

**Pennsylvania Department of Health  
Division of Vital Records**

This form is to be used for corrections on a Certificate of Birth. Please complete the lower portion of this form in the presence of a notarizing official and forward to: Division of Vital Records, PO Box 1528, New Castle, PA 16103.

*Submit a photocopy of the documentary evidence used to support the correction requested, such as Baptismal Record, School Record, Military Record, Marriage Record or Certified Court Order.*

ORIGINAL RECORD NOW READS	CORRECTION DESIRED
Name of Subject	
Date of Birth	
Sex	
Father	
Mother	
Other	

<b>S E A L</b>	<p><i>SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME:</i></p> <p></p>	<p><i>MO. DAY YEAR</i></p>	Father's Signature
			Mother's Signature
			Subject's Signature
			Present Address
		Daytime Phone #	
<p align="center"><i>DO NOT NOTARIZE UNLESS SIGNED BY SUBJECT (OR PARENT(S) IF UNDER AGE 18) MUST BE SIGNED IN PRESENCE OF NOTARY</i></p>			