



**DELAWARE HEALTH AND SOCIAL SERVICES**  
 Division of Public Health  
 Office of Vital Statistics

**OFFICE LOCATIONS**

**OFFICE OF VITAL STATISTICS  
 JESSE COOPER BUILDING**  
 417 FEDERAL STREET  
 DOVER , DE 19901  
 ☎ (302) 744-4549

**OFFICE OF VITAL STATISTICS  
 CHOPIN BUILDING**  
 258 CHAPMAN RD.  
 NEWARK, DE 19702  
 ☎ (302) 283-7130

**OFFICE OF VITAL STATISTICS  
 ADAMS STATE SERVICE CENTER**  
 546 S. BEDFORD ST.  
 GEORGETOWN, DE 19947  
 ☎ (302) 856-5495

CREDIT CARD ORDERS VIA [WWW.GOCERTIFICATES.COM](http://WWW.GOCERTIFICATES.COM) or [WWW.VITALCHECK.COM](http://WWW.VITALCHECK.COM)

**APPLICATION FOR A CERTIFIED COPY OF A DELAWARE DEATH CERTIFICATE**

**PLEASE COMPLETE ALL ITEMS REQUESTED AS ACCURATELY AS POSSIBLE.**

Name on Death Certificate \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Sex  Male  Female Date of Death (mmddyyyy) \_\_\_\_\_ Place of Death \_\_\_\_\_

Name of Mother or Parent A \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name at Birth \_\_\_\_\_

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

Number of copies requested: \_\_\_\_\_

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

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 1-5 options

\*Proof of relationship (e. g. 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 certificate - A portion of the fee is donated to the distressed cemetery fund (If record is not located, fee will be retained for search). Make checks or money orders payable to the **State of Delaware**.
2. Copy of your official valid photo identification (Driver's license, State ID or Work ID).
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 death 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: \_\_\_\_\_