HD1105F REV 08//07

# BIRTH

## Application for Refund for Birth Certificate Issued for Voter ID

## 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 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 a refund and his/her **current mailing address**.

_____

Name: _____

Address:_____

City:_____ State: _____ Zip:_____

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

**PART 3: VALID GOVERNMENT ISSUED PHOTO ID REQUIRED**

- **Individual requesting refund 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 with self-addressed, stamped envelope to:***

**Division of Vital Records**
**ATTN: Accounting**
**PO BOX 1528**
**NEW CASTLE, PA 16103**

***Have you?***

- ✓ **Signed your name in Part 1** *(do not print)*
- ✓ **Listed your name and current mailing address in Parts 2 and 3**
- ✓ **Enclosed legible copy of ID**

***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 |

✓

BIRTH