Death Certificate Order Form

MAIL TO: LANE COUNTY VITAL RECORDS
151 W. 7th Ave., Rm. 520, Eugene, OR 97401
Monday – Friday 9:00 a.m. – 4:30 p.m.
Phone (541) 682-4045 Fax (541) 682-9825

This form is to order a death certificate at Lane County for the first six months after the date of death.

After six months from date of death, we can no longer issue certificates and you will need to order from the Oregon State Vital Records office located in Portland, Oregon at (971) 673-1190. If you have any questions, please do not hesitate to call our office.

Checks or Money orders payable to: Lane County Vital Records

DO NOT MAIL CASH

$25 first record / $20 each additional copy of the same record ordered at the same time

_____ **Certified, Long Form with Cause of Death**
Quantity

_____ **Certified, Short Form/Fact of Death**
Quantity (for Property Transfer/Title Change in Oregon)

(1) Name of Deceased: _____
First Name **Full Middle** **Full Last**

(2) Date of Death: _____ **(3)** City of Death: _____
Month / Day / Year

(4) Mortuary: _____ (**5)** Your Relationship to Deceased: _____

(6) * Name of Person Requesting Record: _____

*** Person requesting record by mail: Attach photocopy of current, valid ID or legal representative document.**

(7) Mailing Address: _____

City:_____ **State:** _____ **Zip Code:** _____

(8) Signature: _____(**9)** Phone Number: (_____)_____

In Accordance with law – ORS 432.120, access to death records is restricted for 100 years to registrant, family members, legal representatives, government agencies and persons licensed or registered under ORS 703.430. 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. Providing false information is a felony under ORS 432.900.

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

OR DL: _____ Exp. Date ____ /____ /____ Pmt Type: Cash / CC / Check-MO# _____

Passport or Other ID: _____ Exp. Date ____ /____ /____ Today's Date: _____

Exchange Returned Cert #s: _____-_____ Certificate Number(s) _____-_____

Case # _____ Order # _____ Amount Received: $ _____