

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

Request to Modify a Child's Birth Record (Age 1 year to less than 7 years old)

Type or print in ink

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

This form is used to modify a child's birth record. A child is an individual who is at least 1 year but less than 7 years old. This form cannot be used to amend a child's birth record due to an adoption or to amend the child's birth record due to change of parentage (including adding, removing or replacing a parent on the birth record). 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 at least 1 year but less than 7 years old.
- 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 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, and I am the parent of this child.

Armed forces member's name: _____

Service number: _____

Rank and branch of service: _____

Amendment #: _____

PART 4: BIRTH RECORD TO BE MODIFIED

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

PART 5: INFORMATION TO BE MODIFIED

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

CHILD'S NAME			
_____ (First)		_____ (Middle)	
_____ (Last)		_____ (Suffix)	
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	GENDER DESIGNATION (if different than sex value) <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	TIME OF BIRTH
BIRTHPLACE			
_____ (County)		_____ (City/borough/township)	
_____ (Hospital)			
PARENT'S INFORMATION			
<input type="checkbox"/> Mother <input type="checkbox"/> Father _____ (First name) _____ (Middle name) _____ (Last name prior to first marriage) _____ (Suffix) <input type="checkbox"/> Parent _____ (Place of birth – state or foreign country) _____ (Date of birth)			
PARENT'S INFORMATION			
<input type="checkbox"/> Mother <input type="checkbox"/> Father _____ (First name) _____ (Middle name) _____ (Last name prior to first marriage) _____ (Suffix) <input type="checkbox"/> Parent _____ (Place of birth – state or foreign country) _____ (Date of birth)			

PART 6: SIGNATURES AND NOTARIZED STATEMENT

YOU MUST SIGN PART 6 IN FRONT OF A NOTARY. Each parent listed on this child's birth record must sign this unless one of the following criteria applies:

- 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: _____ .
- While you are not a parent of the child, you have sole (exclusive physical and legal) permanent custody of the child and you have a court order that authorizes this amendment to the child's birth record. Attach a certified court order granting you sole custody and a certified court order authorizing the amendment to the child's birth record.

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 individual listed in Part 1)	_____ (Date)
_____ (Signature of other parent)	_____ (Date)

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

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

1. _____

2. _____

Subscribed and sworn to or affirmed before me:

_____ (Signature of notary)	SEAL
_____ (Date)	

PART 7: DOCUMENTARY EVIDENCE

Based on the type of modification you are requesting to this birth record, you may be 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.

- No documentary evidence is necessary to request a change or correct the spelling of the child's name, add a middle name or suffix to the child's name, correct the date or time of birth, correct a spelling error for the birth place, correct the child's sex, or add a gender designation. Please note that the Pa. Department of Health will verify facts of birth (such as birth date) directly with the medical professional who certified your child's Report of Live Birth.
- If you are requesting a modification to a parent's information, the primary documentary evidence shall be the parent's birth certificate, or a certified court order that authorized the legal name change for that parent. A photocopy of the parent's birth certificate is unacceptable.
 - If the child's parent was born in Pennsylvania, you may provide the parent's birth certificate or attach a document that lists the parent's date of birth, name at birth and county of birth. We will verify that this information matches the birth record on file in our office. If a birth record for the child's parent is not on file with our office, we will request additional documentation.
 - If the child's parent was born outside of Pennsylvania, you must provide the parent's birth certificate.
 - If the child's parent was born outside of the United States, an apostille must be provided with the birth certificate. If the document is not in the English language, a certified translation must be provided.
- If a court authorized amendments to this birth record, provide a certified court order that authorized the change. Court orders entered in jurisdictions outside of the Commonwealth of Pennsylvania may require additional review.

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