pennsylvania
DEPARTMENT OF HEALTH
H105.102 REV 06/18

BIRTH

Application for a Birth Certificate

Print or Type

INTERNAL USE ONLY			
Date:		Initials:	
Delivery:	☐ P	☐ PO	☐ M
	☐ 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.

NAME AT BIRTH
(First) (Middle) (Last) (Suffix)

AGE NOW

DATE OF BIRTH

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)

SEX
☐ Male ☐ Female

TYPE OF BIRTH RECORD
Born in Pennsylvania

PLACE OF BIRTH
(County) (City/borough/township) (Hospital name)

PARENT/MOTHER'S NAME
(First) (Middle) (Last name prior to first marriage) (Current last) (Suffix)

PARENT/FATHER'S NAME
(First) (Middle) (Last name prior to first marriage) (Current last) (Suffix)

PART 3: ACCEPTABLE FORMS OF IDENTIFICATION

I have included a legible photocopy of one 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.health.pa.gov/MyRecords/Certificates** for further information.

PART 4: FEE

Make check or money order payable to "VITAL RECORDS."

Quantity required	
Certificate cost:	$20.00
Quantity:	X _____
Total:	_____

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

Armed forces member name: _____

Service number: _____

Rank and branch of service: _____

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 agree with the name listed in Part 1 of this form.

HOW TO APPLY

Order from Pa.'s only authorized online provider at **www.vitalchek.com** or by phone at 866-712-8238 (credit cards accepted).

Order in person at a **Pennsylvania Vital Records** branch office in Erie, Harrisburg, New Castle, Philadelphia, Pittsburgh or Scranton. Delivery ranges from same day to five days based on public office processing time.

Order by mail: Send application, identification and payment to:
Department of Health
Division of Vital Records
PO Box 1528
New Castle, PA 16103