

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

The information appearing on the Certification of Birth is transcribed from the original birth certificate as filed with the Division of Vital Records. The Division of Vital Records reserves the right to accept or reject any correction.

Instructions to Correct Birth Certificate:

Complete the affidavit form below in the presence of a Notary Public. Upon receipt and review of the documentation and notarized affidavit, the Division of Vital Records will determine if the correction can be processed.

An original document that supports the correction(s) requested must be submitted, such as marriage record, baptismal record, school record, military record, etc.

The person(s) requesting the correction must include with the notarized affidavit a completed birth application, the required fee or Armed Forces information, if applicable, and a clear copy of his/her valid government issued photo ID that verifies his/her name and current mailing address. Examples of acceptable identification are a state issued driver's license or non-driver photo ID that verifies the name and current address. If possible, enlarge photo ID on copier by at least 150%. If you do not possess photo ID that verifies your current mailing address, you may submit two documents that do verify the address such as a lease agreement, utility bills, pay stub, bank statement, credit card statement, etc.

Mail completed affidavit form, documents, application, fee and ID to:

Division of Vital Records
101 S. Mercer Street
P.O. Box 1528
New Castle, PA 16103
(724) 656-3100

For additional information, visit our website at www.health.pa.gov/MyRecords/Certificates

| DATA | ORIGINAL RECORD NOW READS | CORRECTION(S) DESIRED (print full names, dates, other) | | | |
|---|---------------------------|--|--------|----------|--------|
| NAME AT BIRTH | | First | Middle | Last | Suffix |
| DATE OF BIRTH | | | | | |
| SEX | | | | | |
| FATHER/PARENT | | First | Middle | Last | Suffix |
| MOTHER/PARENT | | First | Middle | Last | Suffix |
| OTHER ERROR | | | | | |
| OTHER ERROR | | | | | |
| SIGNATURE OF FATHER/PARENT | | PRESENT ADDRESS | | | |
| | | STREET | | | |
| SIGNATURE OF MOTHER/PARENT | | | | | |
| | | CITY | STATE | ZIP CODE | |
| SIGNATURE OF PERSON NAMED ON RECORD | | PHONE NUMBER () | | | |
| TO BE COMPLETED BY NOTARY PUBLIC ONLY | | <u>Notary Instructions:</u> | | | |
| State of _____ | | Use BLUE or BLACK INK for all signatures and/or the notary stamp. Do not notarize if there are any alterations, such as: scratch out, correction fluid, write-over or erasure. Do not notarize unless signed by subject (or parent(s) if under age 18) in the presence of the Notary. Complete all items in the Notary section and affix your notary stamp and/or seal. | | | |
| Signed and sworn to before me this _____ (Day) of _____ (Month), 20____ | | | | | |
| Print name of person(s) appearing before the Notary Public | | | | | |
| 1. _____ | | | | | |
| 2. _____ | | | | | |
| Signature of Notary Public | | | | | |
| Address of Notary Public | | | | | |
| My commission expires _____ | | | | | |
| Notary Stamp and/or Seal | | | | | |