



OFFICE OF VITAL STATISTICS

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(302) 856-5495

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

APPLICATION FOR A CERTIFIED COPY OF A DELAWARE MARRIAGE CERTIFICATE

PLEASE PRINT AND COMPLETE ALL ITEMS REQUESTED BELOW AS ACCURATELY AS POSSIBLE.

Wife's Name on Marriage Certificate
Date of Birth of Wife
Husband's Name on Marriage Certificate
Date of Birth of Husband
Date of Marriage
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
I am the Authorized agent, attorney or legal representative
Genealogy (proof required)

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.
2. Copy of your official valid photo identification
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 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