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 ☎ (302) 283-7130	**THURMAN ADAMS STATE SERV 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 MARRIAGE CERTIFICATE

PLEASE COMPLETE ALL ITEMS REQUESTED AS ACCURATELY AS POSSIBLE.

Wife's Name on

Marriage Certificate   First Name   Middle Name   Maiden Name

Date of Birth of Wife (mm/dd/yyyy)

Husband's Name on

Marriage Certificate   First Name   Middle Name   Last Name

Date of Birth of Husband (mm/dd/yyyy)

Date of Marriage (mm/dd/yyyy)   Place of Marriage

RELATIONSHIP TO THE PERSON WHOSE MARRIAGE CERTIFICATE YOU ARE REQUESTING (PLEASE CHECK ONE BOX)

☐ Myself
☐ My child
☐ My parent*
☐ I am the legal guardian (court order required)

☐ I am the authorized agent, attorney or legal representative (proof required)
☐ Genealogy (proof required)

*Proof of relationship (eg. birth certificate)

Number of copies requested:

REQUIRED UPON FILING OF APPLICATION

1. Cost: $25.00 per copy - A portion of the fee is donated to domestic violence programs. (If record is not located, fee will be retained for search). Make checks or money orders payable to the **Office of Vital Statistics**.
2. Copy of your official valid photo identification (Drivers license, State ID or Work ID)
3. 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 marriage certificate.

Print name of person applying for certificate

Signature of person applying for certificate   Date

Street Address

City/Town   State

Zipcode   Daytime Phone

FOR OFFICE OF VITAL STATISTICS USE ONLY

Identification