



**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 who has proper photo-ID submit a request in your behalf. It will be necessary for them to complete and return the enclosed Application for Certified Copy of Birth/Death Record with government issued photo-ID. A birth record may only be requested by a spouse, parent, sibling, child, grandparent, or grandchild. A death record may be requested by any family member of the decedent. If it is not possible for an eligible family member to apply for this record, you may complete form below and return it with two documents that include your name and current address. Example of acceptable documents are noted below. Please allow sufficient processing time for examination and approval of this documentation, which will be shredded after review.

\*\*\*\*\*

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 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. Please be certain to submit photocopies since this documentation will not be returned to you.*

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 19 Pa.C.S. §4120 or other sections of the Pennsylvania Crime Code.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date of Signature

**Please PRINT the following information:**

Full Name on Record Being Requested: \_\_\_\_\_

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

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

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

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

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

**Instructions to DVR Clerk:**

*Please check the two documents presented which verify the name and current address of the requestor form 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 stub                 | <input type="checkbox"/> Income tax return/W-2 | <input type="checkbox"/> Lease/rental agreement |
| <input type="checkbox"/> Other Description: _____ | Approving Clerk's Initials _____               |   |