APPLICATION FOR A CERTIFIED COPY OF A DELAWARE BIRTH CERTIFICATE

Please complete all items requested below as accurately as possible.

<table>
<thead>
<tr>
<th>Name on Birth Certificate</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name on Birth Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td>Date of Birth (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Place of Birth</td>
<td>City</td>
<td>State</td>
<td>Hospital if Known</td>
</tr>
<tr>
<td>Name of Mother or</td>
<td>First Name</td>
<td>Middle Name</td>
<td>Last Name on Birth Certificate</td>
</tr>
<tr>
<td>Name of Parent A</td>
<td>First Name</td>
<td>Middle Name</td>
<td>Last Name on Birth Certificate</td>
</tr>
<tr>
<td>Name of Father or</td>
<td>First Name</td>
<td>Middle Name</td>
<td>Last Name on Birth Certificate</td>
</tr>
</tbody>
</table>

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

- [ ] Myself
- [ ] My current husband or wife*
- [ ] My child
- [ ] My parent*

*Proof of relationship (eg. marriage or birth certificate)

Number of copies requested: __________

Required upon filing of application

1. Cost: $25.00 per copy (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 birth 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: