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BIRTH CERTIFICATES FOR THE STATE OF PENNSYLVANIA

AT THIS TIME, THE STATE OF PENNSYLVANIA DOES NOT ALLOW A THIRD PARTY TO APPLY FOR A BIRTH CERTIFICATE. PLEASE SEE NEXT PAGE ON HOW YOU MAY APPLY DIRECTLY TO YOUR VITAL RECORDS OFFICE. YOU MAY ALSO APPLY FOR YOUR BIRTH CERTIFICATE ONLINE THROUGH WWW.VITALCHEK.COM.

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YOU & YOUR FAMILY'S HEALTH

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Pennsylvania Department of Health Division of Vital Records

Birth Records

An applicant must be **eighteen (18) years of age or older to apply** for a certified copy of his/her birth record or the record of an immediate family member. The Division of Vital Records issues only certified copies of birth with the raised seal that are acceptable for numerous uses, i.e. passport, Social Security, employment, and personal identification. Records are available for births from 1906 to the present. Please [click here](#) if the birth occurred prior to 1906. If the year of the birth is unknown, please [click here](#).

Eligible Persons Who May Request a Birth Record

- Person named on the birth record
- Legal representative
- Immediate family members (husband; wife; parent/step-parent; brother/sister/half brother/half sister; son or daughter; stepson/stepdaughter; grandparent/great grandparent (specify maternal or paternal); grandchild/great grandchild). If the person named on the birth record is deceased, a family member who is not an "immediate family member" must submit a copy of the death certificate to be eligible to receive the birth record. A step-parent or step-child is required to submit additional documentation supporting their relationship.
- Power of Attorney: If you have been granted Power of Attorney (POA) for the person named on the record, it will be necessary to submit a notarized POA document that contains the **original** signatures of the parties involved, including the original notary's signature and seal. If you do not wish to send the original POA, you may file the original notarized POA with the Clerk of Orphans' Court division of the Court of Common Pleas (usually in the county where the person granting the power of attorney resides) to obtain a certified copy of this document issued by the court. You may then submit the certified copy of the POA document that includes the seal of the court, to our office to process your request. We will return this document to you upon completion of your request. If you cannot comply with these instructions, an eligible requestor is required to apply for this record.

Information Required

- Full name at birth of person named on the birth record (if name has changed since birth due to adoption, court order, or any other reason other than marriage, include changed name)
- Date of birth (Please [click here](#) for required fee if date of birth is unknown.)



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- City and county of birth
- Gender of person named on birth record
- Parents' names, including mother's maiden name
- Relationship to the person
- Reason for the request (if applicable, include specific information, such as name of foreign country for which certified copy is needed, etc.)
- Applicant's signature
- Applicant's daytime telephone number, including area code
- Applicant's mailing address
- [Please click here if you are missing any of the above information](#)

Cost

- \$10.00 fee per copy (Please do not send cash. Make check or money order payable to "Vital Records.")
- This fee may be waived for individuals who served or are currently serving in the Armed Forces and their dependents. Please  [click here](#) to download the application form for mail and in-person requests.

Methods to Obtain Certified Copies of Birth Records:

- [On-Line Requests](#)
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health topics: Go!

1-877-PA-HEALTH (1-877-724-3258)

DEPARTMENT OF HEALTH

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Edward G. Rendell, GOVERNOR Everette James, ACTING SECRETARY

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Pennsylvania Department of Health
Division of Vital Records

Obtaining Certified Copies of Birth Records by Mail Request

- Mail requests are processed in approximately three weeks from the date of receipt.
- Include \$10.00 fee per copy. Please do not send cash. Make check or money order payable to "Vital Records." This fee will be waived for individuals who served or are currently serving in the Armed Forces and their dependents. Refer to application form for more information.
- **The individual requesting the record must submit a legible copy of his or her valid government issued photo identification. Examples of acceptable identification are a state issued driver's license or non-driver photo ID that **verifies the eligible requestor's name and current address**. If possible, enlarge photo ID on copier by at least 150%. Photo identification will be shredded after review.**
- **If you do not have acceptable photo identification, it may be necessary for an eligible requestor possessing government issued photo ID to apply for the certified copy of this birth record in your behalf.** Eligible requestors must be 18 years of age or older and includes the spouse, parent, grandparent, child, grandchild, or sibling of the individual whose birth record is being requested. If an eligible requestor is unable to apply for this record in your behalf, you may complete and submit a **Statement from Requestors Not Possessing Acceptable Government-Issued Photo ID** with two documents verifying your current address. Please [click here](#) to download this statement.
- If you have been granted **Power of Attorney (POA)** for the person named on the record, submit a notarized POA document that contains the **original** signatures of the parties involved, including the original notary's signature and seal. If you do not wish to send the original POA, you may file the original notarized POA with the Clerk of Orphans' Court division of the Court of Common Pleas (usually in the county where the person granting the power of attorney resides) to obtain a certified copy of this document issued by the court. You may then submit the certified copy of the POA document that includes the seal of the court, to our office to process your request. We will return this document to you upon completion of your request. If you cannot comply with these instructions, an eligible requestor is required to apply for this record. Please [click here](#) for a list of eligible requestors.
- The individual requesting the record must mail the completed application form(s) with a copy of his or her photo identification, payment, and self-addressed stamped envelope to:

Division of Vital Records
101 South Mercer Street, Room 401



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PO Box 1528
New Castle, PA 16101

- **All requests **must** be submitted on an application form and include the signature and photo ID of the individual requesting the record.** To download the application form for mail requests right click and "Save Target As..." this file to your desktop then open the file from your desktop by double clicking on it.

 **[Right click here to download a Birth Certificate Form.](#)**

If the file does not open from your desktop you may need to download **Adobe Acrobat Reader** and install it. You may also need to upgrade **Adobe Acrobat Reader**. **[Click here to download the Adobe Acrobat Reader.](#)**

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