APPLICATION FOR A CERTIFIED COPY OF A DELAWARE DEATH CERTIFICATE

PLEASE COMPLETE ALL ITEMS REQUESTED AS ACCURATELY AS POSSIBLE.

State File number: _______________  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:  ____________________________________________________________

Client's Name:  ____________________________________________________________

☐ Is your client the informant?

Client's Relationship to Registrant:

☐ Current legal spouse (proof required if not listed in the dc)
☐ Parent
☐ Child (birth certificate required if not born in DE)
☐ Legal guardian (court order required)
☐ Other, please specify ____________________________________________________________

Provide the purpose if client is not the current legal spouse, child, parent or guardian.

Purpose:  ____________________________________________________________

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/Zip Code  _______________________________  
Email Address  ____________________________________________________________

FOR OVS USE ONLY  Identification: