Jackson County Birth Certificate Order Form
(babies less than 6 months old)

Number of certified records requested. $25.00 for each certificate. Must include current photo ID.

1. Full name on record: ________________________________ (first) ________________________________ (middle) ________________________________ (last)

2. Date of Birth: ____________________
   (mm/dd/yyyy)

3. Sex: M or F
   (circle one)

4. Place of Birth: ____________________
   (City)

   JACKSON OREGON
   (County) (State)

5. Mother/Parent A’s legal name
   ________________________________ (first) ________________________________ (middle) ________________________________ (last name)
   At birth/maiden name before first marriage

6. Father/Parent B’s legal name
   ________________________________ (first) ________________________________ (middle) ________________________________ (last name)
   At birth/maiden name before first marriage

7. Your relationship to person named in line 1: ________________________________

8. Reason for needing record: ________________________________

9. Telephone number: ________________________________

10. Email: ________________________________

11. Name of person ordering: ________________________________

12. Your mailing address: ________________________________

13. City/State/ZIP: ________________________________

14. Person ordering: Attach legible photocopy of current valid ID

15. Required signature of person ordering:

   In accordance with law – ORS 432.380, only the person named on the record, immediate family members, legal representatives and government agencies are eligible to access birth records. For all others, access to birth records is restricted for 100 years. Legal guardians must enclose a copy of the legal document and representative’s ID. If you are not eligible, enclose a written permission note with a notarized signature of an eligible person. WARNING: Providing false information is a felony under ORS 432.993.

Pay by credit card:

   ________________________________ (name as it appears on credit card)

   (if paying by mail)

   ________________________________ (please write legibly)

   Exp date: ________________________________ CVV: ________________________________

   (MM/YY)

Signature of credit card holder: ________________________________

Send to: VITAL RECORDS DEPARTMENT
         Ginger Cerola, County Deputy Registrar
         140 S. Holly Street
         Medford, Oregon 97501
         cerolagi@jacksoncounty.org
         541.774.8000

Date Received: ________________

Check/M.O./Cash: ________________ Quantity: _____ Total Enclosed: $_______

$25 FOR THE FIRST RECORD; $25 FOR EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME. The $25 fee is non-refundable once the search for the record has been completed. Administrative Rule OAR333-011-0340(1).

Updated 03/2022