



Phone: (724) 656-3100

**Statement from Requestors Not Possessing an Acceptable Government Issued Photo-ID**

If you are unable to meet our photo ID requirements, we suggest that an eligible family member submit a request for this record. It will be necessary for the eligible family member to complete and return the enclosed application form with a legible copy of his/her government issued photo-ID. A birth record can be requested by a spouse, parent, sibling, child, grandparent, or grandchild. A death record can be requested by any family member of the person who died. If it is not possible for an eligible family member to apply for a certified copy of this record, you may complete the form below and return it with photocopies of **two documents** that include your name and current address. Examples of acceptable documents are noted below. Please allow sufficient processing time for review and approval of these documents.

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I declare that I do not have a government issued photo-ID and that I am presenting the attached two documents, including my name and current address, as proof of identification in order to process my application for a certified copy of birth or death record. *(Note: Acceptable documents are a utility bill, car registration, pay stub, bank statement, copy of income tax return/W-2 form, or lease/rental agreement. If your mailing address is a P.O. Box, one of the documents submitted must reflect that you have used the P.O. Box for at least two months.) Submit photocopies, as this documentation will be shredded after review.*

By my signature below, I state I am the person whom I represent myself to be herein, and I affirm the information within this form is complete and accurate 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 penalties for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code.

Signature of Applicant (Person Making Request)	Date of Signature

**Please PRINT the following information:**

Name of Applicant \_\_\_\_\_

Residence Address: \_\_\_\_\_

*If PO Box, one document must reflect that you have utilized the P.O. Box for at least two months.*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name on Birth/Death Record Being Requested \_\_\_\_\_

**Official Use Only Below This Line** Clerk's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**For Use of DVR Staff Only:**

*Please check the two documents presented, which verify the name and current address of the requestor from the list below, and attach photocopies of both documents.*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Utility bills | <input type="checkbox"/> Bank statement        | <input type="checkbox"/> Car registration       |
| <input type="checkbox"/> Pay stubs     | <input type="checkbox"/> Income tax return/W-2 | <input type="checkbox"/> Lease/rental agreement |

Other – Description: \_\_\_\_\_ Approving Clerk's Initials \_\_\_\_\_