



**FAMILY PLANNING EXPANSION PROJECT (FPEP)  
OREGON BIRTH INFORMATION FORM**

C. Exhibit 5



**FPEP APPLICANTS:** Please fill out as much of the information below as you can. Print or use block letters. This additional information may be helpful in verifying your citizenship through an Oregon Vital Records search.

<sup>1</sup> Print your full name here

<sup>2</sup> Date of birth (month/day/year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

<sup>3</sup> Social Security Number: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_\_

<sup>4</sup> Last name at birth

<sup>5</sup> First name at birth

<sup>6</sup> Middle name at birth

<sup>7</sup> City of birth

<sup>8</sup> Sex (M / F)

<sup>9</sup> County of birth

<sup>10</sup> MOTHER'S maiden name

<sup>11</sup> First name

<sup>12</sup> Middle name

<sup>13</sup> FATHER'S last name

<sup>14</sup> First name

<sup>15</sup> Middle name

**FPEP CLINIC STAFF:** This form can be used to collect additional information from the client to be used in the Oregon Vital Records search. It is for clinic use only.

\*\* Please remember to give the applicant client a copy of the FPEP SSN Statement. \*\*

Enter any information provided on this form into the FPEP Eligibility Database.