

# PENNSYLVANIA CHILD DEATH REVIEW REQUEST FOR BIRTH CERTIFICATE SEARCH

PLEASE FILL OUT THE INFORMATION BELOW AND FAX BACK TO THE PAAAP OFFICE.

To: **CDR Staff** \_\_\_\_\_

Fax: **(610) 520-9177** \_\_\_\_\_

From: \_\_\_\_\_

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

County CDR Team: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Requesting a search for birth certificate information for the following children (Child must be under one year of age):**

1. Name \_\_\_\_\_ Date of Death \_\_\_\_\_ Age \_\_\_\_\_

2. Name \_\_\_\_\_ Date of Death \_\_\_\_\_ Age \_\_\_\_\_

3. Name \_\_\_\_\_ Date of Death \_\_\_\_\_ Age \_\_\_\_\_

4. Name \_\_\_\_\_ Date of Death \_\_\_\_\_ Age \_\_\_\_\_

5. Name \_\_\_\_\_ Date of Death \_\_\_\_\_ Age \_\_\_\_\_

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