



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

TELEPHONE (302) 744-4549

OFFICE OF VITAL STATISTICS
JESSE S. COOPER BLDG
417 FEDERAL ST.
DOVER, DELAWARE 19901

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
(Maiden Name if Female)

Sex: Male Female Date of Birth ____ / ____ / ____

Place of Birth _____
City State (Hospital if Known)

Maiden Name of Mother _____
First Name Middle Name Maiden Name (required)

Name of Father _____
First Name Middle Name Last Name

Relationship to the person whose birth certificate you are requesting. (please check one box)

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> Myself | 5. <input type="checkbox"/> I am the Legal Guardian (court order required) | 7. <input type="checkbox"/> Genealogy
(proof required) |
| 2. <input type="checkbox"/> my current husband or wife | 6. <input type="checkbox"/> I am the Authorized agent, attorney or legal representative of the Person listed in 1-6. (proof required) | |
| 3. <input type="checkbox"/> my Child | | |
| 4. <input type="checkbox"/> my Parent | | |

Number of copies requested: _____

Cost: 25.00 each (if record is not located, fee will be retained for search).
Make Checks or Money Orders payable to the "Office of Vital Statistics"

Please include a copy of your Official Valid Photo Identification

(Drivers license, State ID or Work ID) Parents Identification needed for children.

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.

Signature of person applying for certificate _____

_____ Date

Street Address: _____

City/Town: _____ State: _____

Zip Code: _____

(_____) _____

Daytime telephone Number _____

Identification (for office use only)