

INTERNAL USE ONLY	
Order #:	_____
Date payment processed:	_____
Credit Card	<input type="checkbox"/>
Check or money order #:	_____
Payment Amount \$	_____
Cashier #:	_____

Request to Modify Parentage on a Birth Record

Type or print in ink

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

This form is used to modify parentage on a child's birth record. The maximum number of parents authorized for registration on a birth record is two parents. Any removal of a parent from a child's record requires a court order or an approved cancellation of an Acknowledgment of Paternity. **This form may not be used to modify parentage due to adoption.** Upon update to this record, an updated birth certificate will be issued if requested.

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.
- I am requesting this modification on behalf of the child or parent due to the following reason: _____
- My relationship to the child is: _____

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

Street: _____ Email address: _____

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

Intended use of birth certificate:

- Standard identification or passport International legal purpose Other: _____
(Please specify other reason.)

PART 2: 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 different 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 3: FEES FOR THE BIRTH CERTIFICATE

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

Quantity Required

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

Request for Waiver of Fee:

- I am returning the attached incorrect birth certificate of an infant who is less than 6 months of age. I am requesting a free replacement after the birth record is modified.
- I am returning the attached incorrect birth certificate that I received in the last 45 days and am requesting a free replacement after the birth record is modified.
- 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. If this request is for a child's record, I am attesting that I am the parent of this child.

Armed forces member's name: _____

Service number: _____

Rank and branch of service: _____

For DOH use only
Amendment #: _____

PART 4: BIRTH RECORD TO BE MODIFIED

CHILD'S CURRENT NAME ON BIRTH RECORD				
_____	_____	_____	_____	_____
(First)	(Middle)	(Last name prior to first marriage)	(Current last)	(Suffix)
SEX		DATE OF BIRTH	STATE FILE NUMBER (listed on the birth certificate)	
<input type="checkbox"/> Male <input type="checkbox"/> Female				

PART 5: INFORMATION TO BE MODIFIED

Only enter information into Part 5 that you are requesting be modified on this birth record.

ACTION TYPE:				
<input type="checkbox"/> Add parent <input type="checkbox"/> Remove parent				
PARENT'S INFORMATION				
<input type="checkbox"/> Mother				
<input type="checkbox"/> Father				
	_____	_____	_____	_____
	(First name)	(Middle name)	(Last name prior to first marriage)	(Current last name) (Suffix)
<input type="checkbox"/> Parent				
_____			_____	
(Place of birth – state or foreign country)			(Date of birth)	

PART 6: SIGNATURES AND NOTARIZED STATEMENT

BOTH PARENTS MUST SIGN PART 6. IF THE CHILD IS THE APPLICANT LISTED IN PART 1, THEN THE CHILD MUST ALSO SIGN.

You must sign in front of a notary, if the following applies:

You are adding a parent due to marriage. If the child is applying, both parents and the child must sign this form in front of the notary.

Only the applicant listed in Part 1 needs to sign if one of the following conditions apply:

- You are a parent and you have sole (exclusive physical and legal) permanent custody of the child. Attach a certified court order granting you sole custody.
- You are the only surviving parent of the child. Attach the death certificate of the deceased parent unless this parent died in Pennsylvania. If the parent died in Pennsylvania, enter the date of death: _____. You must also attach a certified court order establishing parentage of the child.
- While you are not a parent of the child, you have sole (exclusive physical and legal) permanent custody of the child or are a legal guardian. Attach a certified court order granting you sole custody or establishing guardianship. In addition, you must provide a certified court order as outlined in Part 7 authorizing the change of parentage for the child.

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 parent or applicant List in Part 1) _____
 (Date)

 (Signature of other parent) _____
 (Date)

 (Signature of child if the child is the applicant listed in Part 1) _____
 (Date)

Number of individual(s) signing before the notary public: _____

Printed name of individual(s) appearing before the notary public:

- 1. _____
- 2. _____
- 3. _____

Subscribed and sworn to or affirmed before me:

 (Signature of notary) _____
 (Date)

SEAL

PART 7: DOCUMENTARY EVIDENCE

Based on the type of modification you are requesting to this birth record, you are required to provide documentary evidence to substantiate your request. Please review the list below and provide applicable documentation based on the type of modification you are requesting. See certificates.health.pa.gov for further information.

- The parent who birthed the child was married to the other parent (listed in Part 5) at time of the child's birth, but the birth record does not reflect the marriage. Provide the official, government-issued marriage certificate.
- The parent who birthed the child and the biological parent (listed in Part 5) married after the child's birth. Provide the official, government-issued marriage certificate. If the parent listed in Part 5 is not a biological parent, then an adoption decree must be issued to modify the child's birth record.
- The unmarried parent who birthed the child and the biological parent (listed in Part 5) 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 for more information regarding the AOP process.
- A court of competent jurisdiction determined parentage of this child. Provide the certified court order that authorized this change. If the birth record already lists two parents on the child's record, then we must receive a certified court order to remove one parent before adding a new parent. If one parent is being removed and another parent is being added, two separate "Request to Modify Parentage on a Birth Record" forms must be submitted.

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