

Internal Use Only		
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ADOPTEE'S APPLICATION FOR NONCERTIFIED COPY OF ORIGINAL BIRTH RECORD

Act 127 of 2016 authorizes the Department of Health to release noncertified copies of original birth records to adopted individual or their lineal descendants.

INFORMATION ON APPLICANT

Relationship to the Person Named on the Original Birth Record:

I am the adopted person and am over the age of 18 years of age.

I am a lineal descendant of the adopted person who is deceased. I have enclosed a copy of the adopted person's death certificate.

Current Legal Name of Applicant _____

Street Address _____ City, State Zip _____

Daytime Phone Number _____ Email Address _____

INFORMATION ON ADOPTED PERSON

INFORMATION ON OFFICIAL BIRTH RECORD (POST-ADOPTION RECORD)

Name on Official Birth Record _____
(First, Middle, Last)

Sex Male Female Date of Birth _____ Current Age (in Years) _____

City of Birth _____ County of Birth _____ State of Birth _____

Adoptive Mother's/Parent's Name: _____
(First, Middle, Last Name Prior to 1st Marriage)

Adoptive Father's/Parent's Name: _____
(First, Middle, Last Name Prior to 1st Marriage)

INFORMATION ON ORIGINAL BIRTH RECORD (PRE-ADOPTION BIRTH RECORD)

Name on Original Birth Record, if known _____
(First, Middle, Last)

Birth Mother's/Parent's Name, if known: _____
(First, Middle, Last Name Prior to 1st Marriage)

Birth Father's/Parent's Name, if known: _____
(First, Middle, Last Name Prior to 1st Marriage)

I understand that in order for the Department of Health to process this request that I must complete the following:

Enclose a check or money order for \$20 made payable to "Vital Records."

For applicants between the ages of 18 and 21, include a photocopy of documentation to prove your educational status. Documentation may include the following:

- A high school diploma.
- General Education Documentation (GED) certificate.
- Documentation to support that you have legally withdrawn from secondary school.

Provide one form of identification with this request. Acceptable forms of identification include a legible photocopy of the following:

- A valid government-issued photo ID verifying your name and current mailing address. Examples include a state-issued driver's license or a non-driver photo ID. Expired IDs cannot be accepted.
- If you do not have a valid government-issued photo ID, you may provide two documents that verifies your name and current address such as a utility bill, pay stub, bank statement, income tax return, car registration or lease/rental agreement.

Mail this form and a photocopy of your identification to the following address:

Department of Health
Division of Vital Records
Attn: Adoptee Applications
PO Box 1528
New Castle, PA 16103-1528

By signing this form, I am attesting that I am the adopted person or a lineal descendant of the adopted person named above. I affirm that the information within this form is complete and accurate to the best of my ability 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 penalty theft pursuant to 18 Pa.C.S. §4920 or other sections of the Pennsylvania Crimes Code.

Signature of Applicant _____

Date Signed _____