

VITAL RECORDS APPOINTMENT REQUEST FORM

TO APPLY IN PERSON OR PICK UP A BIRTH OR DEATH CERTIFICATE FROM A PENNSYLVANIA VITAL RECORDS BRANCH OFFICE

REQUESTOR'S INFORMATION

Name: _____

Phone: _____

Email: _____

SELECT A LOCATION

Check the location where you intend to pick up your order. Additional locations will be added to this list as those locations reopen.

- Erie Vital Records Office—Email: RA-DHDVRErie@pa.gov or Fax: 814-871-4809
- Harrisburg Vital Records Office—Email: RA-DHDVRHarrisburg@pa.gov or Fax: 717-787-7100
- New Castle Vital Records Office—Email: RA-DHDVRNewCastle@pa.gov or Fax: 717-213-6817
- Philadelphia Vital Records Office—Email: RA-DHDVRPhilly@pa.gov or Fax: 215-560-6027
- Pittsburgh Vital Records Office—Email: RA-DHDVRPittsburgh@pa.gov or Fax: 412-565-7783

Fax this cover sheet and an application to the fax number listed for the location where you will pick up the order. Applications are available for download from <https://www.health.pa.gov/topics/certificates/Pages/Forms.aspx>

SERVICES REQUESTED

I am requesting the following service(s). Check ALL that apply.

- Pick up a birth certificate or death certificate. My application(s) is attached.
- Complete the paperwork onsite. I do not have the ability to complete it digitally and submit it to you prior to the appointment.

ACKNOWLEDGMENT OF REQUIREMENTS TO RECEIVE IN-PERSON SERVICE:

By submitting this form to the Vital Records Office, I am acknowledging that the following parameters apply when picking up my order:

I will be contacted to set up an appointment to pick up my order. I prefer to be contacted as follows:

- By phone By email

I would like to pick up my order within:

- 1 business day 3 business days 1 week Other _____

I must pick up my own order and may not have someone else pick it up for me.

I will appear in person with no more than one other adult accompanying me to my appointment.

I and anyone traveling with me will wear a mask while in the Pa. Department of Health's facility.

- Due to a medical issue, I am unable to wear a mask. Please contact me to arrange for an accommodation.

I will pay for my order by credit card, check or money order during my appointment.

I will provide acceptable forms of identification (as outlined on the application) during my appointment.