

Application for a Birth Certificate with Fees Waived for an Individual Who is Experiencing Homelessness

BIRTH

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

My current legal name: _____
(First) (Middle) (Last) (Suffix)

MY RELATIONSHIP TO PERSON NAMED ON BIRTH RECORD: Self Parent: child currently in my care
Applicants must be at least 18 years of age or emancipated to apply.

Intended use of birth certificate:

Employment Insurance School Driver's license
 Social Security Veteran's benefits Welfare benefits/housing Other: _____
(Please specify other reason.)

PART 2: BIRTH CERTIFICATE BEING REQUESTED (Please complete as much information as possible.)

NAME AT BIRTH _____ (First) (Middle) (Last) (Suffix)		AGE NOW	DATE OF BIRTH	# of copies requested 1
If name has changed since birth due to adoption, court order or any reason other than marriage, please list that name here: _____ (First) (Middle) (Last) (Suffix)		SEX Male Female		
TYPE OF BIRTH RECORD	PLACE OF BIRTH _____ (County) (City/borough/township) (Hospital name)			
PARENT'S INFORMATION <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent _____ (First name) (Middle name) (Last name prior to first marriage) (Current last name) (Suffix)				
PARENT'S INFORMATION <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent _____ (First name) (Middle name) (Last name prior to first marriage) (Current last name) (Suffix)				

PART 3: ACCEPTABLE FORMS OF IDENTIFICATION (Select one.)

I have included a legible photocopy of the following:

- A valid driver's license or other government-issued photo ID
 An expired driver's license or other government-issued photo ID, which is my only form of identification
 I do not have any form of government-issued photo ID

PART 4: ISSUANCE OF BIRTH CERTIFICATE (Select one.)

- I will pick up my birth certificate once it is available. (This option is only available to applicants that have a valid government-issued photo ID and apply in person.)
 I am authorizing my advocate listed in Part 6 to pick up my birth certificate. (This option is only available to applicants that apply in person.)
 I am authorizing the Department of Health to mail my birth certificate to the address of my advocate as listed in Part 6.

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.

By my signature, I am attesting that I am currently experiencing homelessness and I am financially unable to pay the \$20 fee for my birth certificate.

(Signature) (Date)

Signature must match the name listed in Part 1 of this form.

PART 6: ADVOCATE (Required)

My association with the applicant listed in Part 1: (Select one.)

- Director of a facility where the applicant is currently residing and/or receiving services
- Social worker who is assisting the applicant in obtaining government services
- Attorney who is representing the applicant who is experiencing homelessness

Advocate's name: _____
(First) (Middle) (Last) (Suffix)

Advocate's email address: _____

Facility's/organization's information:

Name: _____

Street: _____

City: _____ State: _____ Zip code: _____ Daytime phone: _____

Acceptable form of identification: (Required)

- I have enclosed a legible photocopy of my valid government-issued photo ID.

Proof of organization's address: (Required)

- I have enclosed a letter on my organization's official stationery to verify my organization's mailing address, my affiliation with the organization and my association with the applicant.

Signature of advocate:

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.

By my signature, I am attesting to the identity of the applicant listed in Part 1 and that the applicant is experiencing homelessness.

(Signature)

(Date)

HOW TO APPLY

Order in person at a Pennsylvania Vital Records branch office in Erie, Harrisburg, New Castle, Philadelphia, Pittsburgh or Scranton. Delivery ranges from same day to five days based on public office processing time.

Order by mail: Send application to:

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