

**BIRTH**

**Application for Certified Copy of Birth Record**  
**Pennsylvania Department of Health \_ Division of Vital Records**  
 (Records available from 1906 to the present)

**BIRTH**

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 to 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 person making request:** \_\_\_\_\_

**Signature required on ALL requests. Must be 18 years of age or older to apply. If under 18, eligible requestor must sign above.**

**PRINT** or **TYPE** your name & **CURRENT** address.

Name: \_\_\_\_\_ Relationship to Person  
 Named on Certificate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Intended Use of Certified Copy:** \_\_\_ Travel (Date needed: \_\_\_\_\_) \_\_\_ Social Security/Benefits \_\_\_ School  
 \_\_\_ Employment \_\_\_ Driver's License \_\_\_ Other (List reason: \_\_\_\_\_)

**PHOTO ID REQUIRED:** The individual requesting the record must send a legible copy of his/her **VALID GOVERNMENT ISSUED PHOTO ID** which will be shredded after review. (Examples: State issued driver's license or non-driver photo ID with requestor's **current address**. If possible, enlarge photo ID on copier by at least 150%.)

**PRINT** or **TYPE** information below with regard to person named on requested certificate: **Number of copies:** \_\_\_\_\_

**Name at Birth:** \_\_\_\_\_

*If name has changed since birth due to adoption, court order, or any reason other than marriage, please list changed name here:* \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ Age Now: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female  
 (Month/Day/Year)

**Place of Birth:** \_\_\_\_\_ Hospital: \_\_\_\_\_  
 (County) (City/Boro/Township in Pennsylvania)

Full Maiden Name of Mother: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

**BIRTH: \$10.00 each**

No fee may be required for birth records of active or inactive members of the Armed Forces and their dependents.

Please complete the following:

Armed Forces Member's Name: \_\_\_\_\_ Service Number: \_\_\_\_\_

Relationship to Armed Forces Member: \_\_\_\_\_ Rank and Branch of Service: \_\_\_\_\_

PLEASE USE CAPITAL LETTERS ON THE FORM BELOW  
ALL SALES ARE FINAL

Credit Card Number:	Expires:
Person's Name on Card:	CVC-Code:
Card Billing Address:	
City:	State / Zip:
E-Mail Address:	Tel #:

Credit Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize USA Birth Certificate Bureau to be my legal representative and to obtain my birth certificate.

USABCB will charge your credit card our fee upon receiving your request. **State Fees may appear on your credit card as VCN.** Once you fax your information to our office, we will process your request and notify you of any missing information or illegible documents. Please lighten and enlarge the copy of your driver's license or other ID before faxing.

USABCB will email a receipt confirming that we have processed your request within 2 business days.

**An adult must be present to sign for the certified documents. No PO Boxes will be accepted.** If no one is available to sign, the shipper will leave a note on the door (with a tracking number) to let you know that they have tried to deliver your package. You will need to follow the instructions on the door tag to coordinate delivery of your package.

If you do not have access to a fax machine or would prefer to mail this order form to our office, please use the address below. If you are going to mail this form and are paying with a money order, please call our office so we can confirm the total for your order.

If you do not receive your Birth Certificate within the stated processing time, please call us at the number below. We are not responsible to incorrect information on the form you submit. ALL SALES ARE FINAL.

**USA Birth Certificate Bureau**  
**1017 L Street # 439**  
**Sacramento, CA 95814**  
**Phone: 1-888-342-6501**  
**Fax: 916-745-4880**