

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD	CITY OF PHILADELPHIA DEPARTMENT OF RECORDS CITY ARCHIVES 3101 MARKET STREET • PHILADELPHIA, PA 19104	APPLICATION DATE			
<p><u>For births during period July 1, 1860 to June 30, 1915. If born after June 30, 1915 — Apply Room 1009, State Building Broad & Spring Garden Streets.</u></p> <p style="text-align: center;"><u>FOR EACH APPLICATION AND SEARCH, THE FEE IS \$10.00 AND MUST ACCOMPANY THIS FORM</u></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 style="text-align: center;">MAKE CHECKS OR MONEY ORDERS PAYABLE TO : "THE CITY OF PHILADELPHIA"</p> <p style="text-align: center;">DO NOT SEND CASH OR STAMPS</p> <p style="text-align: center;">ALLOW 6 TO 8 WEEKS FOR CERTIFICATE TO ARRIVE</p> <p>NOTE: A dishonored check will require an additional penalty fee of \$20.00 (<i>Ordinance of City Council</i>).</p> <p style="text-align: center;">IT IS MOST IMPORTANT THAT DATE OF BIRTH BE COMPLETELY FILLED IN</p>		<p>NUMBER OF COPIES</p> <hr style="width: 80%; margin: auto;"/> <p>@ \$10.00 Each</p> <p>\$ _____</p> <p>TOTAL FEE</p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">FULL NAME OF MALE (FIRST)</td> <td style="width: 33%; border: none;">(MIDDLE)</td> <td style="width: 33%; border: none;">(LAST)</td> </tr> </table>			FULL NAME OF MALE (FIRST)	(MIDDLE)	(LAST)
FULL NAME OF MALE (FIRST)	(MIDDLE)	(LAST)			
PLACE OF BIRTH (NUMBER AND STREET)	DATE OF BIRTH YR. 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				
DO NOT WRITE IN SPACE BELOW — OFFICE USE ONLY					
DATE RECEIVED	DATE ANSWERED OR COPY SENT	SEARCH MADE BY			
		RECEIPT NUMBER			