

Application for Multi-year Search of Birth Record

BIRTH

Pennsylvania Department of Health ♦ Division of Vital Records

(Records available from 1906 to the present)

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 of person making request: _____

Signature required on ALL requests. Must be 18 years of age or older to apply. If under 18, eligible requestor must sign above.

PRINT or **TYPE** your name & **CURRENT** address.

Name: _____ Relationship to Person
Named on Certificate: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: (____) _____ - _____ E-mail Address: _____

Reason for Request _____

PHOTO ID REQUIRED: The individual requesting the record must send a legible copy of his/her VALID GOVERNMENT ISSUED PHOTO ID which will be shredded after review. (Examples: State issued driver's license or non-driver photo ID with requestor's current address. If possible, enlarge photo ID on copier by at least 150%.

The Division of Vital Records offers a multi-year **BIRTH** search procedure to those who do not know the exact date of birth. An eligible applicant can request a "search" to have two to ten birth years alphabetically indexed for a fee of \$45.00 (fee includes one certification). Additional spans of two to ten years are indexed at a rate of \$25.00. The Division has birth records that were registered in Pennsylvania from 1906 to the present.

I request Vital Records to index the years _____ through _____ for the birth record of:
(Beginning year) (Ending year)

Name at Birth: _____

List changed name (if name has changed since birth due to adoption, court order or any reason other than marriage)

Age Now: _____ Sex: Male Female

Place of Birth: _____
(County) (City/Township/Borough in Pennsylvania) (Name of Hospital)

Mother's or Parent A's Name: _____
(First) (Middle) (Last prior to marriage) (Current last)

Father's or Parent B's Name: _____
(First) (Middle) (Last prior to marriage) (Current last)

If the subject is deceased, please provide the following statistical information:

Name at Death	Date of Death	Place of Death
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Provide the following additional information, if known, to assist our office in locating this record:

Mother or Parent A: (at time of this birth)	Age	Birthplace	Occupation	Residence
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Father or Parent B: (at time of this birth)	Age	Birthplace	Occupation	Residence
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Attending physician: _____ Other: _____

**Make check or money order payable to: VITAL RECORDS. Mail this completed application and a legible copy of ID to:
Division of Vital Records, 101 South Mercer St., PO Box 1528, New Castle, PA 16103.**

Website address: www.health.pa.gov/MyRecords/Certificates