

# BIRTH

## Application for a Birth Certificate

Print or Type

### INTERNAL USE ONLY

Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Delivery: ☐ P ☐ PO ☐ M  
Status: ☐ S ☐ R ☐ A

### PART 1: APPLICANT

My current legal name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Street: \_\_\_\_\_ Email address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

MY RELATIONSHIP TO PERSON NAMED ON BIRTH RECORD: \_\_\_\_\_

Applicants must be 18 years of age or older or an emancipated minor to apply.

Intended use of birth certificate: ☐ Travel/passport ☐ School ☐ Driver's license  
☐ Social Security/benefits ☐ Dual citizenship ☐ Employment ☐ Other: \_\_\_\_\_  
(Please specify other reason.)

### PART 2: BIRTH CERTIFICATE BEING REQUESTED Please complete as much information as possible.

<b>NAME AT BIRTH</b> _____ (First) (Middle) (Last) (Suffix)		<b>AGE NOW</b> _____ (Age)	<b>DATE OF BIRTH</b> _____ (Month) (Day) (Year)
If name has changed since birth due to adoption, court order or any reason other than marriage, please list that name here: _____ (First) (Middle) (Last) (Suffix)		<b>SEX</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	

<b>TYPE OF BIRTH RECORD</b> _____ (Type)	<b>PLACE OF BIRTH</b> _____ (County) (City/borough/township) (Hospital name)
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**PARENT'S INFORMATION**  
☐ Mother  
☐ Father  
☐ Parent \_\_\_\_\_  
(First name) (Middle name) (Last name prior to first marriage) (Current last name) (Suffix)

**PARENT'S INFORMATION**  
☐ Mother  
☐ Father  
☐ Parent \_\_\_\_\_  
(First name) (Middle name) (Last name prior to first marriage) (Current last name) (Suffix)

### PART 3: ACCEPTABLE FORMS OF IDENTIFICATION

I have included a legible photocopy of the following:

- ☐ A valid driver's license or other government-issued photo ID that includes my mailing address. If applying by mail, the address on my ID matches the mailing address listed above. **Expired IDs cannot be accepted.**
- ☐ I do not have a valid government-issued photo ID. Therefore, I have provided two current documents that verify my name and current address (such as a utility bill, pay stub, bank statement, car registration or lease/rental agreement). See [www.certificates.health.pa.gov](http://www.certificates.health.pa.gov) for further information.

### PART 5: SIGNATURE OF APPLICANT

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.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Signature must match the name listed in Part 1 of this form.

### PART 4: FEE

If applying by mail, submit a check or money order payable to "VITAL RECORDS."

If applying in person, you may pay by credit card, check or money order.

#### Fee waiver request — member of the U.S. armed forces

The fee is waived if the applicant is requesting the certificate for self, spouse or a dependent child.

☐ I or my current legal spouse (includes widow/widower if not remarried) is in active service or was honorably discharged from service.

Armed forces member's name: \_\_\_\_\_

Service number: \_\_\_\_\_

Rank and branch of service: \_\_\_\_\_

### HOW TO APPLY

APPLY ONLINE AT [WWW.VITALCHEK.COM](http://WWW.VITALCHEK.COM)

To order by mail, send application, identification and payment to:

Department of Health  
Division of Vital Records  
PO Box 1528  
New Castle, PA 16103

### Quantity Required

Certificate cost: \$20.00

Quantity: X \_\_\_\_\_

Total: \_\_\_\_\_