H105.102 REV 08/2014

Application for Certified Copy of Birth Record

BIRTH **Pennsylvania Department of Health ♦ Division of Vital Records** **BIRTH**

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 acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code. (Note: Signature must agree with name listed in Parts 2 and 5 of this form.)

Signature of person making request *(Do not print)*: _____

Signature required on **ALL** requests. Must be 18 years of age or older to apply. If under 18, immediate family member must request record.

PART 2: PRINT or **TYPE** name of individual requesting record and his/her **current mailing address**.

Name: _____ Relationship to Person Named on Record: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: (_____) _____ - _____ E-mail Address: _____

Intended Use of Certified Copy: ☐ Travel/Passport ☐ Social Security/Benefits ☐ School ☐ Employment

☐ Driver's License ☐ Other (List reason: _____)

PART 3: PRINT or **TYPE** information below regarding person named on requested record: **Number of copies:** _____

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: _____ Age Now: _____ Sex: ☐ Male ☐ Female

(Month/Day/Year - Records available from 1906 to the present)

Place of Birth: _____ Hospital: _____

(County) (City/Boro/Twp. In Pennsylvania)

Mother's or Parent A's Name: _____

(First) (Middle) (Last prior to marriage) (Current last)

Father's or Parent B's Name: _____

(First) (Middle) (Last prior to marriage) (Current last)

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 following)*:

Armed Forces Member's Name: _____ Service Number: _____

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 and mailing address as listed in Part 2 above.**
- Examples: State issued driver's license or non-driver photo ID *(if address has been changed, include copy of update card).*
- If possible, enlarge photo ID on copier by at least 150% (copies of ID will be shredded upon review).
- If acceptable ID not available, visit our website at www.health.state.pa.us/vitalrecords for further information.

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 print)*
- ✓ **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)*

For EXPEDITED ON-LINE ORDERING or additional information, visit our website: www.health.state.pa.us/vitalrecords