APPLICATION FOR A CERTIFIED COPY OF A DELAWARE MARRIAGE CERTIFICATE

PLEASE COMPLETE ALL ITEMS REQUESTED AS ACCURATELY AS POSSIBLE.

<table>
<thead>
<tr>
<th>Wife’s Name on Marriage Certificate</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Maiden Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth of Wife (mm/dd/yyyy)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Husband’s Name on Marriage Certificate</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth of Husband (mm/dd/yyyy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Marriage (mm/dd/yyyy)</td>
<td></td>
<td></td>
<td>Place of Marriage</td>
</tr>
</tbody>
</table>

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

- ☐ Myself
- ☐ My child
- ☐ My parent*
- ☐ I am the authorized agent, attorney or legal representative (proof required)
- ☐ Genealogy (proof required)
- ☐ I am the legal guardian (court order 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/Zip Code _______________
Email Address ______________________________________ Daytime Phone ________

FOR OFFICE OF VITAL STATISTICS USE ONLY