



OFFICE OF VITAL STATISTICS

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GEORGETOWN, DE 19947
☎ (302) 856-9495

ONLINE ORDERS VIA [GOCERTIFICATES](#) or [VITALCHEK](#)

APPLICATION FOR A CERTIFIED COPY OF A DELAWARE DEATH CERTIFICATE

PLEASE COMPLETE ALL ITEMS REQUESTED AS ACCURATELY AS POSSIBLE.

State File number: _____ Number of Copies: New _____ Corrected _____ Replaced _____

Veteran Total cost: _____ Mode of payment: Cash Credit Card Check # _____

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 _____

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

Name of Funeral Home: _____
Client's Name: _____

Is your client the informant?

Client's Relationship to Registrant:

Current legal spouse (proof required if not listed in the dc)

Parent

Child (birth certificate required if not born in DE)

Legal guardian (court order required)

Other, please specify _____
(proof required)

Provide the purpose if client is not the current legal spouse, child, parent or guardian.

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 **Office of Vital Statistics**.

2. Copy of your official valid photo identification (Drivers 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 OVS USE ONLY Identification: _____