

BIRTH

Application for a Birth Certificate

Print or Type

INTERNAL USE ONLY			
Date:	_____		Initials: _____
Delivery:	<input type="checkbox"/> P	<input type="checkbox"/> PO	<input type="checkbox"/> M
Status:	<input type="checkbox"/> S	<input type="checkbox"/> R	<input type="checkbox"/> A

PART 1: APPLICANT Must be 16 years of age or older or an emancipated minor to apply.

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: _____

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		AGE NOW	DATE OF BIRTH

(First) (Middle) (Last) (Suffix)			
If name has changed since birth due to adoption, court order or any reason other than marriage, please list that name here:		SEX	
_____		<input type="checkbox"/> Male <input type="checkbox"/> Female	
(First) (Middle) (Last) (Suffix)			
TYPE OF BIRTH RECORD	PLACE OF BIRTH		

	(County)	(City/borough/township)	(Hospital name)

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). Search "Acceptable ID" at www.pa.gov for further information.

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.

Quantity Required	
Certificate cost:	\$20.00
Quantity:	X _____
Total:	_____

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.

HOW TO APPLY

APPLY ONLINE AT MYCERTIFICATES.HEALTH.PA.GOV

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

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

I or my current legal spouse (includes widow/widower if not remarried) is in active service or a veteran. Veteran means an individual who served in the U.S. armed forces and whose character of service is other than dishonorable per Act 137 of 2024.

I have enclosed a copy of my/my spouse's Military ID or DD214 (or equivalent document) that demonstrates the required character of service.