



OFFICE OF VITAL STATISTICS

JESSE S. COOPER BLDG.
417 FEDERAL STREET
DOVER, DE 19901
(302) 744-4549

CHOPIN BUILDING
258 CHAPMAN RD.
NEWARK, DE 19702
(302) 283-7130

THURMAN ADAMS STATE SERV CTR.
546 S. BEDFORD ST.
GEORGETOWN, DE 19947
(302) 856-5495

CREDIT CARD ORDERS VIA THE INTERNET: www.vitalchek.com

APPLICATION FOR A CERTIFIED COPY OF A DELAWARE BIRTH CERTIFICATE

PLEASE PRINT AND COMPLETE ALL ITEMS REQUESTED BELOW AS ACCURATELY AS POSSIBLE.

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

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 at Birth

Name of Father or
Name of Parent B
First Name Middle Name Last Name at Birth

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

- [] Myself
[] My current husband or wife
[] My current civil union spouse
[] My Child
[] My Parent
[] I am the Legal Guardian (court order required)
[] I am the Authorized agent, attorney or legal representative of the person listed in 1-6 (proof required)
[] Genealogy (proof required)

Number of copies 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 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 birth 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: