

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)			
 My current husband or wife* My child My parent* 		I am the authorized agent, attorney or legal representative of the registrant (proof required; letter is required for DE attorney)	
 I am the legal guardian (court order required) Genealogy (proof required) 		*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 Office of Vital Statistics .			
 Copy of your official valid photo identification (Drivers license, State ID or Work ID) Parent's identification needed for children 			
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: