



POLST forms older than August 2008 must include additional identifying information in order to be added to the Registry. Please complete the information below and fax or mail it with a copy of *both* sides of the POLST form.

Please provide the following required information:

(Last Name/First/Middle Initial)

(Date of Birth)

Please provide all or part of the following information:

(Address)

(City, State, Zip Code)

Gender (check one): ___(Male) ___(Female)

Last 4 numbers of your Social Security number: ___ ___ ___ ___

Updating Demographics Information:

Check box for updates only. Please fax or mail completed demographics form only.

Demographics update. POLST form previously submitted to Registry.

Oregon POLST Registry

Mail Code: BTE234

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Portland, OR 97239

Phone: 877-367-7657

Fax: 503-418-2161