

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

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 at least 18 years of age or emancipated to apply.
 Parent: child currently in my care

Intended use of birth certificate:

<input type="checkbox"/> Employment	<input type="checkbox"/> Insurance	<input type="checkbox"/> School	<input type="checkbox"/> Driver's license
<input type="checkbox"/> Social Security	<input type="checkbox"/> Veteran's benefits	<input type="checkbox"/> Welfare benefits/housing	<input type="checkbox"/> Other: _____ <small>(Please specify other reason.)</small>

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

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

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.

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 certificates.health.pa.gov for further information.

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 reside in an area of Pennsylvania that has been adversely impacted by the recent natural disaster and I am financially unable to cover the \$20 fee for the birth certificate for which I am applying.

The fee waiver is valid within 90 days of the signed Proclamation of Disaster Emergency.

(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**