



OFFICE OF VITAL STATISTICS

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[Grab your reader's attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

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
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Sex Male Female Date of Death (mmddyyyy) _____ Place of Death _____

Name of Mother or Parent A

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

First Name	Middle Name	Last Name at Birth
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RELATIONSHIP TO THE PERSON WHOSE DEATH CERTIFICATE YOU ARE REQUESTING (PLEASE CHECK ONE BOX)

Name of Funeral Home: _____ Provide the purpose if client is not the current legal spouse, child, parent or guardian.
 Client's Name: _____ Purpose: _____
 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)

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 (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: _____