

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

# Request to Modify a Teenage Child's Birth Record (Age 14 years to less than 18 years old)

Type or print in ink

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

This form is used to modify a teenage child's birth record. A teenage child is an individual who is at least 14 years but less than 18 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 teenage child who is at least 14 years but less than 18 years old.
- I am requesting this modification on behalf of the teenage child or parent due to the following reason: \_\_\_\_\_
- My relationship to the teenage 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](http://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**

<b>CHILD'S CURRENT NAME ON BIRTH RECORD</b>		
_____ <small>(First)</small>	_____ <small>(Middle)</small>	_____ <small>(Last)</small>
_____ <small>(Suffix)</small>		
<b>SEX</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>DATE OF BIRTH</b>	<b>STATE FILE NUMBER</b> (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.

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

**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)	<b>SEAL</b>
(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](http://certificates.health.pa.gov) for further information.

- No documentary evidence is necessary to correct the date or time of birth, 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 correction to the spelling of the child's name, provide documentation such as a current school record, a valid government-issued driver's license or ID card, passport or Living Numident printout from the Social Security Administration.
- If you are requesting a change of the child's name (including adding names), you must provide a certified court order that authorizes this legal name change.
- 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