APPLICATION FOR A CERTIFIED COPY OF A DELAWARE SAME-GENDER MARRIAGE CERTIFICATE

PLEASE COMPLETE ALL ITEMS REQUESTED AS ACCURATELY AS POSSIBLE.

<table>
<thead>
<tr>
<th>Name of Party A on Marriage Certificate</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name at Marriage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Party A: □ Bride □ Groom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth of Party A (mm/dd/yyyy)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Party B on Marriage Certificate</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name at Marriage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Party B: □ Bride □ Groom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth of Party B (mm/dd/yyyy)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Marriage (mm/dd/yyyy) __________ Place of Marriage __________

RELATIONSHIP TO THE PERSON WHOSE SAME-GENDER 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. Parents 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 same-gender 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