



OFFICE OF VITAL STATISTICS

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NEWARK, DE 19702
(302) 283-7130

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

CREDIT CARD ORDERS VIA GOCERTIFICATES or VITALCHEK

APPLICATION FOR A CERTIFIED COPY OF A DELAWARE BIRTH CERTIFICATE

PLEASE COMPLETE ALL ITEMS REQUESTED BELOW AS ACCURATELY AS POSSIBLE.

Name on Birth Certificate
First Name Middle Name Last Name on Birth Certificate

Sex Male Female Date of Birth (mm/dd/yyyy)

Place of Birth
City State Hospital if Known

Name of Mother or Name of Parent A
First Name Middle Name Last Name on Birth Certificate

Name of Father or Name of Parent B
First Name Middle Name Last Name on Birth Certificate

Number of copies requested:

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

- Myself My current husband or wife\*
My child My parent\*
Other\* (Specify familial relationship)
I am the legal guardian (court order required)
Genealogy (proof required)
I am the authorized agent, attorney or legal representative of the person listed in 1-6 options (proof required)
\*Proof of relationship (eg. birth or marriage certificate)

For Authorized Representatives:
Client's Name:
Client's Relationship to Registrant:
Purpose:
Note: Additional documentation may be requested.

REQUIRED UPON FILING OF APPLICATION

- 1. Cost: \$25.00 per copy (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, Work ID or passport).
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 birth 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

Identification: