

APPLICATION FOR COPY OF BIRTH RECORD		CITY OF PHILADELPHIA DEPARTMENT OF RECORDS CITY ARCHIVES 548 SPRING GARDEN STREET • PHILADELPHIA, PA 19123		APPLICATION DATE
<p>For births during period July 1, 1860 to June 30, 1915. If born after June 30, 1915, apply at www.health.pa.gov/topics/certificates/Pages/Forms.aspx</p> <p>FOR EACH APPLICATION AND SEARCH, THE FEE IS \$10.00 AND MUST ACCOMPANY THIS FORM.</p> <p>In the event there is no record of birth, a "No Record Statement" will be issued. The fee of \$10.00 for each application will be charged for the search and statement. Additional certificates for the same record will be charged \$10.00 for each.</p> <p>MAKE MONEY ORDERS, BANK CHECKS, OR BUSINESS CHECKS PAYABLE TO: "CITY OF PHILADELPHIA"</p> <p>ALLOW 2 TO 4 WEEKS FOR DELIVERY.</p> <p>PLEASE FILL OUT THIS FORM TO THE BEST OF YOUR ABILITY.</p>				<p>NUMBER OF COPIES</p> <p>_____</p> <p>@ \$10.00 Each</p> <p>\$ _____</p> <p>TOTAL FEE</p>
FULL NAME OF CHILD (FIRST) (MIDDLE) (LAST)				
PLACE OF BIRTH (NUMBER AND STREET)		DATE OF BIRTH YEAR MONTH DAY		
NAME OF ATTENDING PHYSICIAN OR MIDWIFE		IF BORN IN HOSPITAL, STATE NAME AND ADDRESS		
NAME OF FATHER		NAME OF MOTHER (FIRST NAME AND MAIDEN NAME)		
NAME OF APPLICANT		ADDRESS OF APPLICANT		
PHONE NUMBER AND E-MAIL ADDRESS OF APPLICANT		PLEASE CHECK ONE OF THESE TWO OPTIONS <input type="checkbox"/> CERTIFIED BIRTH FORM <input type="checkbox"/> UNCERTIFIED COPY OF ORIGINAL RECORD		
DO NOT WRITE IN SPACE BELOW - OFFICE USE ONLY				
DATE RECEIVED	DATE ANSWERED OR COPY SENT	SEARCH MADE BY	RECEIPT NUMBER	

82-153 Int. (Rev. 4/2021)

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