



OFFICE OF VITAL STATISTICS

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

CREDIT CARD ORDERS VIA THE INTERNET

APPLICATION FOR A CERTIFIED COPY OF A DELAWARE MARRIAGE CERTIFICATE

PLEASE COMPLETE ALL ITEMS REQUESTED AS ACCURATELY AS POSSIBLE.

Wife's Name on Marriage Certificate: First Name, Middle Name, Maiden Name
Date of Birth of Wife (mm/dd/yyyy)
Husband's Name on Marriage Certificate: First Name, Middle Name, Last Name
Date of Birth of Husband (mm/dd/yyyy)
Date of Marriage (mm/dd/yyyy), Place of Marriage

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

- Myself
My child
My parent*
I am the legal guardian (court order required)
I am the authorized agent, attorney or legal representative (proof required)
Genealogy (proof required)
*Proof of relationship (eg. birth certificate)

Number of copies requested: _____

REQUIRED UPON FILING OF APPLICATION

- 1. Cost: \$25.00 per copy - A portion of the fee is donated to domestic violence programs. (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 marriage 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