

Application to Add a Father to a Birth Record

Type or print in ink

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

ERASURES, CROSS-OUTS OR ANY OTHER ALTERATIONS ARE UNACCEPTABLE.

For the reasons outlined in Part 4 below, this form is to be used to add a father to a child's birth record that is registered in Pennsylvania. This form may not be used to replace or remove a father previously named. Upon update to this record, an updated birth certificate will be issued.

PART 1: CONTACT INFORMATION

- I am the parent of the child who is younger than 18 years of age.
- I am the child listed on this record and am 18 years of age or older.

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

Street: _____ Email address: _____

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

PART 2: BIRTH RECORD TO BE AMENDED

NAME AT BIRTH _____ (First) (Middle) (Last) (Suffix)	DATE OF BIRTH _____
PLACE OF BIRTH _____ (County) (City/borough/township) (Hospital)	SEX Male Female
MOTHER'S NAME _____ (First) (Middle) (Last name prior to first marriage) (Current last) (Suffix)	

PART 3: REQUESTED AMENDMENTS TO CHILD'S BIRTH RECORD

ADDITION OF FATHER'S NAME _____ (First) (Middle) (Last name prior to first marriage) (Current last) (Suffix)		
FATHER'S PLACE OF BIRTH (STATE OR FOREIGN COUNTRY) _____	FATHER'S DATE OF BIRTH _____	FATHER'S SOCIAL SECURITY NUMBER <input type="checkbox"/> None
THIS CHILD'S NAME IS REQUESTED TO BE CHANGED TO THE FOLLOWING (OPTIONAL AND ONLY AVAILABLE TO CHILDREN UNDER 18 YEARS OF AGE): _____ (First) (Middle) (Last) (Suffix)		

PART 4: REASON AND DOCUMENTARY EVIDENCE (CHECK ONE REASON ONLY)

- The birth mother and biological father were married at time of child's birth, but the birth record did not reflect the marriage. An original, government-issued marriage certificate is enclosed.
- The birth mother and biological father married after the child's birth. An original, government-issued marriage certificate is enclosed.
- The unmarried birth mother and biological father have filed an [Acknowledgment of Paternity \(AOP\)](#) with the Pennsylvania Department of Human Services (DHS). This AOP was sent to DHS on _____. Call 1-800-932-0211.
- Paternity of this child has been determined by a court of competent jurisdiction. The original court order with raised seal is enclosed.

PART 5: ACCEPTABLE FORMS OF IDENTIFICATION

I have included a legible photocopy of the following:

- A valid driver's license or other government-issued photo ID. If applying by mail, the address on my ID matches the mailing address listed in Part 1. **Expired IDs cannot be accepted.**
- 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) as listed in Part 1. See certificates.health.pa.gov for further information.

PART 6: FEE

**Make check or money order payable to
"VITAL RECORDS."**

Quantity Required

Certificate cost: \$20.00
Quantity: X _____
Total: _____

Request for Waiver of Fee:

- My child is under the age of 6 months and I have attached the incorrect birth certificate. Please send me the corrected certificate free of charge.
- Member of the U.S. armed forces - I am or my current legal spouse (includes widow/widower if not remarried) is in active service or was honorably discharged from service.

Armed forces member's name: _____

Service number: _____

Rank and branch of service: _____

PART 7: SIGNATURES AND NOTARIZED STATEMENT

To complete the application process, please sign this form. This form must be signed by both parents and the child (if over the age of 18 years). However, if one parent has sole custody of the minor child, then only that parent is required to sign the form.

- I have sole (exclusive physical and legal) custody of the minor child. I have attached a certified copy of the court order granting me sole custody.
- I am the only surviving parent of the minor child. The death certificate of the deceased parent is enclosed.

You must sign in front of a notary and have the form notarized if one of the following apply:

- You are adding the biological father due to marriage to the child's mother.
- The child's last name is changing and a court order has not been issued to effect this change.
- The child's first name or middle name is changing, and the child is more than 1 year of age (unless a court order has been issued to effect this change).

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.

(Signature of mother) (Date)

(Signature of father) (Date)

(Signature of child required if over the age of 18) (Date)

Subscribed and sworn to or affirmed before me

(Signature of notary) (Date)

SEAL

MAIL THIS NOTARIZED REPORT AND SUPPORTING DOCUMENTATION TO:

Pa. Department of Health
Bureau of Health Statistics and Registries
ATTN: Birth Registry
555 Walnut St., 6th Floor
Harrisburg, PA 17101-1934