



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

TELEPHONE (302) 744-4549

OFFICE OF VITAL STATISTICS
JESSE S. COOPER BLDG
417 FEDERAL ST.
DOVER, DELAWARE 19901

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 on Marriage Certificate _____
First Name Middle Name (Maiden Name)
Date of Birth of Wife ____ / ____ / ____

Husband on Marriage Certificate _____
First Name Middle Name Last Name
Date of Birth of Husband ____ / ____ / ____

Date of Marriage ____ / ____ / ____ Place _____

The Marriage certificate is for (please check one box)

- | | | |
|------------------------------------|---|--|
| 1. <input type="checkbox"/> Myself | 4. <input type="checkbox"/> I am the Legal Guardian | 6. <input type="checkbox"/> Genealogy
(proof required) |
| 2. <input type="checkbox"/> Child | 5. <input type="checkbox"/> I am the Authorized agent, attorney
or legal representative. | |
| 3. <input type="checkbox"/> Parent | | |

Number of copies requested: _____

Cost: 25.00 each 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"

Please include a copy of your Official Valid Photo Identification (Drivers license, State ID or Work ID) Parents Identification needed for children.

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.

Signature of person applying for certificate _____

Street Address: _____

City/Town: _____ State: _____

Zip Code: _____

Date

() _____

Daytime telephone Number

Identification (for office use only)