



OFFICE OF VITAL STATISTICS

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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

Sex [] Male [] Female

Date of Death (mm/dd/yyyy)

Place of Death

Name of Mother or

Name of Parent A

First Name

Middle Name

Last Name at Birth

Name of Father or

Name of Parent B

First 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 legal guardian (court order required)

[] Genealogy (proof required)

[] I am the authorized agent, attorney or legal representative of the registrant (proof required; letter is required for DE attorney)

*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...
2. Copy of your official valid photo identification...
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 death 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: