

Affidavit of Birthing Parent to Register Child's Parent Other Than as Spouse

Type or print in ink

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

In accordance with the Pennsylvania Vital Statistics Law, this form must be completed by a married birth parent who is requesting that an individual other than a legal spouse be registered as the biological parent of a child.

CHILD'S INFORMATION

NAME:	
DATE OF BIRTH:	

BIRTHING PARENT'S INFORMATION

LEGAL NAME PRIOR TO FIRST MARRIAGE:	
PHONE NUMBER:	
CURRENT RESIDENTIAL ADDRESS:	Street address:
	City, state and zip code:

I do hereby acknowledge that the biological parent listed below and I are the true and biological parents of the child listed above. I hereby authorize and direct the hospital/facility listed above to submit a birth record to the Bureau of Health Statistics and Registries identifying the biological parent as a parent of this child.

DATE:	
SIGNATURE:	

BIOLOGICAL PARENT'S INFORMATION

<input type="checkbox"/> I do not want to name another parent for my child.	
BIOLOGICAL PARENT'S LEGAL NAME PRIOR TO FIRST MARRIAGE:	
I hereby certify that I am the true and biological parent of the child listed above.	
DATE:	
SIGNATURE:	

The following sections must be completed if you are naming a biological parent who is not your spouse.

WITNESS (Must be someone other than birthing parent, biological parent or spouse)

WITNESS NAME:	
DATE:	
SIGNATURE:	

SPOUSE'S INFORMATION (Only required if you intend to name a biological parent)

The spouse's name and last known address (to include street, city, state and zip) must be included, or this request will be rejected.	
SPOUSE'S NAME:	
SPOUSE'S LAST KNOWN RESIDENTIAL ADDRESS: MUST PROVIDE FULL ADDRESS	Street address:
	City, state and zip code:

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