

**CHECKLIST**  
**PETITION TO CHANGE BIRTH RECORD – GESTATIONAL CARRIER**

***Documents to be attached to the Petition in the order they appear:***

\_\_\_\_\_ Preliminary Decree, *only if all affidavits not present/someone contests*

\_\_\_\_\_ Final Decree

\_\_\_\_\_ Petition to Change Birth Record – Gestational Carrier

\_\_\_\_\_ Attorney Caption

\_\_\_\_\_ Signed by Attorney or Petitioner

\_\_\_\_\_ Verified by Petitioner

\_\_\_\_\_ Petitioner(s) is/are Intended Parent(s)

\_\_\_\_\_ Petitioner(s) is/are Donor(s)

\_\_\_\_\_ Petitioner(s) is/are **not** Donor(s)

***Contents of Petition:***

\_\_\_\_\_ Name(s) and Address(es) of Intended Parent(s)

\_\_\_\_\_ Name and Address of Gestational Carrier

\_\_\_\_\_ Name and Address of Donor, *if different than Intended Parent(s)*

\_\_\_\_\_ Name of Person who Performed the Assisted Conception

\_\_\_\_\_ Address of Facility where the procedure was performed

\_\_\_\_\_ Facts and circumstances surrounding the performing of the procedure and its resulting in a successful pregnancy

\_\_\_\_\_ Date of birth, or expected date of birth of the child

***Exhibits:***

\_\_\_\_\_ Statement from Person/Facility performing procedure certifying facts as to the procedure

\_\_\_\_\_ Certified copy of any agreement among the parties

\_\_\_\_\_ Affidavit signed by the Intended Parent(s)

\_\_\_\_\_ Affidavit signed by the Gestational Carrier

\_\_\_\_\_ Affidavit signed by the husband of Gestational Carrier

\_\_\_\_\_ Affidavit signed by the Donor(s), *if different than Gestational Carrier or Intended Parents*

\_\_\_\_\_ Affidavit signed by spouse of Donor(s) *if different than Gestational Carrier or Intended Parents*

\_\_\_\_\_ Stipulation executed by the PA Department of Health (or counsel) and petitioners (or counsel) that the proposed Decree is acceptable to them

\_\_\_\_\_ Order to Impound Records

\_\_\_\_\_ Motion to Impound Records