

## **OFFICE OF VITAL STATISTICS**

JESSE S. COOPER BLDG. 417 FEDERAL STREET DOVER , DE 19901 ☎ (302) 744-4549 CHOPIN BUILDING 258 CHAPMAN RD. NEWARK, DE 19702 營 (302) 283-7130 **THURMAN ADAMS STATE SERVICE CTR.** 546 S. BEDFORD ST. GEORGETOWN, DE 19947 ☎ (302) 856-5495

CREDIT CARD ORDERS VIA THE INTERNET: www.vitalchek.com

## APPLICATION FOR A CERTIFIED COPY OF A DELAWARE DEATH CERTIFICATE

## PLEASE COMPLETE ALL ITEMS REQUESTED AS ACCURATELY AS POSSIBLE.

Name on Death Certificate			
	First Name	Middle Name	Last Name at Birth
Sex All Male Female Date of Death (mm/dd/yyyy)			
Place of Death			
Name of Mother or			
Name of Parent A F	First Name	Middle Name	Last Name at Birth
Name of Father or			
Name of Parent B F	ïrst Name	Middle Name	Last Name at Birth
RELATIONSHIP TO THE PERSON WHOSE DEATH CERTIFICATE YOU ARE REQUESTING (PLEASE CHECK ONE BOX)			
<ul> <li>My current husband or wife*</li> <li>My child</li> <li>My parent*</li> </ul>		I am the authorized agent, attorney or legal representative of the registrant (proof required; letter is required for DE attorney)	
<ul> <li>I am the legal guardian (court order required)</li> <li>Genealogy (proof required)</li> </ul>		*Proof of relationship (eg. marriage or birth certificate)	
Number of copies requested:			
REQUIRED UPON FILING OF APPLICATION			
1. Cost: \$25.00 per certificate - A portion of the fee is donated to the distressed cemetery fund (If record is not located, fee will be retained for search). Make checks or money orders payable to the <b>Office of Vital Statistics</b> .			
<ol> <li>Copy of your official valid photo identification (Drivers license, State ID or Work ID)</li> <li>Parent's identification needed for children</li> </ol>			
PERSON APPLYING FOR CERTIFICATE			
I hereby certify that all the above information is true to the best of my knowledge. It is a felony violation of Delaware Law (16 Del. C.§3111) to make a false statement on this application or to unlawfully obtain a certified copy of a death certificate.			
Print name of person applying for certificate			
Signature of person apply	ing for certificate		Date
Street Address			
City/Town			State
Zipcode			Daytime Phone
FOR OFFICE OF VITAL STATISTICS USE ONLY			

Identification: