Birth Certificate Order Form

Washington County Department of Health & Human Services
Vital Records
155 North First Avenue, Suite 160, MS 5
Hillsboro, Oregon 97124-3072
(503) 846-3538

For Office Use Only:
Fee Paid_____
Ck/Mo#/Cash_____
Transaction # _____
Received by_____

_____
Applicant Signature

BIRTH CERTIFICATE

To order Birth Certificates for individuals with a date of birth over six months of age, contact the Oregon State Vital Records office in Portland. Please do not use this form.

A birth certificate **will not** be sent to you automatically. Birth certificates are available in this office **10 days to six months** after the date of baby's birth. To order a certificate, complete the order form below. Once completed, please mail or deliver it in person to the Washington County Vital Records Office. Parent(s) must show valid Identification when requesting a birth certificate in person. We are located in Suite 160 on the first floor of the Public Service Building in Hillsboro.

The fee is $20.00 for the first certificate and $15.00 for each additional certificate when requested at the same time. Please make your check or money order payable to VITAL RECORDS. We regret that we do not accept debit or credit cards.

SOCIAL SECURITY CARD

Your baby's Social Security Card is mailed to you automatically from the Social Security Administration Office within four to six weeks, unless you have indicated that you want to apply for it on your own. For more information, please contact the Social Security Administration Office at 1-800-772-1213.

BIRTH CERTIFICATE ORDER FORM

PLEASE PRINT CLEARLY

Number of Certificates Requested: _____

1. Baby's Name: _____ _____
First Name Middle Name Last Name

2. Baby's Birthdate: _____ **Baby's Sex:** ☐ Male ☐ Female
Month/Day/Year

3. Baby's Birthplace: _____
Name of Hospital City

4. Name of Father: _____
First Name Middle Name Last Name

5. Name of Mother: _____
First Name Middle Name Maiden Name

6. Relationship to Baby: ☐ Mother ☐ Father ☐ Other _____

7. Provided to: _____ **Day Phone #:**_____
Name

_____
Street Address City State & Zip Code

Revised 07/08