

## NORTH CENTRAL PUBLIC HEALTH DISTRICT

"Caring For Our Communities"

419 East Seventh Street, The Dalles, OR 97058 Phone: 541-506-2600 Fax: 541-506-2601 Website: www.ncphd.org

## **DEATH RECORD ORDER FORM**

## \$25 per copy

Number of Certified Copies Re	equested:	Long Form Date Requested: Short Form	
Name on record:		Date of death:	
County of death:		Funeral Home:	
Name of person ordering record:		Relationship to deceased:	
Reason for ordering record:		Staff Verified ID:  YES □	
Your address:		City, State, Zip:	
Daytime telephone number:		Alternate telephone number:	
Please enter your mailing add	ress below if	ordering by mail:	
Name:		Street:	
City:	State:	Zip:	
members, legal representatives, go and persons with a personal or	vernment agen property right	to death records is restricted for 50 years to far acies, persons licensed or registered under ORS 703. L. Legal guardians must enclose a copy of the l ritten permission note with a notarized signature of	.430 lega
Warning: Providing false information	on is a felony u	ınder ORS 432.900	
	six months, th	e for six months from the date of death at North Center are available from the State Vital Records Office (9 org/chs.	
If ordering by mail, send order f	orm with pay	ment to:	
North Central Public Health D	istrict	All fees are non-refundable search fees.	
Attn: Deputy Registrar		Do not send cash.	
419 E. Seventh Street The Dalles, OR 97058		Call (541) 506-2600, for record ordering information.	
Received Death Record(s):		Revised 12/20	015
(For Office Use Only) Signa	ture	Date	