

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: _____

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