

## AUTHORIZATION TO MAIL CERTIFICATE TO TEMPORARY ADDRESS DUE TO A RECENT NATURAL DISASTER

The form is only to be used during the ninety (90) days immediately following a disaster declaration issued by the federal government, a state government or a local government within the United States of America.

Location of disaster: \_\_\_\_\_

Government body issuing the declaration: \_\_\_\_\_

I, \_\_\_\_\_ do hereby authorize  
Your name

the Pennsylvania Department of Health, Division of Vital Records, to mail the birth certificate(s) of

\_\_\_\_\_  
Name(s) of the birth certificates requested

to the following mailing address (include street address, city, state and zip code)

\_\_\_\_\_  
Name of contact at temporary residence

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, state, zip

where I am temporarily residing due to a recent disaster.

I have attached a completed Application for a Birth Certificate for the person listed above, payment and identification, as required on the application.

I have listed my temporary residence in Part 1 of the Application for a Birth Certificate.

I declare under penalty of perjury under the laws of the United States and the Commonwealth of Pennsylvania that the foregoing is true and correct.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date