

# Application for a Birth Certificate with Fees Waived for Foster and Juvenile Justice-Involved Individuals

INTERNAL USE ONLY			
Date: _____	Initials: _____		
Delivery: <input type="checkbox"/> P	<input type="checkbox"/> PO	<input type="checkbox"/> M	
Status: <input type="checkbox"/> S	<input type="checkbox"/> R	<input type="checkbox"/> A	

## PART 1: APPLICANT

My current legal name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Street: \_\_\_\_\_ Email address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

**MY RELATIONSHIP TO PERSON NAMED ON BIRTH RECORD:** Self Applicants must be 16 to 24 years of age, and involved in the foster care or juvenile justice system to apply.

**Intended use of birth certificate:**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Employment      | <input type="checkbox"/> Insurance          | <input type="checkbox"/> School                   | <input type="checkbox"/> Driver's license  |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Veteran's benefits | <input type="checkbox"/> Welfare benefits/housing | <input type="checkbox"/> Other: _____<br><small>(Please specify other reason.)</small> |

## PART 2: BIRTH CERTIFICATE BEING REQUESTED Please complete as much information as possible.

<b>NAME AT BIRTH</b> _____ <small>(First) (Middle) (Last) (Suffix)</small>	<b>AGE NOW</b>	<b>DATE OF BIRTH</b>	<b># of copies requested</b> <b style="text-align: center;">1</b>
If name has changed since birth due to adoption, court order or any reason other than marriage, please list that name here: _____ <small>(First) (Middle) (Last) (Suffix)</small>	<b>SEX</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>TYPE OF BIRTH RECORD</b>	<b>PLACE OF BIRTH</b> _____ <small>(County) (City/borough/township) (Hospital name)</small>		
<b>PARENT'S INFORMATION</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent _____ <small>(First name) (Middle name) (Last name prior to first marriage) (Current last name) (Suffix)</small>			
<b>PARENT'S INFORMATION</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent _____ <small>(First name) (Middle name) (Last name prior to first marriage) (Current last name) (Suffix)</small>			

## PART 3: ACCEPTABLE FORMS OF IDENTIFICATION (Select one.)

I have included a legible photocopy of the following:

- A valid driver's license or other government-issued photo ID
- An expired driver's license or other government-issued photo ID, which is my only form of identification
- I do not have any form of government-issued photo ID

## PART 4: ISSUANCE OF BIRTH CERTIFICATE (Select one.)

- I will pick up my birth certificate once it is available. (This option is only available to applicants that have a valid government-issued photo ID and apply in person.)
- I am authorizing my advocate listed in Part 6 to pick up my birth certificate. (This option is only available to applicants that apply in person.)
- I am authorizing the Department of Health to mail my birth certificate to the address of my advocate as listed in Part 6.

## PART 5: SIGNATURE OF APPLICANT

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.

**By my signature, I am attesting that I have been involved with either the foster care or juvenile justice system, and I am financially unable to pay the \$20 fee for my birth certificate.**

\_\_\_\_\_  
(Signature) (Date)

**Signature must match the name listed in Part 1 of this form.**

## PART 6: ADVOCATE (Required)

**My association with the applicant listed in Part 1:** (Select one.)

- Director of a facility where the applicant is currently residing and/or receiving services
- School principal or counselor where the applicant is currently attending or recently attended.
- Social worker or juvenile justice case manager who is assisting the applicant in obtaining government services
- Attorney who is representing the foster or juvenile justice-involved individual

Advocate's name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Advocate's email address: \_\_\_\_\_

Facility's/organization's information:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

**Acceptable form of identification:** (Required)

- I have enclosed a legible photocopy of my valid government-issued photo ID.

**Proof of organization's address:** (Required)

- I have enclosed a letter on my organization's official stationery to verify my organization's mailing address, my affiliation with the organization and my association with the applicant.

**Signature of advocate:**

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.

**By my signature, I am attesting to the identity of the applicant listed in Part 1 and that the applicant is involved with either the foster care or juvenile justice system.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## HOW TO APPLY

**Order in person** at a Pennsylvania Vital Records branch office in Erie, Harrisburg, New Castle, Philadelphia, Pittsburgh or Scranton. Delivery ranges from same day to five days based on public office processing time.

**Order by mail:** Send application to:

**Department of Health  
Division of Vital Records  
PO Box 1528  
New Castle, PA 16103**