



OFFICE OF VITAL STATISTICS

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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 PRINT AND COMPLETE ALL ITEMS REQUESTED BELOW 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 current civil union spouse
My child
My parent
I am the Legal Guardian
I am the authorized agent, attorney or legal representative of the registrant
Genealogy (proof required)

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".
2. Copy of your official valid photo identification (Drivers license, State ID or Work ID)
3. Parents 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: