

# Request to Modify an Infant's Birth Record (Age less than 1 year old)

Type or print in ink

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

This form is used to modify an infant's birth record. An infant is an individual who is less than 1 year of age. This form cannot be used to amend a infant's birth record due to an adoption or to amend the infant'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 infant who is younger than 1 year old.
- I am requesting this modification on behalf of the infant or parent due to the following reason: \_\_\_\_\_
- My relationship to the infant 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	
<b>Certificate cost:</b>	\$20.00
<b>Quantity:</b> X _____	
<b>Total:</b> _____	

### Request for Waiver of Fee:

- The infant is under the age of 6 months. I am returning the attached incorrect birth certificate and am requesting a free replacement after the birth record is modified.
- The infant is over the age of 6 months. 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 infant.

**Armed forces member's name:** \_\_\_\_\_

**Service number:** \_\_\_\_\_

**Rank and branch of service:** \_\_\_\_\_

Amendment #: \_\_\_\_\_

**PART 4: BIRTH RECORD TO BE MODIFIED**

<b>INFANT'S CURRENT NAME ON BIRTH RECORD</b>		
_____ (First)	_____ (Middle)	_____ (Last)
_____ (Suffix)		
<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>INFANT'S NAME</b>			
_____ (First)	_____ (Middle)	_____ (Last)	_____ (Suffix)
<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>			
_____ (County)		_____ (City/borough/township)	
		_____ (Hospital)	
<b>PARENT'S INFORMATION</b>			
<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)	
<b>PARENT'S INFORMATION</b>			
<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**

Each parent listed on this infant's birth record must sign Part 6 unless one of the following criteria applies:

- You are a parent and you have sole (exclusive physical and legal) permanent custody of the infant. Attach a certified court order granting you sole custody.
- You are the only surviving parent of the infant. 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 infant, you have sole (exclusive physical and legal) permanent custody of the infant and you have a court order that authorizes this amendment to the infant's birth record. Attach a certified court order granting you sole custody and a certified court order authorizing the amendment to the infant's birth record.

**YOU MUST SIGN THIS FORM IN FRONT OF A NOTARY if the following applies:**

- The infant's and/or parent(s)' last name is changing, and a court order has not been issued to effect this change.

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](https://certificates.health.pa.gov) for further information.

- No documentary evidence is necessary to request a change or correct the spelling of the infant's name, add a middle name or suffix to the infant's name, correct the date or time of birth, correct a spelling error for the birth place, correct the infant'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 infant'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 infant'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 infant's parent is not on file with our office, we will request additional documentation.
  - If the infant's parent was born outside of Pennsylvania, you must provide the parent's birth certificate.
  - If the infant'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.

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