APPLICATION FOR A CERTIFIED COPY OF A DELAWARE DEATH CERTIFICATE

PLEASE COMPLETE ALL ITEMS REQUESTED AS ACCURATELY AS POSSIBLE.

State File number: ______________  □ Veteran
Number of Copies: New ______________ Corrected ______________ Replaced ______________

Name on Death Certificate
First Name ___________________ Middle Name ___________________ Last Name ___________________

Sex □ Male □ Female Date of Death (mmddyyyy) ___________________ Place of Death ___________________

Name of Mother or Parent A
First Name ___________________ Middle Name ___________________ Last Name at Birth ___________________

Name of Father or Parent B
First Name ___________________ Middle Name ___________________ Last Name at Birth ___________________

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

Name of Funeral Home: ___________________ Provide the purpose if client is not the current legal spouse, child, parent or guardian. Purpose: ____________________________________________

Client’s Name: ___________________ □ Is your client the informant? ____________________________________________

□ Current legal spouse
□ Parent
□ Child (birth certificate required if not born in DE)
□ Legal guardian (court order required)
□ Other, please specify ____________________________________________

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)
3. Parent’s 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: