APPLICATION FOR A CERTIFIED COPY OF A DELAWARE DEATH CERTIFICATE

PLEASE COMPLETE ALL ITEMS REQUESTED AS ACCURATELY AS POSSIBLE.

<table>
<thead>
<tr>
<th>Name on Death Certificate</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Date of Death (mmddyyyy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of Death</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Mother or Parent A</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name at Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Father or Parent B</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name at Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Number of copies requested:** ____________

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

- [ ] My current husband or wife*
- [ ] My child  [ ] My parent*
- [ ] Other* ____________________________

(Specify familial relationship)

For Authorized Representatives:

- [ ] Other* ____________________________

Client’s Name: __________________

Client’s Relationship to Registrant: __________________

Purpose: __________________

- [ ] 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 1-5 options

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

Note: Additional documentation may be 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).


**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/Zip Code ____________________________

Email Address ____________________________ Daytime Phone ____________________________

**FOR OFFICE OF VITAL STATISTICS USE ONLY**

Identification: ____________________________