# Application for a Certified Copy of a Delaware Birth Certificate

**PLEASE COMPLETE ALL ITEMS REQUESTED BELOW AS ACCURATELY AS POSSIBLE.**

<table>
<thead>
<tr>
<th>Name on Birth Certificate</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name on Birth Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of Birth</td>
<td>City</td>
<td>State</td>
<td>Hospital if Known</td>
</tr>
<tr>
<td>Name of Mother or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Parent A</td>
<td>First Name</td>
<td>Middle Name</td>
<td>Last Name on Birth Certificate</td>
</tr>
<tr>
<td>Name of Father or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Parent B</td>
<td>First Name</td>
<td>Middle Name</td>
<td>Last Name on Birth Certificate</td>
</tr>
</tbody>
</table>

**Number of copies requested:** __________

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

- [ ] Myself
- [ ] My current husband or wife*
- [ ] My child
- [ ] My parent*
- [ ] Other*  
  (Specify familial relationship)

- [ ] I am the legal guardian (court order required)
- [ ] Genealogy (proof required)
- [ ] I am the authorized agent, attorney or legal representative of the person listed in 1-6 options (proof required)

*Proof of relationship (eg. birth or marriage certificate)

**REPRESENTATIVE OF THE PERSON LISTED IN 1-6 OPTIONS**

- [ ] For Authorized Representatives:
  - Client’s Name: __________________
  - Client’s Relationship to Registrant: __________________
  - Purpose: __________________

**REQUIRED UPON FILING OF APPLICATION**

1. Cost: $25.00 per copy (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, Work ID or passport).

**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 birth certificate.

- Print name of person applying for certificate: __________________
- Signature of person applying for certificate: __________________
- Date: __________________
- Street Address: __________________
- City/Town: __________________
- State/Zip Code: __________________
- Email Address: __________________
- Daytime Phone: __________________

**FOR OFFICE OF VITAL STATISTICS USE ONLY**

Identification: __________________