



Application for a Birth Certificate for an Individual with an Opioid Use Disorder

INTERNAL USE ONLY		
Status:	A	R
Date Processed:	_____	
Initials:	_____	

PART 1: APPLICANT'S NAME

Applicant's Name: _____
(First) (Middle) (Last) (Suffix)

Street: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Email Address: _____

Relationship to person named on the birth record: Self Applicants must be 18 years of age or older to apply.

PART 2: INTENDED USE OF BIRTH CERTIFICATE

Employment Insurance School Driver's License
Social Security Veteran's Benefits Welfare Benefits/Housing Other: _____
(Please specify other reason)

PART 3: BIRTH CERTIFICATE BEING REQUESTED

NAME AT BIRTH		Age Now	Date of Birth	# of copies requested
_____ (First) (Middle) (Last) (Suffix)				1
If name has changed due to adoption, court order or any reason, other than marriage , please list name below				
_____ (First) (Middle) (Last) (Suffix)				
Sex	Place of birth	Hospital name		
Male	_____ (City/Borough/Township) (County) (State)			
Female				
Parent/Mother's name				
_____ (First) (Middle) (Last name prior to first marriage) (Current last) (Suffix)				
Parent/Father's name				
_____ (First) (Middle) (Last name prior to first marriage) (Current last) (Suffix)				

PART 4: ACCEPTABLE FORMS OF IDENTIFICATION

I have included one of the following form(s) of identification:

A valid government-issued photo ID verifying my name and current mailing address. Examples include a state-issued driver's license or non-driver photo ID. **Expired IDs cannot be accepted.**

I do not have a valid government-issued photo ID. Therefore, I have provided two current documents that verify my name and current address (such as a utility bill, pay stub, bank statement, car registration or lease/rental agreement).

I do not have forms of identification that meet the above two options. I am requesting that you contact me to provide further assistance in meeting this requirement.

PART 5: SIGNATURE OF PERSON MAKING REQUEST

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 below, I am attesting that I am affected by an Opioid Use Disorder and I am financially unable to cover the \$20 fee for my birth certificate.

(Signature) (Date)

Signature must agree with the name listed in Part 1 of this form.

PART 6: WHERE TO MAIL THIS APPLICATION

Apply in person at one of [Pennsylvania's Vital Records](#) branch offices in Erie, Harrisburg, Philadelphia, Pittsburgh or Scranton; or mail this completed and signed form, and a legible photocopy of your identification, to the following address:

**Department of Health
Division of Vital Records
555 Walnut St., 1st Floor
Harrisburg, PA 17101**