

**Pennsylvania Department of Health
Division of Vital Records**

This form is to be used for corrections on a Certificate of Birth. Please complete the lower portion of this form in the presence of a notarizing official and forward to: Division of Vital Records, PO Box 1528, New Castle, PA 16103.

Submit a photocopy of the documentary evidence used to support the correction requested, such as Baptismal Record, School Record, Military Record, Marriage Record or Certified Court Order.

ORIGINAL RECORD NOW READS	CORRECTION DESIRED
Name of Subject	
Date of Birth	
Sex	
Father	
Mother	
Other	

S E A L	<p><i>SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME:</i></p> <p></p>	<p><i>MO. DAY YEAR</i></p>	Father's Signature
			Mother's Signature
			Subject's Signature
			Present Address
		Daytime Phone #	
<p align="center"><i>DO NOT NOTARIZE UNLESS SIGNED BY SUBJECT (OR PARENT(S) IF UNDER AGE 18) MUST BE SIGNED IN PRESENCE OF NOTARY</i></p>			