



**OFFICE OF VITAL STATISTICS**

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546 S. BEDFORD ST.  
GEORGETOWN, DE 19947  
☎ (302) 856-5495

ONLINE ORDERS VIA [GOCERTIFICATES](#) or [VITALCHEK](#)

**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 \_\_\_\_\_  
 Veteran Total cost: \_\_\_\_\_ Mode of payment: Cash  Credit Card  Check # \_\_\_\_\_

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.  
 Client's Name: \_\_\_\_\_ Purpose: \_\_\_\_\_  
 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 \_\_\_\_\_  
 (proof required)

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 \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**FOR OVS USE ONLY** Identification: \_\_\_\_\_