

INTERNAL USE ONLY	
Order #:	_____
Date payment processed:	_____
Credit Card	<input type="checkbox"/>
Check or money order #:	_____
Payment Amount \$	_____
Cashier #:	_____

Request to Modify an Adult's Birth Record (Age 18 years old and above)

Type or print in ink

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

This form is used to amend the birth record of an adult. An adult is an individual who is 18 years of age or older. This form cannot be used to amend an individual's birth record due to an adoption or to amend the individual's birth record due to change of parentage (including adding, removing or replacing a parent on the birth record). Upon update to this record, an updated birth certificate will be issued if requested.

PART 1: CONTACT INFORMATION

- I am the individual listed on this record and am 18 years of age or older.
- I am requesting this modification on behalf of the individual due to the following reason: _____
My relationship to the individual is: _____

My current legal name: _____
(First) (Middle) (Last) (Suffix)

Street: _____ Email address: _____

City: _____ State: _____ Zip code: _____ Daytime phone: _____

Intended use of birth certificate:

- Standard identification or passport International legal purpose Other: _____
(Please specify other reason.)

PART 2: ACCEPTABLE FORMS OF IDENTIFICATION

I have included a legible photocopy of the following:

- A valid driver's license or other government-issued photo ID. If applying by mail, the address on my ID matches the mailing address listed in Part 1. **Expired IDs cannot be accepted.**
- I do not have a valid government-issued photo ID. Therefore, I have provided different 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) as listed in Part 1. See certificates.health.pa.gov for further information.

PART 3: FEES FOR THE BIRTH CERTIFICATE

Make check or money order payable to
"VITAL RECORDS."

Request for Waiver of Fee:

- I am returning the attached incorrect birth certificate that I received in the last 45 days and am requesting a free replacement after the birth record is modified.
- Member of the U.S. armed forces – I am or my current legal spouse (includes widow/widower if not remarried) is in active service or was honorably discharged from service.

Armed forces member's name: _____

Service number: _____

Rank and branch of service: _____

Quantity Required

Certificate cost: \$20.00

Quantity: X _____

Total: _____

Amendment #: _____

PART 4: BIRTH RECORD TO BE AMENDED

SUBJECT'S CURRENT NAME ON BIRTH RECORD		

(First)	(Middle)	(Last) (Suffix)
SEX	DATE OF BIRTH	STATE FILE NUMBER (listed on the birth certificate)
<input type="checkbox"/> Male <input type="checkbox"/> Female		

PART 5: INFORMATION TO BE MODIFIED

Only enter information into Part 5 that you are requesting be modified on this birth record.

SUBJECT'S NAME			

(First)	(Middle)	(Last)	(Suffix)
SEX	GENDER DESIGNATION (if different than sex value)	DATE OF BIRTH	TIME OF BIRTH
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female		
BIRTHPLACE			

(County)	(City/borough/township)	(Hospital)	
PARENT'S INFORMATION			
<input type="checkbox"/> Mother			
<input type="checkbox"/> Father	_____ (First name)	_____ (Middle name)	_____ (Last name prior to first marriage) (Suffix)
<input type="checkbox"/> Parent	_____ (Place of birth – state or foreign country)		_____ (Date of birth)
PARENT'S INFORMATION			
<input type="checkbox"/> Mother			
<input type="checkbox"/> Father	_____ (First name)	_____ (Middle name)	_____ (Last name prior to first marriage) (Suffix)
<input type="checkbox"/> Parent	_____ (Place of birth – state or foreign country)		_____ (Date of birth)

PART 6: SIGNATURES AND NOTARIZED STATEMENT

YOU MUST SIGN PART 6 IN FRONT OF A NOTARY.

- I am the individual listed on this record and am 18 years of age or older.
- I am a Power-of-Attorney (POA) for this individual. Attached is a photocopy of the POA document. The document must meet all legal requirements for the state in which the POA was executed.
- I am the legal guardian for this individual. Attached is a photocopy of the guardianship document.

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 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 individual listed in Part 1) _____ (Date)

Printed name of individual appearing before the notary public:

Subscribed and sworn to or affirmed before me:

 (Signature of notary)

SEAL

 (Date)

PART 7: DOCUMENTARY EVIDENCE

Based on the type of amendment you are requesting to this birth record, you must provide documentary evidence to substantiate your request. Please review the list below and provide applicable documentation based on the type of modification you are requesting. See certificates.health.pa.gov for further information.

- If you are requesting a correction to the spelling of the subject's name, provide documentation such as a valid government-issued driver's license or ID card, government-issued marriage certificate, passport, or Living Numident printout from the Social Security Administration.
- If a court authorized amendments to this birth record, provide a certified court order that authorized the change. Changes to the subject's name (including the addition of a name) must be supported by a court order that meets or exceeds Pennsylvania's judicial name change process. Court orders entered in jurisdictions outside of the Commonwealth of Pennsylvania may require additional review.
- If you are requesting a change to the subject's date of birth, time of birth, or place of birth, provide documentation such as a medical record from the individual's birth or early childhood, a baptismal certificate issued during childhood, or an early school record that clearly supports the requested modification.
- If the sex designation was recorded incorrectly on the birth record, provide documentation such as a medical record.
- If you are requesting a gender designation other than the subject's sex to be displayed on the birth certificate, please submit a letter from the attending medical physician who is providing the appropriate clinical treatment for gender transition. See [certificate.health.pa.gov](https://certificates.health.pa.gov) for specific requirements regarding the physician's letter.
- If you are requesting a modification to a parent's information, the primary documentary evidence shall be the parent's birth certificate, or a certified court order that authorized the legal name change for that parent. A photocopy of the parent's birth certificate is unacceptable.
 - If the subject's parent was born in Pennsylvania, you may provide the parent's birth certificate or attach a document that lists the parent's date of birth, name at birth and county of birth. We will verify that this information matches the birth record on file in our office. If a birth record for the subject's parent is not on file with our office, we will request additional documentation.
 - If the subject's parent was born outside of Pennsylvania, you must provide the parent's birth certificate.
 - If the subject's parent was born outside of the United States, an apostille must be provided with the birth certificate. If the document is not in the English language, a certified translation must be provided.

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