

# Application for a Birth Certificate with Fees Waived Under the Disaster Declaration

# BIRTH

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)

Street: \_\_\_\_\_ Email address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

**MY RELATIONSHIP TO PERSON NAMED ON BIRTH RECORD:** Self Applicants must be 18 years of age or older or an emancipated minor 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.

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

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.**  
 The address on my ID does not match my current mailing address because I am temporarily residing at another location (such as a treatment facility, halfway house or homeless shelter). I have enclosed a letter on this organization's letterhead to verify that I am temporarily residing at their location and that I may use their address to receive my birth certificate.  
 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). See [www.health.pa.gov/MyRecords/Certificates](http://www.health.pa.gov/MyRecords/Certificates) for further information.  
 I do not have forms of identification that meet the above two options. I am requesting that you contact me to provide further assistance in meeting this requirement.

## PART 4: 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 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 affected by an opioid use disorder 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.**

## HOW TO APPLY

**Order in person** at a Pennsylvania Vital Record 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, identification and payment to:

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