



# Birth Certificate Order Instructions

## How to Order a Birth Certificate

1. **Complete this form** and include:
  - A copy of your current photo ID with a signature OR 3 alternative documents.
  - The appropriate fee (\$25 per certified copy).
2. **Submit your request** by:
  - **Mail:** Send everything to  
Lincoln County Health and Human Services, ATTN: Vital Statistics  
255 SW Coast Hwy, Suite 101  
Newport, OR 97365
  - **In Person:** Bring order form to the Vital Records office. If the certificate is registered and staff is available, you may receive it the same day.

**Processing Time:** Orders are typically processed within 5 business days.

**Fee Examples:** 2 copies = \$50, 3 copies = \$75, 4 copies = \$100.

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## Alternative ID Options

If you do not have a valid driver's license, ID card, or passport, you must provide **three (3) alternative documents** that show both your **name** and **current address**. Documents must be dated within the last **30 days**.

## Acceptable Documents Include:

- Utility bill (phone, gas, electric, water, garbage)
- Insurance statement, medical statement, or paycheck stub
- Court or parole document
- Work ID, unemployment statement, food stamp or benefit card (copy both sides)
- Valid permit (firearms, fishing, hunting, etc.)
- Vehicle registration, title, or insurance statement



**Public Health**  
Prevent. Promote. Protect.

*Lincoln County*

# Birth Certificate Order Form

**Number of Certified Copies Ordered:** \_\_\_\_\_ x \$25 = \_\_\_\_\_ (total fee due with application)

## Child's Information

1. Name of child: \_\_\_\_\_  
(as on birth record)      First                                      Middle                                      Last

2. Date of birth: \_\_\_\_\_ 3. Sex: M / F      4. Place of birth: \_\_\_\_\_  
(city in Lincoln County)

5. Mother/Parent A's legal name  
at birth/prior to first marriage: \_\_\_\_\_  
First                                      Middle                                      Last

6. Current Legal name (if different) \_\_\_\_\_  
First                                      Middle                                      Last

7. Mother/Parent A's date of birth: \_\_\_\_\_ 8. Place of birth: \_\_\_\_\_

9. Father/Parent B's legal name  
at birth/prior to first marriage: \_\_\_\_\_  
First                                      Middle                                      Last

10. Father/Parent B's date of birth: \_\_\_\_\_ 11. Place of birth: \_\_\_\_\_

## Requester Information

12. Name of requester: \_\_\_\_\_  
First                                      Middle                                      Last

13. Relationship to child: \_\_\_\_\_

14. Reason for needing record: \_\_\_\_\_

15. Phone number: \_\_\_\_\_ 16. Email: \_\_\_\_\_

17. Address: \_\_\_\_\_

\_\_\_\_\_ City                                      State                                      Zip

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Fee Enclosed:** \$ \_\_\_\_\_

**Mailing address for certified copies to be sent:** \_\_\_\_\_

\_\_\_\_\_ City                                      State                                      Zip