

## **Delayed Report of Live Birth**

Type or print in ink

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

This form is to be used to report a birth that occurred in Pennsylvania when the report is submitted more than seven years after the birth of the individual. Once this report has been accepted by the Department of Health, you will be informed so that you can submit an Application for a Birth Certificate.

| PART 1: CC      | INTACT INFORMATIO  | N (SELECT ONE.)                       |                         |                 |                                       |                    |  |  |  |  |  |
|-----------------|--|---------------------------------------|-------------------------|-----------------|---------------------------------------|--------------------|--|--|--|--|--|
| I am th         | ne parent and am filing this re  | eport for my child who is             | younger than 18 years   | s of age.       |                                       |                    |  |  |  |  |  |
| I am fil        | I am filing this report of my own birth and am 18 years of age or older. |                                       |                         |                 |                                       |                    |  |  |  |  |  |
|                 | ling this report on behalf of t<br>ationship to the individual is:       |                                       |                         |                 |                                       |                    |  |  |  |  |  |
| My current lega | al name:(Firs  | t)                                    | (Middle)                |                 | (Last)                                | (Suffix)           |  |  |  |  |  |
| Street:         |  |                                       | Email                   | address:        | dress:                                |                    |  |  |  |  |  |
| City:           |  | State:                                | Zip code:               | Da              | ytime phone:                          |                    |  |  |  |  |  |
|                 | TERMINATION OF NO  |                                       |                         |                 |                                       |                    |  |  |  |  |  |
|                 |  |                                       | and by the Da Donarth   | ant of Hoalt    | . la                                  |                    |  |  |  |  |  |
| Attache         | d is a copy of the "Certificate  | Of NO BIRTH RECORD 1550               | Jed by the Pa. Departin | nent of Hear    | tn.                                   |                    |  |  |  |  |  |
| I have a        | ttached a letter explaining w  | hy this birth has not yet             | been registered with t  | he Pa. Depar    | rtment of Health.                     |                    |  |  |  |  |  |
|                 | rtain if this birth was register   |                                       | nent of Health, you mu  | st first apply  | for a birth certificate. <b>If no</b> | record is found, a |  |  |  |  |  |
|                 | No Birth Record" will be issu  |                                       |                         |                 |                                       |                    |  |  |  |  |  |
|                 | FORMATION FOR DEI  | AYED REPORT OF                        | LIVE BIRTH              |                 |                                       |                    |  |  |  |  |  |
| NAME AT BIRT    | ГН   |                                       |                         | [               | DATE OF BIRTH                         |                    |  |  |  |  |  |
|                 |  |                                       |                         | (- 60 )         |                                       |                    |  |  |  |  |  |
| ,               | First) (Mid<br>CILITY NAME (IF APPLICABLE                                | · · · · · · · · · · · · · · · · · · · | (Last)                  | (Suffix)        | SEX .                                 |                    |  |  |  |  |  |
| HOSFIIALITA     | SILITY MANNE (IF AFFLICABLE  | '                                     |                         |                 | Male Male                             | Female             |  |  |  |  |  |
| PLACE OF BIR    | тн   |                                       |                         |                 |                                       |                    |  |  |  |  |  |
| l               | (6)  |                                       | /~·. //     //     //   |                 | (2)                                   | PA                 |  |  |  |  |  |
| PARENT'S INF    | (Street address)   |                                       | (City/borough/township  | )               | (County)                              | (State)            |  |  |  |  |  |
| Mother □        | ORIVIATION   |                                       |                         |                 |                                       |                    |  |  |  |  |  |
|                 |  |                                       |                         |                 |                                       |                    |  |  |  |  |  |
| ☐ Parent        | (First name)   | (Middle name)                         | (Last name prior        | to first marria | age) (Current last name               | e) (Suffix)        |  |  |  |  |  |
|                 |  |                                       |                         |                 |                                       |                    |  |  |  |  |  |
|                 | (Pl  |                                       | (Date of birt           | h)              |                                       |                    |  |  |  |  |  |
| PARENT'S INF    | ORMATION   |                                       |                         |                 |                                       |                    |  |  |  |  |  |
| ☐ Mother        |  |                                       |                         |                 |                                       |                    |  |  |  |  |  |
| Father _        | (First name)   | (Middle name)                         | (Last name prior        | to first marria | age) (Current last name               | e) (Suffix)        |  |  |  |  |  |
| ☐ Parent        |  |                                       |                         |                 |                                       |                    |  |  |  |  |  |
| -               | /DI  | lace of hirth – state or foreig       | gn country)             |                 | (Date of hirt                         | -h)                |  |  |  |  |  |

MAIL THIS NOTARIZED REPORT AND SUPPORTING DOCUMENTARY EVIDENCE TO:

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

## **IMPORTANT NOTICE**

To receive a birth certificate, please submit an "Application for a Birth Certificate" after we inform you that this Delayed Report of Live Birth has been approved.

| PART   | <b>4:</b> [   | OCUMENTARY EVIDENCE   |  |                |            |   |                         |  |  |
|--|---|---|--|----------------|------------|---|-------------------------|--|--|
|  |   | n your document evidence by standa envelope with tracking.  | ard, first-class mail. If you  | would          | lik        | e additional protection for your return ma  | iling, please include a |  |  |
|  | I hav   |   | hich conclusively establish  | es the         | in         | dividual's facts of birth including the follow  | ving three mandatory    |  |  |
|  |   | Name at birth   |  |                |            |   |                         |  |  |
|  |   | Place of birth  |  |                |            |   |                         |  |  |
|  |   | Date of birth   |  |                |            |   |                         |  |  |
| If one form of documentary evidence is not available to conclusively establish all three criteria surrounding fact of birth, the include multiple forms of documentary evidence where at least two of the three criteria are listed. Sufficient documentary be submitted so that all three mandatory criteria are met. Examples of documentary evidence may include the following: |   |   |  |                |            |   |                         |  |  |
|  |   | Notarized statement sworn to by the   |  |                |            |   |                         |  |  |
|  | •   |   | n using Pa.'s SSA Numident Request Form) submitted must be an original copy, a verif | fiable copy or |            |   |                         |  |  |
|  | 0 0 0   | A baptismal certificate showing the by a priest or minister A hospital commemorative birth re A childhood medical record An early school record Certificate of Release or Discharge | cord   | 0              | (          | Government-issued marriage certificate Certified copy of an application for a marri Certified copy of census record for "proof of U.S. Census Bureau using Form BC-600) A record or registry document from a religion | of age" (Order from     |  |  |
|  | the o   |   |  |                |            | ion. The original court order with raised se<br>required to create a delayed birth record   |                         |  |  |
| <b>PART</b>  | 5: 9  | GIGNATURES AND NOTARIZE   | ED STATEMENT   |                |            |   |                         |  |  |
|  |   | the application process, <b>please sign t</b><br>s form must be signed but does not r   |  | ary pub        | bli        | c. If you are attaching an original court ord   | er as documentary       |  |  |
| This for   | m mu  | ist be signed by the following:   |  |                |            |   |                         |  |  |
|  | If a p  | parent is filing this report for a child (a   | as listed under Part 1), the   | n the f        | oll        | owing individual(s) must sign:  |                         |  |  |
|  | All parents listed on the Delayed Report of Live Birth  |   |  |                |            |   |                         |  |  |
|  | <ul> <li>If one parent has sole (exclusive physical and legal) custody of the minor child, then only that parent must sign. The following documents must also be provided:         <ul> <li>A copy of the court order establishing sole custody; and</li> <li>Documentary evidence that conclusively establishes parentage of the child.</li> </ul> </li> </ul> |   |  |                |            |   |                         |  |  |
|  |   | If one parent is deceased, then the  A death certificate for the dece  Documentary evidence that co   | eased parent; and  |                |            | lowing documents must also be provided: f the child.  |                         |  |  |
|  | If the  | individual is reporting his own birth   |  | _              |            |   |                         |  |  |
|  | If and  | other individual is filing this report, th  | en that individual must sig  | ξn.            |            | -   |                         |  |  |
| I hereby   | cert<br>and   | ify that the facts surrounding the abo<br>that this birth was not previously reg<br>by this commonwealth or any other st  | ove listed birth are gistered or otherwise   |                | <u>scr</u> | ibed and sworn to <u>or affirmed before</u> me  |                         |  |  |
|  |   |   |  |                |            | (Signature of notary)   | (Date)                  |  |  |
| (Signature of individual listed in Part 1) (Date)  |   |   |  |                |            |   |                         |  |  |
|  |   |   |  |                |            | SEAL  |                         |  |  |
| (Sig   | gnatur  | e of second parent, if applicable)  | (Date)   |                |            |   |                         |  |  |