



OFFICE OF VITAL STATISTICS

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

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

PLEASE COMPLETE ALL ITEMS REQUESTED AS ACCURATELY AS POSSIBLE.

Name of Party A on Marriage Certificate _____
 First Name _____ Middle Name _____ Last Name at Marriage _____

Party A : Bride Groom Date of Birth of Party A (mm/dd/yyyy) _____

Name of Party B on Marriage Certificate _____
 First Name _____ Middle Name _____ Last Name at Marriage _____

Party B : Bride Groom Date of Birth of Party B (mm/dd/yyyy) _____

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 relations (eg. birth certificate)

Number of copies requested: _____

REQUIRED UPON FILING OF APPLICATION

- 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**.
- Copy of your official valid photo identification (Drivers license, State ID or Work ID)
- 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 _____