

KIDS Plus IIS

Immunization Record Request



Proper identification is required for record retrieval (such as a Driver's License). Attach a copy of your ID with this request.

Patient Information

Last Name	First Name	Middle Name
Date of Birth	Address	
City	State	Zip Code

Requester Information

Last Name	First Name	Middle Name
Relationship to Patient (self, mother, etc.)	Address	
City	State	Zip Code
Phone Number	Fax Number	Email
Signature		Today's Date

Fax Number: 215-238-6944

Scan and Email: KIDSregistry@phila.gov

Mail: KIDS Plus IIS
500 S. Broad St., 2nd Fl.
Philadelphia, PA 19146

For Official Use Only

Approved By: _____

Date: _____

Type of ID: _____

ID #: _____