

APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH RECORD
RECORDS AVAILABLE FROM 1906 TO THE PRESENT

PRINT OR TYPE

ALL ITEMS MUST BE COMPLETED

OFFICE USE ONLY

INDICATE NUMBER OF COPIES <input type="checkbox"/> BIRTH \$4.00	<input type="checkbox"/> DEATH \$3.00		
Date of Birth OR 1. Date of Death	Place of Birth OR 2. Place of Death	County	Boro/City/Twp.
Name at Birth OR 3. Name at Death	4. Sex	5. Age	
6. Father's Full Name First Middle Last	Searched By		
7. Mother's Maiden Name First Middle Last	Typed By		
8. Hospital	Funeral Director		File Date
9. REASON FOR REQUEST. THIS ITEM MUST BE COMPLETED HOW ARE YOU RELATED TO THIS PERSON?			Refund Ck. No.
11. Signature of Applicant (If Subject Under 18, Parent Must Sign)			Date Amt
12. Mailing Address			
13. City, State, Zip Code			
14. Daytime Phone Number Area Code: Number:			
FEE FOR CERTIFIED COPIES ARE: BIRTHS \$4.00 DEATHS \$3.00 NOT REFUNDABLE DO NOT SEND CASH Make Check or Money Order Payable to VITAL RECORDS			
PLEASE ENCLOSE A LEGAL-SIZE SELF-ADDRESSED STAMPED ENVELOPE FOR RETURN OF COPIES IF ALL ITEMS ARE NOT COMPLETED, APPLICATION MAY BE REJECTED			
		<input type="checkbox"/> Prev. Amend.	<input type="checkbox"/> Adopt
		<input type="checkbox"/> Usage	<input type="checkbox"/> Court Order
		<input type="checkbox"/> Affidavi <input type="checkbox"/> Issue Affidav	

DO NOT REMOVE THIS STUB

If birth or death occurred in:

Mail application to:

- 1) Philadelphia — Division of Vital Records, 402 City Hall Annex, Philadelphia, Pa. 19107
- 2) Pittsburgh — Division of Vital Records, Room 512, 300 Liberty Ave., Pittsburgh, Pa. 15222
- 3) Erie — Division of Vital Records, 1910 West 26th St., Erie, Pa. 16508
- 4) Scranton — Division of Vital Records, 100 Lackawanna Ave., Scranton, Pa. 18503

Print or type your name and address in the space below.

Name
Street
City, State, Zip Code

FOR ALL OTHER AREAS
MAIL COMPLETED APPLICATION TO:
PENNSYLVANIA DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
P.O. BOX 1528
NEW CASTLE, PA. 16103
or visit our public offices at
101 South Mercer Street, New Castle or

REQUIREMENTS FOR FREE COPIES

1. Records of Veterans, Veteran's Spouses, and their minor children will be issued free.
2. Rank, Branch of Service, Service Number, and mailing address of veteran or dependent must be supplied.

THIS PORTION TO BE COMPLETED BY VETERAN OR VETERAN'S DEPENDENT ONLY

Veteran's Name _____

Service Number _____

Rank and Branch of Service _____

Signature of Veteran or Spouse _____

Are You the Veteran? Yes
No

If Not, What is Your
Relationship? _____

Mailing Address of Veteran or Dependent _____
