

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 (Date needed: _____) 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)

Full Maiden Name of Mother: _____

Full Name of Father: _____

PART 4: BIRTH: \$10.00 each. *If fee is required, make check/money order payable to: VITAL RECORDS.*

Fees will 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 with self-addressed, stamped envelope to:

Division of Vital Records
ATTN: Birth Unit
PO Box 1528
New Castle, PA 16101

Print or type name and address in the space provided below
 (must agree with name and address on 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*)

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