



**CHANGING YOUR NAME
AND/OR GENDER MARKER ON
YOUR BIRTH CERTIFICATE**

Disclosure Notice

Everyone deserves to have accurate identification documents. We, at the PCC CLEAR Clinic, acknowledge the inherent injustice of having to petition different bureaucratic systems for this right and what it costs, both financially and personally, to do so.

As such, we have created the guide you see below. It is based off of Basic Rights Oregon's suggested process and we have also provided instructional documents including some visual examples at each step.

NOTE: This guide does not serve as legal advice and it was created for folx who were born in Oregon only. If you will also be changing your name and not just your gender marker on your birth certificate, you must complete the circuit court name change process beforehand as you need to receive the judgment and your certified copies first as a certified copy is a requirements of this process.

**STEP 1: REQUEST TO CHANGE
BIRTH CERTIFICATE BASED ON
COURT ORDER OF NAME CHANGE
FORM**

Here is an example form with the appropriate sections filled out for your reference. You can find this form [here](#). The ***Name Now on Birth Certificate*** section is the name on your birth certificate as it appears before the change.

Name Now on Birth Certificate:	
First <u>JOSIE</u>	Middle <u>POSIE</u> Last <u>SMITH</u>
New Name as it is to appear on Birth Certificate:	
First <u>JO</u>	Middle <u>SMYTHE</u> Last <u>ROSENBERG</u>
Date of Birth:	Place of Birth:
<u>01/01/1993</u> (Month/Day/Year)	<u>FOSSIL</u> <u>OREGON</u> (City) (State)
Mother's Maiden Name:	
First <u>LETICIA</u>	Middle <u>CARYN</u> Last <u>ROSENBERG</u> (Maiden)
Signature of person on birth certificate or parent if under age 18	Date signed
<u>JO PO ROSENBERG</u>	
Print Name	
<u>SELF</u>	
Relationship to person on birth certificate	
<u>503-867-5309</u>	
Daytime Telephone Number	
This signed form and a certified copy of the court order showing the original seal and signature of the court clerk (our office will keep this document in a sealed file) must be returned with appropriate fee to:	
Amendment Clerk Center for Health Statistics PO Box 14050 Portland, OR 97293-0500	
<small>Revised 05/2006</small>	

**STEP 2: FILL OUT AND PRINT THE
VITAL RECORD ORDER FORM**

- The ***Vital Record Order Form*** can be found [here](#). I've included an example of page 1 & 2 on the next slides (Slide 7 & 8).
- On **Line 1**, enter your former/dead name ("Full name on record").
- On **Line 11**: Enter your new name as it appears on your court order ("Name of person ordering").
- On **Line 14**, you check the box when you print it out and sign it. You sign the form on **Line 15**. Under Line 15, there is one more section you need to fill out – your mailing address. I've included that snapshot on Slide 8.
- And, lastly, although it is advisable to have received your new ID affirming your gender/name before submitting these forms, OHA will also accept ID in the form of 3 different documents that include your new name and current address, such as electric/phone bill, insurance card, etc. The full list of acceptable documents is found on page 3 of the order form.

Oregon Birth Record ORDER FORM

Print

Save as

Reset form

2
QUANTITY

Number of certified records requested.
\$25 each certificate

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

2. Date of birth: 01/01/1993 3. Sex: M 4. Place of birth: FOSSIL WHEELER OREGON
(month/day/yyyy) (M/F) (city) (county)

5. Mother/Parent A's legal name at birth/prior to first marriage: LETICIA CARYN ROSENBERG
(first) (middle) (last name at mother's/parent A's birth)

6. Father/Parent B's legal name at birth/prior to first marriage: BRYANT JOE SMITH
(first) (middle) (last name at father's/parent B's birth)

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

8. Reason for needing record: Legal Name & Gender Marker Change

9. Daytime telephone number: 503-867-5309 10. Email: lionrose@gmail.com

11. Name of person ordering: JO SMYTHE ROSENBERG

12. Your address: 122 MAIN STREET

13. City/State/ZIP: FOREST GROVE, OR 97116

14. Person ordering: Attach legible photocopy of current, valid ID or legal representative document and representative's ID. See back of form for alternative ID options.

15. Required signature of person ordering:

OFFICE USE ONLY
DO NOT WRITE IN THIS SPACE

Certificate number:

	1	2
Film		
Film (P)		
Computer		
Indexes		
Index (P)		
DF/CO		

Refund: \$

- Excess fee
- No record
- Out/state
- Uncompleted

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.

Mail to: OREGON VITAL RECORDS PO BOX 14050 PORTLAND OR 97293-0050	Drop Box Location: 800 NE OREGON ST PORTLAND OR 97232	Make checks/money orders payable to: OHA/Vital Records PLEASE DO NOT SEND CASH Checks/money orders in U. S. Dollars
---	--	--

<input type="checkbox"/> Excess fee	<input type="checkbox"/> Out/state
<input type="checkbox"/> No record	<input type="checkbox"/> Uncompleted
Check #:	
File date:	Amendment fee:
NRL/ref. issued:	Full issued:
Follow-up:	Computer copy:

WARNING: Providing false information is a felony under ORS 432.993.

\$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 OAR 333-011-0340(1).

This form available in alternative formats. See back for details.

ENTER YOUR MAILING ADDRESS
THIS SECTION WILL BE DETACHED AND USED AS A MAILING LABEL

Name		
JO ROSENBERG		
Street		
122 MAIN STREET		
City	State	ZIP
FOREST GROVE	OR	97116

Non-Sufficient Funds (NSF) check processing policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically. In the ordinary course of business, your check will not be provided to you with your bank statement, but a copy can be retrieved by other means. A penalty, not to exceed \$35, may be assessed for NSF checks per ORS 30.701(5).

See second page of form for ordering options and processing times. Information is also available on our Web page at: www.healthoregon.org/chs or by calling 971-673-1190.

STEP 3: YOUR DOCUMENT CHECKLIST

- **A Certified Copy Of The Court Order For Name And/Or Gender Marker Change**
- **Your Name Change Request** (if amending gender marker only, this step is optional)
- **Copy Of Valid ID:** A Driver's License, State ID, or Passport
- **Completed & Signed Vital Record Form:**
- **Check or money order payable to: OHA/Vital Records for \$60.00**
 - **\$35.00 Correction/Amendment Fee + \$25.00 Certificate Order Fee = \$60.00**
 - **NOTE:** If you'd like more than one copy, you have to pay an additional \$25 per copy. **AND,** once you've paid, these fees are non-refundable.

If You Submit This Request By Mail...

- Make sure to send the documents we list in the previous slide with tracking service via USPS. As it is a P.O. Box, FedEx, DHL, and UPS will not deliver to this address.

OREGON VITAL RECORDS

PO BOX 14050

PORTLAND OR 97293-005

- Processing times vary between three and six weeks, depending on seasonal workload. To ensure fast processing for mail orders, use a money order instead of a personal check. Payment by personal check may delay processing by three weeks if the check is on a new account, is a temporary check, does not include a printed name or address, or has a change to the printed name or address.
- If an amendment is being processed or the record is not on file, or ID or information is missing or in error, expect an additional delay of two to four weeks.

If You Submit This Request In-Person...

- Order in person and receive the record within 30 minutes – 1 hour. Additional fees apply. Fees are not refundable after orders are submitted. The office address is below.

State Vital Records Office: **800 NE Oregon Street, Suite 205, Portland, OR 97232**
Office Hours: 9:00 a.m. to 4:00 p.m., Monday through Friday. Orders must be submitted by 3:30 p.m. to receive the same day.

- Ordering in person is limited to yourself or immediate family members of the person named on the record. Orders are placed at self-service kiosks. The identity of the applicant will be screened using Social Security number and date of birth. Additional fees apply.
- Persons ordering must show valid ID or provide alternative documents. In some cases, proof of relationship may be required if the person ordering does not share the last name of the person on the record and is not clearly a family member.
- Payment by credit or debit card, cash, money order or electronic funds transfer (EFT) of a personal check is accepted.