



# Voter ID Manual



*A public service from*  
**STATE SENATOR  
JAY COSTA**

*43rd District*

[www.senatorcosta.com](http://www.senatorcosta.com)

**Don't let the voter ID law keep you from voting!  
It is your right. Get your valid photo ID.  
Find out how.**





Dear Citizen:

Earlier this year, a law was passed that may impact your ability to vote in future elections. Gov. Tom Corbett signed a measure in to law that requires you to present a valid photo ID before you will be permitted to vote.

If you do not have a valid photo ID, you will be able to vote on a provisional ballot but must return to the election bureau and present a valid photo ID before your vote will be counted.

Don't let these new hurdles become obstacles that prevent your vote from being counted this fall. If you do not have a valid photo ID please act now and get an ID that can be used on Election Day.

#### **ACCEPTABLE FORMS OF ID:**

**All photo IDs MUST contain an expiration date that is current, unless noted otherwise.**

- Photo ID issued by the federal government or the Commonwealth of Pennsylvania (including the voter ID card issued by PennDOT)
- PA Driver's license or non-driver ID (for voting purposes, IDs are valid 12 months past expiration date)
- Valid U.S. passport
- U.S. military ID — active duty and retired military (A military or veteran's ID must designate an expiration date or designate that the expiration date is indefinite.) Military dependents' ID must contain an expiration date.
- Employee photo ID issued by federal, PA, PA county or PA municipal government
- Photo ID from an accredited PA public or private institution of higher learning, including colleges, universities, seminaries, community colleges and other two-year colleges;
- Photo ID issued by a PA care facility, including long-term care facilities, assisted living residences or personal care home.

Act now and make sure you have a valid photo ID. If you need help in acquiring a photo ID please contact my district office and my staff will be happy to assist you.

Also, you can find more information about proper documentation by taking a Voter ID Quiz on my Website [www.senatorcosta.com](http://www.senatorcosta.com) or [www.pasenate.com](http://www.pasenate.com).

Let's work together to make sure this new law doesn't create trouble for you in exercising your right to vote.

Sincerely,

  
State Senator Jay Costa

## ► Making Sure Your Vote Counts

If you **do not possess** an acceptable form of ID, you may be eligible to receive a **FREE ID from PennDOT**. When you apply for this ID, you must present your **Social Security Card** and **one (1)** of the following forms of identification: a **certified Birth Certificate (with a raised seal)**, an **unexpired U.S. Passport**, a **Certificate of U.S. Citizenship** or a **Certificate of Naturalization**.

**IF YOU WERE BORN IN PENNSYLVANIA** and the **Health Department can verify your birth record**, you may **NOT have to provide your birth certificate**. However, you must still visit a PennDOT Driver License Center and give your information to a PennDOT representative. See page 7 (where “Steps to Obtain a Photo or Non-Photo Identification Card” is located) for more details.

If you **HAVE EVER BEEN ISSUED** a **Pennsylvania Driver’s License or Non-Driver’s Identification Card** and you are **still in PennDOT’s database**, you will **not have to provide a birth certificate or proof of identity to receive a new Photo ID**. Contact PennDOT at 1-800-932-4600 or 1-800-228-0676 to verify that your information is in the PennDOT database. Then, visit a local PennDOT Driver License Center to apply for your ID. If your information **is not** in the database, continue through this guide for the step-by-step process to receiving the proper ID.

## ► Steps to Obtain a Birth Certificate

If you were **NOT** born in Pennsylvania, contact your local State Senator’s office to request assistance with the process for receiving a certified copy of your birth certificate.

If you were born in Pennsylvania, follow the directions below.

**STEP 1: Make sure you have a valid state issued Driver’s License or Photo ID card**



If you do not have an acceptable photo identification card, an individual from the list below (with valid identification) can apply for the birth certificate on your behalf.

- Parent / step-parent\*
- Legal representative (i.e. social worker, probation/parole officer)\*\*
- Husband / wife
- Brother / sister / half-brother / half-sister
- Son / daughter / stepson\* / stepdaughter\*
- Grandparent / great grandparent (specify maternal or paternal)
- Grandchild / great grandchild
- Power of Attorney (for person named on birth certificate or immediate family member listed above)

**IMPORTANT NOTICE:**

**The address on the application must match the address on the form of ID submitted by the person requesting the certificate.**

*\*A step-parent or step-child is required to submit parents' marriage record supporting their relationship.*

*\*\* The Legal Representative must include a copy of their employee ID card with the application. If the applicant (person in need of birth certificate) is over 18 years old, he/she must also sign the application.*

**If you DO NOT HAVE anyone to apply for the birth certificate on your behalf, you must complete the form titled, "Statement from Requestors Not Possessing an Acceptable Government-Issued Photo ID", (See form in back of this manual) include copies of two (2) of the following documents and complete Steps 2-4:**

- ✓ Utility Bill
- ✓ Bank Statement
- ✓ Pay Stub
- ✓ Lease/Mortgage Agreement
- ✓ Doctor Bills w/ current address

**STEP 2: Complete the "Application for Certified Copy of Birth Record"**

We recommend that you request your long form birth certificate by writing "Long Form for Passport"\* on the line in Section 2 under Intended Use of Certified Copy.

*\* Long form birth certificate lists parent(s) name.*

**STEP 3: Obtain a check or money order made payable to Vital Records for the amount of \$10 per copy requested**

Fees will be waived for individuals and their dependents that served or are currently serving in the Armed Forces. Complete Part 4 of the application to have waiver applied.

**There are four (4) ways you can submit your application:**

**STEP 4: Submit Application**

**OPTION 1: Visit the local Office of Vital Records most convenient to you. Following is a list of offices located around the Commonwealth. It is suggested that you call to find out their hours and processing times.**

**ERIE**

Division of Vital Records  
1910 West 26th Street  
Erie, PA 16508-1148  
(814) 871-4261

**HARRISBURG**

Division of Vital Records  
Forum Place  
555 Walnut Street, First Floor  
Harrisburg, PA 17101-1914  
(717) 772-3480

**NEW CASTLE**

Division of Vital Records  
 Room 401 Central Building  
 101 South Mercer Street  
 New Castle, PA 16101  
 1-877-PA-HEALTH or  
 (724) 656-3100

**PHILADELPHIA**

Division of Vital Records  
 110 North 8th Street, Suite 108  
 Philadelphia, PA 19107-2412  
 (215) 560-3054

**PITTSBURGH**

Division of Vital Records  
 411 7th Avenue, Suite 360  
 Pittsburgh, PA 15219-1973  
 (412) 565-5113

**SCRANTON**

Division of Vital Records  
 Room 112  
 Scranton State Office Building  
 100 Lackawanna Avenue  
 Scranton, PA 18503-1928  
 (570) 963-4595

**IMPORTANT NOTICE:**  
**Processing times**  
**are subject to change.**

**OPTION 2: Order online:**

**<http://www.portal.health.state.pa.us>**

- You must have a Visa (credit/debit), Mastercard (credit/debit), American Express or Discover card
- An additional \$10 service fee will be applied for each copy requested
- The birth record(s), or a response to your request, will be automatically shipped by UPS Air unless you select regular mail delivery for the Shipping Option. If you do not change the Shipping Option to regular mail, the UPS Air delivery fee will be charged to the debit/credit card used for ordering the certificate. Normal processing time for UPS delivery is approximately seven (7) to ten (10) business days or less
- A signature is required for UPS delivery
- If you change the Shipping Option to regular mail delivery, normal processing time is approximately fifteen (15) to twenty (20) business days
- Once you have completed your request, it will be at least two (2) days before your request can be verified

***This service is not available for the following requests:***

- Birth occurred in another country and registered in Pennsylvania
- Certificate requested for genealogy purposes
- Request for time of birth
- Fee waiver for Armed Forces member or related to Armed Forces member
- If the reason for your request or your relationship to the individual does not appear in the online ordering drop-down box options, then you are not eligible to order the certificate online. Please review information on how to apply by mail or in person

**OPTION 3: Submit by mail**

Mail the completed application, copy of proof of identification and check or money order to

Division of Vital Records  
101 S. Mercer Street  
P.O. Box 1528  
New Castle, PA 16103

*Mail requests are processed in approximately twelve (12) weeks from the date the Division of Vital Records receives the complete application packet.*

**OPTION 4: Visit your State Senator's Office**

Take your completed application, proof of identification and check or money order to the office of your local State Senator to have the complete packet mailed to the Division of Vital Records.

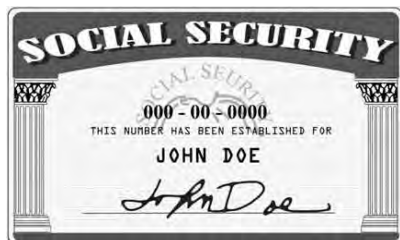
*Applications will take two (2) to four (4) weeks to process via your State Senator's office.*

If you were delivered by a midwife and there is no record of your birth, you must file a **"Delayed Birth Certificate"** (See form in back of this manual) along with the **"Application for Certified Copy of Birth Record"** (See form in back of this manual). This form is specifically handled by one person in the Department of Vital Records and should be mailed to:

Division of Vital Records  
P.O. Box 1528  
New Castle, PA 16103-1528  
Attention: Gina-Delay

For more information on the process of receiving a birth certificate, call the Division of Vital Records at **724-656-3100**, contact your State Senator's Office or visit <http://www.portal.state.pa.us>.

## ► Steps to Obtain a Social Security Card



Complete the following steps to receive an original or replacement copy of your Social Security Card:

**STEP 1: Make sure you have the proper identification**

One (1) document to prove your age:

- ✓ U.S. Birth Certificate
- ✓ Religious record established before age five (5) showing your age or date of birth
- ✓ U.S. Passport
- ✓ U.S. hospital record of your birth
- ✓ Department of Homeland Security document (Non-U.S. Citizens)

**AND**

**IMPORTANT NOTICE:**

**You may use one (1) document as evidence for more than one (1) section (for example, a Birth Certificate may be used as proof of U.S. Citizenship and proof of age). All documents must be either originals or copies certified by the issuing agency. The Social Security Office will not accept photocopies or notarized copies of documents. Additionally, the office will not accept a receipt showing you applied for the document. The Social Security Administration will return all original and certified documents in the mail with your Social Security Card.**

**One (1) unexpired document to prove your identity that displays your name, date of birth and preferably a recent photograph:**

- ✓ U.S. issued Drivers' License
- ✓ U.S. issued Non-Driver's Identification Card
- ✓ U.S. Passport
- ✓ I-94, Arrival/Departure Record (issued when you arrive in the United States)
- ✓ Employment Authorization Card (I-766 or I-688B)
- ✓ Form I-551 (Permanent Resident Card)

If you do not have one (1) of the documents listed above to prove your identity, you may submit one (1) of the documents below. The ID **MUST** display your name, and **EITHER** your photo **OR** your date of birth.

- ✓ Employee ID card
- ✓ School ID card
- ✓ Health insurance card (not a Medicare card)
- ✓ U.S. Military ID

**AND**

One (1) document to prove U.S. Citizenship:

- ✓ U.S. Birth Certificate
- ✓ U.S. Consular Report of Birth
- ✓ U.S. Passport
- ✓ Certificate of Naturalization
- ✓ Certificate of Citizenship

**NOTE:**

**If you are age 12 or older and have never received a Social Security number, you MUST apply in person.**

**STEP 2: Complete SS-5 "Application for a Social Security Card" in blue or black ink ONLY**

**STEP 3: Submit Application with proof of age, identity and citizenship in person or by mail**

Contact the Social Security Administration at **1-800-772-1213** or visit <http://www.socialsecurity.gov> for the office closest to you, hours of operation and processing times or for more information.

# ► Steps to Obtain a Photo or Non-Photo Identification Card



## **STEP 1: Make sure you have the proper identification**

One (1) acceptable form for proof of identification:

- ✓ Certified copy of your Birth Certificate (with a raised seal)
- ✓ Certificate of U.S. Citizenship
- ✓ Certificate of Naturalization
- ✓ Valid (unexpired) U.S. Passport

**AND**

**Social Security Card**

**AND**

Two (2) acceptable proofs of residency:

- ✓ W-2 Form
- ✓ Current Weapons Permit
- ✓ Current Utility Bill (water, gas, electric or cable, etc.)
- ✓ Tax Records
- ✓ Lease/Mortgage Statement
- ✓ Mortgage Documents

***\*BIRTH CERTIFICATE:*** If you were born in Pennsylvania, PennDOT will forward your information to the Department of Health to determine if the department has a record of your birth. If so, you will NOT need to provide a birth certificate. You will receive a letter from PennDOT telling you that your birth record has been confirmed, at which time you must return to the PennDOT License Center, with the other documents mentioned above, to receive your ID.

***\*UNDER 18:*** If you are under 18, proof of residency is not required.

***\*STUDENTS:*** Acceptable proofs of residency include the room assignment paperwork (considered a lease) and one (1) bill with your dorm room address on it. Bank statements, pay stubs and credit card bills are also acceptable.

***\*HOMELESS CITIZENS:*** The address of a shelter can be used as your residence. Visit a Driver License Center with an employee from the shelter that has an employee photo ID from the shelter and a letter on the shelter's letterhead indicating you live there.

***\*OTHER CITIZENS:*** If you are over 18 and do not have any bills, leases or mortgage documents in your name, you may bring the person with whom you live, along with that person's Driver's License or Non-Driver Identification Card to a Driver License Center as one (1) proof of residency. You will also need at least one (1) piece of official mail with your name and address on it.

**STEP 2:** Complete form DL-54A  
“APPLICATION FOR INITIAL  
PHOTO IDENTIFICATION  
CARD”

**STEP 3:** Obtain a check or money  
order made payable to  
PennDOT for the amount of  
**\$13.50, unless you are eligible  
to receive a free ID**  
(see below)

**STEP 4:** Visit your local PennDOT  
Center to receive your Photo  
ID

Contact your State Senator’s Office, the PennDOT Call Center at 1-800-932.4600 or visit <http://www.dot.state.pa.us> for the center most convenient for you, hours of operation and processing times.

## ► Requirements for Non-Photo ID Card

If you have a religious objection to being photographed and are applying for a **NON-PHOTO IDENTIFICATION CARD**, complete and notarize the “**Affidavit in Support of Exemption for Sincerely Held Religious Beliefs**” (See form in back of this manual) which is available at any Driver License Center. Mail the affidavit to the address included on the instructions and PennDOT will contact you once the affidavit is accepted.

## ► Requirements for Obtaining a Free ID for Voting

In order to be eligible for the FREE ID card from PennDOT for voting purposes, you must declare under oath or affirmation by completing the “**Affirmation That Voter Does Not Possess Proof of Identification for Voting Purposes**” (See form in back of this manual) that you **DO NOT POSSESS ONE OF THE ACCEPTABLE FORMS OF ID** described below:

- ID issued by the United States Government that includes your name, photograph, and an expiration date that is not expired (such as a current Passport or federal employee ID)
- ID issued by the **Pennsylvania Department of Transportation** that includes your name, photograph, and an expiration date that has not been expired for more than one (1) year

**NOTE:**

**You must inform the PennDOT representative that you are applying for the Free ID for voting purposes. If you have never possessed an ID or Driver's License from PennDOT, you will receive a temporary ID card that may be used for voting and general identification purposes. You will receive your permanent card in the mail.**

- Employee ID issued by a **municipality or the state of Pennsylvania** that includes your name, photograph, and an expiration date that is not expired (such as a city or state employee ID)
- ID issued by an **accredited Pennsylvania public or private institution of higher learning** that includes your name and photograph, and an expiration date that is not expired (city or state employee ID)
- ID issued by a **Pennsylvania long-term nursing facility, assisted living residence or personal care home** that includes your name and photograph, and an expiration date that is not expired
- **U.S. Military, Reserve or Veteran** (including PA National Guard) ID that establishes you as an active member or a veteran of the United States Armed Forces or National Guard. If this identification does not include an expiration date, it must include a notation indicating that the expiration is indefinite

## ► Steps to Renew a U.S. Passport

A current U.S. Passport is an acceptable form of ID under the new law. If you do not have a current passport, contact your State Senator's Office, the National Passport Information Center at 1-877-487-2778 or **visit <http://travel.state.gov>** for assistance. If you have an expired passport or one that will expire before the next election, follow these steps in order to renew it.

The National Passport Center recommends that all Passport renewal applications be submitted by mail. You may renew by mail if your current passport meets **ALL** of the following requirements:

- ✓ It is undamaged
- ✓ It was issued when you were 16 years of age or older
- ✓ It was issued within the last 15 years
- ✓ It was issued in your current name or you can legally document your name change

**IF ANY** of the above requirements do not apply to you, you must renew your Passport in person at a Passport Acceptance Facilities. Contact your State Senator's Office or the U.S. Department of State (see above for phone numbers and web address) for a facility near you.

**STEP 1: Complete form DS-82 "U.S. Passport Renewal Application for Eligible Individuals"**

## **STEP 2: Obtain a passport size photo**

**Note: Photo services are available at SELECT (not all) Post Offices and at various photo centers.**

### **Photo must meet the following requirements:**

- ✓ Be in color on photo quality paper
- ✓ Be 2x2 inches in size
- ✓ Head must be 1-1 3/8 inches from bottom of the chin to top of the head
- ✓ Be taken within last 6 months to reflect current appearance
- ✓ Have a plain white or off-white background
- ✓ Include full-face view directly facing camera, neutral facial expression (no smiling) and both eyes open
- ✓ Clothing worn daily (exceptions only apply to regularly worn religious garb): No uniforms, hats or head coverings that obscure the hair line, fully visible face and no shadows on your face
- ✓ Glasses and devices only allowed if prescription and regularly worn
- ✓ No glare allowed if wearing glasses in photo

## **STEP 3: Mail form DS-82, passport photo, check or money order made payable to the U.S. Department of State for the amount of \$110 and your most recent, undamaged U.S. Passport to:**

For Routine Service: National Passport Processing Center  
P.O. Box 90155  
Philadelphia, PA 19190-0155

***Application will take four (4) to six (6) weeks to process upon receipt.***

For Expedited Service: National Passport Processing Center  
P.O. Box 90955  
Philadelphia, PA 19190-0955

***Application will take two (2) to three (3) weeks to process upon receipt.***

- Use traceable delivery method (USPS Priority Mail with Delivery or Signature Confirmation, or USPS Express Mail traceable delivery method for overnight delivery requests).
- Mail your passport application and personal documents in an envelope large enough to fit the application without folding. Do not use a standard letter-size #10 (4 1/8" x 9 1/2") envelope.

For more information on passport services call The National Passport Center at 1-877-487-2778, email [NPIC@state.gov](mailto:NPIC@state.gov) (most email inquiries are answered within 24 hours), contact your State Senator's Office or visit <http://travel.state.gov>.

## ► Identification Issued to Active Military Personnel, Veterans and Dependents



You can use your U.S. Military ID Card to vote, if you are:

- ✓ Active Military Personnel
- ✓ Active personnel of PA National Guard and/or Army Reserves
- ✓ Veteran
- ✓ Spouse or child of active military personnel or Veteran

The ID must include **your name, photo and an expiration date (or state indefinite) and must not be expired.**

**Note:** *The Military ID of spouses and children must contain an expiration date and must not be expired.*

## ► Identification Issued by Accredited Pennsylvania Institutions of Higher Learning

Students, alumni and employees of **accredited institutions of higher learning** in Pennsylvania may use an ID card issued by the institution if it includes a **name, photograph** and an **expiration date** that is **not expired**.

If you do not have an ID issued by the institution or if the ID does not meet the requirements of the new law and you do not have a Pennsylvania Driver's License or other form of acceptable ID, refer to the **"Steps to Obtain a Photo or Non-Photo Identification Card"** on **page 7** for information on how to obtain an alternative form of acceptable ID.

Your County Board of Elections will have a list of all of the accredited institutions of higher learning in Pennsylvania. If you are not sure whether your school qualifies, contact your State Senator's Office or County Board of Elections. You may also find the list on the Pennsylvania Department of State's website, [www.votespa.com](http://www.votespa.com).

## ► Identification Issued by Nursing Homes, Assisted Living Residences and Personal Care Homes

Residents and employees of a nursing home, assisted living residence or personal care home may use the ID issued by the facility if it includes the resident's or employee's **name**, **photo** and an **expiration date** that is **not expired**.

If you do not have an ID issued by the facility or if the ID does not meet the requirements of the new law and you do not have a Pennsylvania Driver's License or other form of acceptable ID, refer to the "**Steps to Obtain a Photo or Non-Photo Identification Card**" on **page 7** for information on how to obtain an alternative form of acceptable ID.

If you need assistance obtaining your identification materials, your facility social worker will work with you and submit the necessary documentation on your behalf.

Your County Board of Elections will have a complete list of facilities that qualify. If you are not sure if your facility qualifies, contact your State Senator's Office or County Board of Elections. You may also find the list on the Pennsylvania Department of State's website, **[www.votespa.com](http://www.votespa.com)**.

## ► Provisional Ballots

If you do not have an acceptable form of ID on Election Day, you will be permitted to cast a provisional ballot. After you complete your ballot, a poll worker will provide you with an **affirmation form stating that you are the same person who cast the provisional ballot on Election Day. You will then have six (6) calendar days to prove your identity** by visiting your County Board of Elections and presenting your ID and the signed affirmation.

If you do not have ID because you are indigent and cannot obtain ID without the payment of a fee, you only need to sign an affirmation stating that you are the same person who appeared at the polling place and cast the provisional ballot and that you are indigent and cannot obtain the ID without the payment of a fee.

You may also email, fax or mail a paper copy of the signed affirmation and/or ID to your County Board of Elections. You must do so, however, so that it is received **within six (6) days after the election** or your provisional ballot will **NOT** be counted.

For the address and telephone number of your County Board of Elections, call your State Senator's Office, the Pennsylvania Department of State at 1-877-868-3772 or visit **<http://www.votespa.com>**.

## ▶ Alternative Ballots

Under Pennsylvania's Voting Accessibility for the Elderly & Handicapped Act (VAEH), disabled voters and voters age 65 or older who have been assigned to a polling place **deemed not handicap accessible** by the County Board of Elections are eligible to vote by Alternative Ballot. Voters voting by Alternative Ballot **DO NOT** have to provide proof of identification. To request an Alternative Ballot, complete the "**Application for Alternative Ballot Under the Voting Accessibility for The Elderly and Handicapped Act**" (See form in back of this manual) and mail to your County Board of Elections.

For the address and telephone number of your County Board of Elections, call your State Senator's Office, the Pennsylvania Department of State at 1-877-868-3772 or visit <http://www.votespa.com>.

## ▶ Absentee Ballots

If you are voting by Absentee Ballot you must include your Pennsylvania Driver's License number or PennDOT-issued ID Card number on the application for the ballot. If you do not have a PA Driver's License or ID Card, you must include the last four (4) digits of your Social Security number on the application. If you do not possess either form of ID, you may submit a copy of one of the forms of acceptable identification listed on **page 8**.

If you do not include the proper proof of identification with the application for Absentee Ballot, you will still receive an Absentee Ballot. However, the County Board of Elections will send a notice to you with the Absentee Ballot requiring you to provide the information or a copy of an acceptable ID with the return of the ballot.

If the County Board of Elections has not received the information or a copy of the ID that can be verified by the **sixth (6) calendar day after the election**, the Absentee Ballot will **NOT** be counted.

**Active U.S. Military Service Personnel, their spouses and dependents** (along with other U.S. Citizens temporarily abroad) **who are unable to vote at their polling place in person on Election Day** may apply for an Absentee Ballot by completing the "**Federal Post Card Application**" (**Federal Form #76A**) (See form in back of this manual) and mail to their County Board of Elections. **Proof of identification is not required**. This application can also be completed online at [www.fvap.gov](http://www.fvap.gov).

For the address and telephone number of your County Board of Elections, call your State Senator's Office, the Pennsylvania Department of State at 1-877-868-3772 or visit <http://www.votespa.com>.

# **Appendices**

## **Applications You Can Use**

Statement from Requestors Not Possessing an Acceptable Government Issued Photo ID ~ Division of Vital Records

Application for Certified Copy of Birth Record (Birth Certificate) ~ Division of Vital Records

Delayed Birth Certificate ~ Division of Vital Records

Application for a Social Security Card ~ Social Security Administration

Application for Initial Photo Identification Card (DL-54A) ~ PennDOT

Affidavit in Support of Exemption for Sincerely Held Religious Beliefs ~ PennDOT

Affirmation that Voter Does Not Possess Proof of Identification for Voting Purposes ~ PennDOT

U.S. Passport Renewal Application for Eligible Individuals (DS-82) ~ U.S. Department of State

Application for Alternative Ballot under the Voting Accessibility for the Elderly and Handicapped Act ~ PA Department of State

Federal Post Card Application (Federal Form #76A) ~ U.S. Department of Defense



**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.

\*\*\*\*\*

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
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**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.*

\_\_\_\_\_ Utility bills

\_\_\_\_\_ Bank statement

\_\_\_\_\_ Car registration

\_\_\_\_\_ Pay stubs

\_\_\_\_\_ Income tax return/W-2

\_\_\_\_\_ Lease/rental agreement

Other – Description: \_\_\_\_\_

Approving Clerk's Initials \_\_\_\_\_

**Application for Certified Copy of Birth Record**  
 Pennsylvania Department of Health ♦ Division of Vital Records

**PART 1:** 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. (Note: Signature must agree with name listed in Parts 2 and 5 of this form.)

Signature of person making request (*Do not print*): \_\_\_\_\_  
 Signature required on ALL requests. Must be 18 years of age or older to apply. If under 18, immediate family member must request record.

**PART 2: PRINT** or **TYPE** name of individual requesting record and his/her **current mailing address**.

Name: \_\_\_\_\_ Relationship to Person Named on Record: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Intended Use of Certified Copy:** Travel (Date needed: \_\_\_\_\_)  Social Security/Benefits  School  
 Employment  Driver's License  Other (List reason: \_\_\_\_\_)

**PART 3: PRINT** or **TYPE** information below regarding person named on requested record: **Number of copies:** \_\_\_\_\_

**Name at Birth:** \_\_\_\_\_  
 If name has changed since birth due to adoption, court order, or any reason *other than marriage*, please list that name here: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ Age Now: \_\_\_\_\_ Sex:  Male  Female  
 (Month/Day/Year - Records available from 1906 to the present)

**Place of Birth:** \_\_\_\_\_ Hospital: \_\_\_\_\_  
 (County) (City/Boro/Twp. In Pennsylvania)

Full Maiden Name of Mother: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

**PART 4: BIRTH: \$10.00 each.** *If fee is required, make check/money order payable to: VITAL RECORDS.*

Fees will be waived for individuals who served or are currently serving in the Armed Forces and their dependents (*complete the following*):  
 Armed Forces Member's Name: \_\_\_\_\_ Service Number: \_\_\_\_\_  
 Relationship to Armed Forces Member: \_\_\_\_\_ Rank and Branch of Service: \_\_\_\_\_

**PART 5: VALID GOVERNMENT ISSUED PHOTO ID REQUIRED**

♦ Individual requesting record must include a legible copy of his/her valid government issued photo ID that verifies name and mailing address as listed in Part 2 above.

- ♦ Examples: State issued driver's license or non-driver photo ID (*if address has been changed, include copy of update card*).
- ♦ If possible, enlarge photo ID on copier by at least 150% (copies of ID will be shredded upon review).
- ♦ If acceptable ID not available, visit our website at [www.health.state.pa.us/vitalrecords](http://www.health.state.pa.us/vitalrecords) for further information.

*Mail with self-addressed, stamped envelope to:*

**DIVISION OF VITAL RECORDS (ATTN: BIRTH UNIT)**  
 101 SOUTH MERCER STREET  
 PO BOX 1528  
 NEW CASTLE, PA 16103

Print or type name and address in the space provided below  
 (must agree with name and current address in Part 2 and ID documentation):

Name
Street
City, State, Zip Code

**Have you?**

- ✓ **Signed your name in Part 1** (*do not print*)
- ✓ **Listed your name and current mailing address in Parts 2 and 5**
- ✓ **Completed all items in Part 3** (*enter unknown if information unavailable*)
- ✓ **Enclosed payment** (*or completed Part 4 for waiver of fee*)
- ✓ **Enclosed legible copy of ID** (*must agree with your name and address in Parts 2 and 5*)

For **EXPEDITED ON-LINE ORDERING** or additional information, visit our website: [www.health.state.pa.us/vitalrecords](http://www.health.state.pa.us/vitalrecords)



Phone: (724) 656-3109

Fax: (724) 656-3272

We have received your request for filing a Delayed Birth Certificate. In order to proceed, please follow the instructions listed below.

The enclosed Delayed Birth Certificate form must be completed following the instructions on the reverse side. The name of the subject on the form must be listed (when applicable) as the maiden name. The individual whose name appears in the subject area must sign the form or, if under 18 years of age, the form must be signed by either parent. The form must also be signed in the presence of a notarizing official and contain the notary's seal, signature and expiration date.

In addition, it will be necessary for you to submit two (2) documents that are at least five (5) years old, that verify the exact name, exact date of birth (including month, day and year) and exact place of birth (city, township or borough). **The documents must be originals and include a name, address and telephone number of a contact person to verify the authenticity.** Suggested documents include a baptismal certificate, marriage license application, military discharge record, employment application, insurance policy application, voter's registration application, school record or medical record. Please note that the following documents are **NOT** acceptable: personal affidavit, driver's license, social security card and family bible record. As indicated above, each document must verify the exact name, date of birth and place of birth listed on the Delayed Certificate application form.

Please return a photocopy of your No Record Certification along with your completed, notarized Delayed Birth Certificate application form and documentation. A self-addressed yellow envelope is enclosed for your use. To receive a copy of the birth certificate once it has been filed, please complete the enclosed Application for Certified Copy of Birth Record and submit with required fee and proper photo identification verifying your current mailing address. If you are requesting a fee waiver, please complete Part 4 of the application form.

If you have any questions, please feel free to contact our office at the telephone number listed above.

Delayed Registration Unit

Enc.

DEL/glv

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
VITAL RECORDS

**DELAYED BIRTH CERTIFICATE**

File No. \_\_\_\_\_  
Filing Date \_\_\_\_\_

**Margin Reserved  
For Binding**

**This Is A  
Permanent Record**

Name of Subject  
At Birth  
(Type Or Print)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

COUNTY OF BIRTH

CITY, BOROUGH OR TOWNSHIP

DATE OF BIRTH

SEX

Full Name of Father

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birthplace

(City, Town, County) \_\_\_\_\_ (State or Foreign Country)

Full Maiden Name of Mother

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birthplace

(City, Town, County) \_\_\_\_\_ (State or Foreign Country)

I, \_\_\_\_\_, being first duly sworn on oath; testify that the facts concerning the birth set forth upon this application are true and correct.

Present Address \_\_\_\_\_ Signature \_\_\_\_\_

I certify that the above applicant for registration of facts of birth has appeared before me, and testified to their truth as set forth and affixed signature thereto and in my presence. \_\_\_\_\_ (his or her)

This \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

Signature OF Notarizing Official

Address of Notarizing Official

(Seal)

(See Reverse Side)

**INSTRUCTIONS FOR FILING A DELAYED BIRTH RECORD — FOLLOW CAREFULLY**

- 1) This form may be completed by (a) subject if 18 years of age or older, (b) either parent of a minor child (under 18 years of age), (c) any others must indicate relationship and reason why the subject is unable to file. **APPLICANT MUST HAND SIGN BEFORE A NOTARIZING OFFICIAL. TYPE OR PRINT, USE INK.** Erasures, cross-outs, white-outs, alterations, etc., are not acceptable.
  
- 2) **DOCUMENTS** at least **FIVE YEARS OLD** must be submitted that verify the **EXACT NAME AT BIRTH, EXACT DATE OF BIRTH AND EXACT PLACE OF BIRTH.**  
**Suggested documents:**
  - Baptismal Record, County Record, Insurance Policy Application
  - Military Record, Cradle Roll Certificate, Employment Record
  - Hospital Record, Marriage License Application, Early School Record
  - Children's Hospital Birth Record with Footprints
  - Voter's Registration Application
  
- 3) Return any No Record Certificate in your possession with your reply.
  
- 4) Complete the application form and submit the proper fee or the veteran's information to the Division of Vital Records, PO Box 1528, New Castle, PA 16103.

**DO NOT WRITE BELOW THIS LINE  
FOR VITAL RECORDS USE ONLY**

DOCUMENTARY EVIDENCE		DATED

I certify that no prior certificate has been found in Vital Records for the registrant and that the evidence substantiates the facts set forth in the foregoing abstract.

Initials \_\_\_\_\_ Date Filed \_\_\_\_\_

**Social Security Administration**  
**Consent for Release of Information**

Form Approved  
OMB No. 0960-0566

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**Instructions for Using this Form**

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor, you may complete this form to release only the minor's non-medical records. If you are requesting information for a purpose not directly related to the administration of any program under the Social Security Act, a fee may be charged.

**NOTE:** Do not use this form to:

- Request us to release the medical records of a minor. Instead, contact your local office by calling 1-800-772-1213 (TTY-1-800-325-0778), or
- Request information about your earnings or employment history. Instead, complete form SSA-7050-F4 at any Social Security office or online at [www.ssa.gov/online/ssa-7050.pdf](http://www.ssa.gov/online/ssa-7050.pdf).

**How to Complete this Form**

We will not honor this form unless all required fields are completed. An asterisk (\*) indicates a required field. Also, we will not honor blanket requests for "all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form.

- Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the information applies.
- Fill in the name and address of the individual (or organization) to whom you want us to release your information.
- Indicate the reason you are requesting us to disclose the information.
- Check the box(es) next to the type(s) of information you want us to release including the date ranges, if applicable.
- You, the parent or legal guardian acting on behalf of a minor, or the legal guardian of a legally incompetent adult, must sign and date this form and provide a daytime phone number where you can be reached.
- If you are not the person whose information is requested, state your relationship to that person. We may require proof of relationship.

**PRIVACY ACT STATEMENT**

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. The information you provide will be used to respond to your request for SSA records information or process your request when we release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent.

We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, in accordance with 5 U.S.C. § 552a(b) of the Privacy Act, we may disclose the information provided on this form in accordance with approved routine uses, which include but are not limited to the following: 1. To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and/or coverage; 2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; 3. To comply with Federal laws requiring the disclosure of the information from our records; and, 4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and other Social Security programs are available from our Internet website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

**PAPERWORK REDUCTION ACT STATEMENT**

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.**

**Social Security Administration**  
Consent for Release of Information

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**TO:** Social Security Administration

\_\_\_\_\_  
Name (Include Maiden Name if applicable)  
(Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

I authorize the Social Security Administration to release information or records about me to:

NAME:

ADDRESS:

PA Division of Vital Records

101 S. Mercer St, PO Box 1528 New Castle PA 16103

I want this information released because:

It is needed to support my application for a delayed birth certificate from the PA Division of Vital Records.

Please release the following information:

Identifying information (includes: name at birth, date of birth and place of birth)

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

**THIS ORIGINAL FORM MUST BE RETURNED AFTER SIGNING!**

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

<b>1</b>	<b>NAME</b> TO BE SHOWN ON CARD		First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
<b>2</b>	Social Security number previously assigned to the person listed in item 1			<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate) City State or Foreign Country			Office Use Only FCI	<b>4</b> <b>DATE OF BIRTH</b> MM/DD/YYYY
<b>5</b>	<b>CITIZENSHIP</b> (Check One)		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien <b>Not</b> Allowed To Work (See Instructions On Page 3)
<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7</b> <b>RACE</b> Select One or More (Your Response is Voluntary)		
			<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other Pacific Islander
			<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White
			<input type="checkbox"/> Asian		
<b>8</b>	<b>SEX</b>		<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>9</b>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>		First	Full Middle Name	Last
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9 B on Page 3)		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown		
<b>10</b>	<b>A. PARENT/ FATHER'S NAME</b>		First	Full Middle Name	Last
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10B on Page 3)		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown		
<b>11</b>	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
<b>12</b>	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last
<b>13</b>	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY		
<b>14</b>	<b>TODAY'S DATE</b> MM/DD/YYYY		<b>15</b> <b>DAYTIME PHONE NUMBER</b> Area Code Number		
<b>16</b>	<b>MAILING ADDRESS</b> (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No. City State/Foreign Country ZIP Code		
<b>17</b>	<b>YOUR SIGNATURE</b>		<b>18</b> <b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____		
<b>DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)</b>					
NPN		DOC	NTI	CAN	ITV
PBC	EVI	EVA	EVC	PRA	NWR DNR UNIT
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
				DATE	
				DATE	



## APPLICANT INFORMATION

**You must be at least 10 years of age or older to obtain a Pennsylvania Identification Card.**

If you are under 18 years of age your parent, guardian, person in loco parentis, or spouse who is 18 years of age or older must accompany you. Proper Identification is required and if the last names are different, verification of relationship is needed.

• **Out-of-State Address Change:** We may not issue driver license products to an out-of-state address, except in the case of an employee of the federal or state government, armed forces personnel, and immediate members of their families, whose workplace is located outside of Pennsylvania. If this exception applies to you, please check the appropriate box and include documentation of your status with this application. Attach a letter from your employer on their letterhead to document your status, or attach a copy of your current Photo ID issued by your employer. If you are the immediate family of a person meeting one of the allowable exceptions, attach the documentation of the person employed. Additionally, you must indicate your relationship to that person.

I certify that my workplace is located out-of-state and I am employed by, or am the immediate family of a person employed by:

US Armed Forces     Federal Government     Pennsylvania State Government

Relationship to person meeting exemption (check one):     Spouse     Dependent Child

### SECTION B

If you check block 1, you must apply in person at a Driver License Center with the identity and residency documents listed below.

If you check block 2 or block 3, you can mail your completed and signed application.

If you check block 4 and at one time had either a PA driver's license, learner's permit or photo ID, you may be able to mail in your completed and signed application along with your Oath/Affirmation. If you have never had a PA driver's license, learner's permit or photo ID, you must apply in person with the identity and residency documents listed below. For more information call one of the numbers at the bottom of this page.

**NOTE: Driver License Centers do not accept cash or credit cards. You must pay by check or money order.**

If mailing your application along with your check or money order (if applicable) made payable to PennDOT, send to the: **Bureau of Driver Licensing, P.O. Box 68272, Harrisburg, PA 17106-8272.**

### TO MEET IDENTIFICATION REQUIREMENTS You MUST Present the Following:

#### U.S. CITIZENS

**Social Security Card** (card cannot be laminated) **AND ONE** of the following:

- Birth Certificate with raised seal (**U.S. issued by an authorized government agency, including U.S. territories or Puerto Rico. Non-U.S. Birth Certificates will not be accepted.**)
- Certificate of U.S. Citizenship (**USCIS Form N-560**)
- Certificate of Naturalization (**USCIS Form N-550 or N-570**)
- Valid U.S. Passport

♦ If you have an Out-of-State Driver's License, it must be presented with one of the above forms of identification.

**NOTE: ONLY VALID PASSPORTS AND ORIGINAL DOCUMENTS WILL BE ACCEPTED. If the name on your original document differs from your current name, you must provide an original Marriage Certificate, Divorce Decree, or Court Order document.**

#### NON-U.S. CITIZENS

Bring All of the following:

- Social Security Card, or letter from SSA indicating that SSA did not make a decision yet, or SSA rejection letter
- Valid Passport
- All original (USCIS) documents
- Written verification of attendance from school (**Student Status Only**)
- Written verification from employer (**Employment Status Only**)

To obtain detailed information regarding "identity/residency requirements", you can:

- Visit [www.dmv.state.pa.us](http://www.dmv.state.pa.us)
- Call us at 1-800-932-4600 or 1-800-228-0676 (TDD), Monday through Friday from 8:00 a.m. to 5:00 p.m.

### TO MEET RESIDENCY REQUIREMENTS You MUST Present TWO of the Following (for customers 18 years of age or older):

- |   |                      |  |
|---|----------------------|--|
| • Lease Agreements  | • Mortgage Documents | • Current Weapons Permit (for U. S. Citizens Only) |
| • Current Utility Bills (water, gas, electric, cable, etc.)<br>*Cellular/mobile or pager bills are not acceptable | • W-2 Form           | • Tax Records                                      |

**Note:** If you reside with someone, and have no bills in your name, you will still need to provide two proofs of residency. One proof is to bring the person with whom you reside along with their Driver's License or Photo ID to the Driver License Center. You will also need to provide a second proof of residency such as official mail (bank statement, tax notice, magazine, etc.) that has your name and address on it. The address must match that of the person with whom you reside.

**Organ Donor Awareness Trust Fund (ODTF):** You have the opportunity to contribute \$1.00 to the fund. The additional \$1.00 contribution must be added to the \$13.50 fee and included in your payment by check or money order.

The department is required to obtain the Licensee's Social Security number, height and eye color under the provisions of Sections 1510(a) and/or 1609(a)(4) of the Pennsylvania Vehicle Code. This information will be used as identifying information in an attempt to minimize driver license fraud. Federal law permits the use of the Social Security number by state licensing officials for purposes of identification.

Visit us at [www.dmv.state.pa.us](http://www.dmv.state.pa.us) or call us at:

In state: 1-800-932-4600 • TDD: 1-800-228-0676 • Out-of-State: 1-717-412-5300 • TDD Out-of-State: 1-717-412-5380

Individuals with a sincerely held religious belief prohibiting them from having their photo taken can apply for a Valid without Photo Driver's License or Identification Card. To begin the application process, the attached notarized affidavit must be submitted for review to:

Bureau of Driver Licensing  
P. O. Box 68678  
Harrisburg, PA 17106

Upon receipt of the original notarized Affidavit in Support of Exemption for Sincerely Held Religious Beliefs, the Department will review the information and issue a letter with the Department's determination or a request for additional information.

If the request has been approved, the customer will need to take the approval letter; an Application for Initial Driver's License (DL-180) or the Application for Initial Photo Identification Card (DL-54A); proof of citizenship or proof of legal presence, identification and residency documentation listed on the back of the DL-180 and DL-54A forms, as well as the applicable fee to a PennDOT Driver License Center for processing.

When all of the requirements have been met, the customer will be issued a camera card or learner's permit.

When a camera card is issued, the customer will need to sign it and surrender it to the Driver License Center staff for submission to Harrisburg's Central Office for processing. The Valid without Photo Driver License or Identification Card will be sent to the customer through the mail.

**Affidavit in Support of Exemption for Sincerely Held Religious Beliefs**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Driver's License

Identification Card

1. Describe your religion.
  
2. Does it have a name? If so, please provide the name.
  
3. Are there other members of your religion? If so, how many?
  
4. Are there congregations? If so, how many?
  
5. Are there leaders or clergy? If so, please describe and identify them.
  
6. Does it have a house of worship? If so, where?
  
7. Does it have a Supreme Being or higher power?
  
8. Does it have sacred texts or commandments? If so, please describe or provide them.
  
9. Does it have ceremonies, services, or meetings? If so, please describe them and any requirements for participation in them.

10. Describe three significant requirements or prohibitions of your religion.
  
11. When did you adopt your religion?
  
12. What was the process, if any, by which you were initiated into your religion?
  
13. Describe the ways in which your religion affects your daily life (dress, diet, practices).
  
14. Describe the religious practices that you observe.
  
15. Does anyone else in your family hold your religious beliefs?
  
16. If you are employed, do your religious practices affect your employment? If so, explain.
  
17. What particular teaching of your religion supports your request for an exemption?
  
18. Do other members of your religion practice this teaching and have they been granted exemptions?

I hereby swear or affirm subject to the penalty under 18 Pa.C.S. §4903 (relating to false swearing) that all of the information in this affidavit is true and correct.

\_\_\_\_\_  
 Applicant/affiant's Signature

SUBSCRIBED AND SWORN TO BEFORE ME:                      MO.                      DAY                      YEAR	
Signature of Person Administering Oath	
<b>S E A L</b>	<b>SIGN IN PRESENCE OF NOTARY</b>

**AFFIRMATION THAT VOTER DOES NOT POSSESS  
PROOF OF IDENTIFICATION FOR VOTING PURPOSES**

By signing this form, I declare under oath or affirmation that (1) I am a **registered voter** of the Commonwealth of Pennsylvania; and (2) I do not possess any form of **proof of identification**, as defined at section 102(z.5)(2) of the Pennsylvania Election Code (25 P.S. § 2602(z.5)(2)), that by law must be presented before voting at a polling place.

In particular, **I affirm that I do not possess any of the following forms of identification:**

- Identification issued by the **United States Government** that includes my name, a photograph, and an expiration date that is not expired.\*
- Identification issued by the **Commonwealth of Pennsylvania** that includes my name, a photograph, and an expiration date that is not expired (unless issued by the **Department of Transportation**, then the expiration of the identification cannot be more than 12 months past the expiration date).
- Identification issued by a **municipality of this Commonwealth** to an employee of that municipality that includes my name, a photograph, and an expiration date that is not expired.
- Identification issued by an **accredited Pennsylvania public or private institution of higher learning** that includes my name, a photograph, and an expiration date that is not expired.
- Identification issued by a **Pennsylvania care facility** that includes my name, a photograph, and an expiration date that is not expired.

\*In the case of a document from an agency of the armed forces of the United States or their reserve components, including the Pennsylvania National Guard, that establishes the voter as a current member or a veteran of the United States Armed Forces or National Guard and that does not designate a specific date on which the document expires, the document must include a notation indicating that the expiration is indefinite.

**I affirm that I do not have any of the forms of identification listed above and require proof of identification for voting purposes, and I acknowledge that that this affirmation is made subject to the penalties of 18 Pa.C.S. § 4904 (unsworn falsification to authorities), which may include punishment of a fine of at least \$1,000, a term of imprisonment of not more than two years, or both.**

\_\_\_\_\_  
Date of Signing

\_\_\_\_\_  
Signature of Voter

\_\_\_\_\_  
Printed Name of Voter



Name of Applicant (Last, First & Middle) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

12. Height \_\_\_\_\_ 13. Hair Color \_\_\_\_\_ 14. Eye Color \_\_\_\_\_ 15. Occupation \_\_\_\_\_ 16. Employer or School (if applicable) \_\_\_\_\_

17. Additional Contact Phone Numbers  
\_\_\_\_\_  
 Home  Cell \_\_\_\_\_  
 Work  \_\_\_\_\_

18. Permanent Address: If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.  
Street/RFD # or URB (No P.O. Box) \_\_\_\_\_ Apartment/Unit \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

19. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.  
Name \_\_\_\_\_ Address: Street/RFD # or P.O. Box \_\_\_\_\_ Apartment/Unit \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

20. Travel Plans  
Date of Trip (mm/dd/yyyy) \_\_\_\_\_ Duration of Trip \_\_\_\_\_ Countries to be visited \_\_\_\_\_

**STOP! YOU HAVE COMPLETED YOUR APPLICATION  
BE SURE TO SIGN AND DATE PAGE ONE**



**APPLICATION FOR ALTERNATIVE BALLOT UNDER THE VOTING  
ACCESSIBILITY FOR THE ELDERLY AND HANDICAPPED ACT**

TO THE COUNTY BOARD OF ELECTIONS:

I, the undersigned qualified elector, residing at the residence and in the city, borough or township listed below, to the best of my knowledge, information and belief, declare that I have been assigned to a polling place that the County Board of Elections has determined to be inaccessible to the elderly and individuals with disabilities under standards prescribed by the Secretary of the Commonwealth. Therefore, under the Voting Accessibility for the Elderly and Handicapped Act, I declare that I am entitled to be provided with an alternative means for casting a ballot on the day of the election for reason(s) indicated below:

ELDERLY (65 years of age or older)

HANDICAPPED (Having a temporary or permanent physical disability)

Please describe the nature of your disability:

---

---

---

Signature of Applicant

---

Printed Name of Applicant

---

Residence of Address of Applicant

---

Post Office and Zip Code

---

City, Borough, or Township

Ward/District

---

Date of Birth

---

Location of Current Polling Place

---

Telephone Number of Applicant

Will you require assistance to complete the Alternative Ballot? (Circle One)  
**YES NO**

# Federal Post Card Application (FPCA) Voter Registration and Absentee Ballot Request

A quicker, easier to complete, electronic version of this form is also available on [FVAP.gov](http://FVAP.gov). For any questions about this form, consult your Voting Assistance Officer or the Voting Assistance Guide available in hard copy or on [FVAP.gov](http://FVAP.gov). Please print in black ink.

I request an absentee ballot for all elections in which I am eligible to vote **AND**:

**Classification**  
Make only 1 selection.  
(In most States, you must be absent from your voting district to use this form).

1  I am a member of the Uniformed Services or Merchant Marine on active duty **OR**  I am their spouse or dependent.  
 I am a U.S. citizen residing outside the U.S., and I intend to return.  
 I am a U.S. citizen residing outside the U.S., and I do not intend to return.  
 I am a U.S. citizen otherwise granted military/overseas voting rights under State law (check the Voting Assistance Guide).

**Political Party** 2 To vote in primary elections, your State may require you to specify a political party: \_\_\_\_\_

**Your legal name** 3 Last name \_\_\_\_\_ Suffix \_\_\_\_\_  
 First name \_\_\_\_\_ Middle name \_\_\_\_\_  
 Previous name (if applicable) \_\_\_\_\_

**Identification**  
Some States require your full SSN. Check your State's pages in the Voting Assistance Guide on [FVAP.gov](http://FVAP.gov).

4 Sex  M  F Race \_\_\_\_\_ Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
See instructions  
 State Driver's License or ID \_\_\_\_\_  
 OR Social Security Number \_\_\_\_\_

**Contact information**  
Include international prefixes. No DSN number.

5 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Alternate Email \_\_\_\_\_

**Ballot receipt** 6 I prefer to receive my ballot, as permitted by my State, by:  Email/Online  Mail  Fax  
 (rank from 1 -3 in order of preference; be sure appropriate contact information is provided above)

**U.S. address for voting purposes**  
Usually your last U.S. residence or your legal U.S. residence. See instructions.

7 Street Address (not P.O. Box) \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City/Town/Village \_\_\_\_\_  
 County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

**Address where you live now**  
This is different from above. Your voting materials will be sent here, unless you specify a forwarding address in Box 9.

8 \_\_\_\_\_

**Additional requirements for your State**  
Such as: mail forwarding address, additional phone, or other State required information. See your State's pages in the Voting Assistance Guide on [FVAP.gov](http://FVAP.gov).

9 \_\_\_\_\_

**Affirmation (REQUIRED):** I swear or affirm, under penalty of perjury, that:

- I am a member of the Uniformed Services or Merchant Marine on active duty or an eligible spouse or dependent of such a member, or a U.S. citizen temporarily residing outside the U.S., or other U.S. citizen residing outside the U.S.
- I am a U.S. citizen, at least 18 years of age (or will be by the day of the election), eligible to vote in the requested jurisdiction.
- I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.
- I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.
- My signature and date herein indicate when I completed this document.
- The information on this form is true and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.

Signature \_\_\_\_\_ Print this form, sign and send in \_\_\_\_\_

Today's date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Witness signature / date if required by your State  
See the Voting Assistance Guide on [FVAP.gov](http://FVAP.gov)

Signature \_\_\_\_\_  
 Date \_\_\_\_\_

# Federal Post Card Application (FPCA) Instructions

A quicker, easier to complete, electronic version of this form is also available on **FVAP.gov**. For any questions about this form, consult your Voting Assistance Officer or the Voting Assistance Guide available in hard copy or on **FVAP.gov**.

The **gray** numbers and instructions below correspond to the **gray** numbered boxes on the face of the form.

- 1** The classification you choose determines in which election(s) you will be allowed to vote. Choose the one that best represents your current situation.
- 2** If you want to vote in primary elections, most States require you to specify a political party. Check your State's pages in the Voting Assistance Guide on FVAP.gov to see if your State requires you to specify a political party.
- 3** The information you enter for your name should match the information you normally put on legal or official forms. For example, it should be the same name that appears on your driver's license or other government-issued ID.
- 4** While most States allow you to enter either your driver's license number or the last 4 digits of your Social Security Number, some will invalidate this form without your full SSN. Check your State's pages in the Voting Assistance Guide on FVAP.gov to see if your State requires the full SSN.  
  
Also, many States ask that you provide your race or ethnic group in order to demonstrate that they are complying with the Voting Rights Act and the National Voter Registration Act.
- 5** If there are questions or problems with your form, local election officials will use this information to contact you. An email address is the simplest and fastest way for them to do so. Your voting materials will be sent to the email address(es) that you provide here if you request it and your State allows it. Include an alternate phone number in Box 9 if necessary.
- 6** Indicate your preferred method for receiving your ballot by ranking each box 1, 2, or 3. All States and jurisdictions must send absentee ballots to military and overseas voters by at least one of the following: email, online download, or fax if requested. Check your State's pages in the Voting Assistance Guide on FVAP.gov to learn what your State allows. You can always get your absentee ballot by mail.
- 7** This determines the jurisdiction where you vote. For military voters the

voting address is your legal U.S. residence. For overseas citizens this is usually the U.S. address where you last lived. You do not need to have any current physical ties to this address. Do not use a post office box number. If the area has no street names, enter the route number and box number.

- 8** Enter the address where you want voting materials to be sent to you. Voting materials will be sent to this address unless you enter a forwarding address in Box 9.
- 9** Enter anything here that would help ensure that your ballot is accepted. Check your State's pages in the Voting Assistance Guide on FVAP.gov for anything your State may specifically require here. For example, some States require last date of residency in the U.S., previous location of registration, overseas employer, or witness address.

If you want your voting materials to be sent somewhere other than where you live now, enter that alternate (forwarding) address here. Provide an alternate phone number here.

**Affirmation.** Read this carefully. It is what you are agreeing to under oath and penalty of perjury by filling out and sending in this form. Some States require that your form be witnessed. Check the Voting Assistance Guide on FVAP.gov for your State's requirements.

## Privacy Act Statement

Authority: The authority to collect your personal information on this form comes from 42 USC 1973ff, "Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA)."

Principal Purpose: This form serves as an application for registration and/or request for absentee ballot for all persons covered by UOCAVA.

Disclosure: Your disclosure of personal information is voluntary. However, failure to provide the requested personal information may keep the pertinent jurisdiction from processing this request and may prevent you from voting absentee.

### From

(Your name and current complete military or overseas mailing address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

International airmail postage is required if not mailed in the U.S. Postal Service, APO/FPO system, or diplomatic pouch.



U.S. Postage Paid  
39 USC 3406

PAR AVION



**OFFICIAL ABSENTEE BALLOTING MATERIAL – FIRST CLASS MAIL**

NO POSTAGE NECESSARY IN THE U.S. MAIL – DMM 703.8.0

### To

(Check your State's pages in the Voting Assistance Guide on FVAP.gov for your local election official's information)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



*Compliments of*  
**STATE SENATOR  
JAY COSTA**  
*Serving the 43rd District*

**FOREST HILLS**

1501 Ardmore Boulevard • Suite 403 • Pittsburgh, PA 15221  
(412) 241-6690 • Fax: (412) 731-2332

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2306 Brownsville Road • Pittsburgh, PA 15210  
(412) 884-8308 • Fax: (412) 886-2080

**HOMESTEAD**

314 East 8th Avenue • Homestead, PA 15120  
(412) 462-4204 • Fax: (412) 462-4543

**WEST MIFFLIN**

West Mifflin Borough Building • First Floor • 3000 Lebanon Church Road • West Mifflin, PA 15122  
(412) 466-2784 • Fax: (412) 466-2700  
*Tuesdays & Thursdays*

**HARRISBURG**

Senate Box 203043 • Harrisburg, PA 17120-3043  
(717) 787-7683 • Fax: (717) 783-5976

**E-MAIL**

[costa@pasenate.com](mailto:costa@pasenate.com)

**[www.senatorcosta.com](http://www.senatorcosta.com)**

**Visit [www.pasenate.com](http://www.pasenate.com) to download a PDF of this manual.**

