Application for Certified Copy of Birth Record

Pennsylvania Department of Health ♦ Division of Vital Records

PART 1: By my signature below, I state I am the person whom I represent myself to be herein, and I affirm the information within this form is complete and accurate and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I

Address: City:	nature of person making request (Do n	t print):				
Relationship to Person Name: Relationship to Person Named on Record:					r must request record.	
Name:	T 2: PRINT or TYPE name of ind	ridual requesting				
Address: City:	ie:					
City:						
Daytime phone number: (te:	Zip:	
Intended Use of Certified Copy: Travel/Passport Social Security/Benefits School Employmen Driver's License Other (List reason:						
Name at Birth: If name has changed since birth due to adoption, court order, or any reason other than marriage, please list that name here: Date of Birth: (Month/Day/Year - Records available from 1906 to the present) Place of Birth: (County) (City/Boro/Twp. In Pennsylvania) Name of Mother or Parent A: (First Name) (First Name) (Middle Name) (Last Name at Birth) PART 4: BIRTH: \$20.00 each. If fee is required, make check/money order payable to: VITAL RECORDS. Fees may be waived for individuals and their dependents who served or are currently serving in the Armed Forces (complete the Armed Forces Member's Name: Relationship to Armed Forces Member: Rank and Branch of Service: PART 5: VALID GOVERNMENT ISSUED PHOTO ID REQUIRED Individual requesting record must send a legible copy of his/her valid government issued photo ID that verifies name	nded Use of Certified Copy: □	avel/Passport				
PART 3: PRINT or TYPE information below regarding person named on requested record: Number of copie Name at Birth: If name has changed since birth due to adoption, court order, or any reason other than marriage, please list that name here: Date of Birth: (Month/Day/Year - Records available from 1906 to the present) Place of Birth: (County) (City/Boro/Twp. In Pennsylvania) Name of Mother or Parent A: (First Name) (Middle Name) (Last Name at Birth) PART 4: BIRTH: \$20.00 each. If fee is required, make check/money order payable to: VITAL RECORDS. Fees may be waived for individuals and their dependents who served or are currently serving in the Armed Forces (complete the Armed Forces Member: Relationship to Armed Forces Member: Rank and Branch of Service: PART 5: VALID GOVERNMENT ISSUED PHOTO ID REQUIRED Individual requesting record must send a legible copy of his/her valid government issued photo ID that verifies name	river's License	n:	-)	
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Place of Birth:	,					
Place of Birth:	e of Birth:	711 6 400	Age Now:	Se	ex: ☐ Male ☐ Female	
Name of Mother or Parent A: (First Name) (Middle Name) (Last Name at Birth) Name of Father or Parent B: (First Name) (Middle Name) (Last Name at Birth) PART 4: BIRTH: \$20.00 each. If fee is required, make check/money order payable to: VITAL RECORDS. Fees may be waived for individuals and their dependents who served or are currently serving in the Armed Forces (complete the Armed Forces Member's Name: Relationship to Armed Forces Member: Rank and Branch of Service: PART 5: VALID GOVERNMENT ISSUED PHOTO ID REQUIRED Individual requesting record must send a legible copy of his/her valid government issued photo ID that verifies name		available from 190				
Name of Father or Parent B: (First Name) (Middle Name) (Last Name at Birth) (First Name) (Middle Name) (Last Name at Birth) (Amage of Father or Parent B: (First Name) (Middle Name) (Last Name at Birth) (Last Name at Birth) (Amage of Father or Parent B: (First Name) (Middle Name) (Last Name at Birth) (Last Name at Birth) (Amage of Father or Parent B: (First Name) (Middle Name) (Last Name at Birth) (Last Name at Birth) (Amage of Father or Parent B: (First Name) (Amage of Father or Parent B: (First Name) (Middle Name) (Last Name at Birth) (Amage of Father or Parent B: (First Name) (Amage of Father or Parent B: (Amage of Father or Paren	(County)	((City/Boro/Twp. In Pennsylvania)	nospiu	aı	
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Name of Father or Parent B:					(Last Name at Birth)	
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Relationship to Armed Forces Member:Rank and Branch of Service:		_				
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				•		
maning addition as noted in 1 at t 2 above.			of his/her valid government iss	sued photo ID 1	that verifies name and	
Examples: State issued driver's license or non-driver photo ID (if address has been changed, include copy of update card).	<u> </u>		oto ID (if address has been chang	ed include com	v of undate card)	
▶ If possible, enlarge photo ID on copier by at least 150% (copies of ID will be shredded upon review).	•	-	,,,		y ο _ე αρααίε εαί α).	

Mail to:

Division of Vital Records ATTN: Birth Unit PO BOX 1528 NEW CASTLE, PA 16103

> Print or type name and address in the space provided below (Must agree with name and current address in Part 2 and ID documentation):

Name
Street
City, State, Zip Code

Have you?

- ✓ Signed your name in Part 1 (do not
- Listed your name and current mailing address in Parts 2 and 5
- Completed all items in Part 3 (enter *unknown if information unavailable)*
- **Enclosed payment** (or completed Part 4 for waiver of fee)
- ✓ Enclosed legible copy of ID (must agree with your name and address in Parts 2 and 5)

You are welcome to visit one of our public offices listed on the reverse side of this form.