes additional time to order and receive the correct files.

Ordering by mail is recommended. No web or phone orders through VitalCheck are available for Voluntary Acknowledgment of Paternity forms.

**Order in person — receive the record by mail**

You may place an order in person using the computer kiosks. Please talk to a staff person before placing your order since the computer kiosks do not list this form as an option. Staff will need to update your request after you enter it.

State Vital Records office: 800 N.E. Oregon Street, Suite 225  
Portland, OR 97232-2187

Office hours: 9:00 a.m. to 4:00 p.m., Monday through Friday