



OFFICE OF VITAL STATISTICS

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546 S. BEDFORD ST.
GEORGETOWN, DE 19947
(302) 856-5495

CREDIT CARD ORDERS VIA GOCERTIFICATES or VITALCHEK

APPLICATION FOR A CERTIFIED COPY OF A DELAWARE BIRTH CERTIFICATE

PLEASE COMPLETE ALL ITEMS REQUESTED BELOW AS ACCURATELY AS POSSIBLE.

Name on Birth Certificate
Sex Male Female
Date of Birth (mm/dd/yyyy)
Place of Birth City State Hospital if Known
Name of Mother or Name of Parent A
Name of Father or Name of Parent B

Number of copies requested:

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

Myself
My current husband or wife*
My child
My parent*
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 (proof required)
*Proof of relationship (eg. birth or marriage certificate)
For Authorized Representatives:
Client's Name:
Client's Relationship to Registrant:
Purpose:

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, Work ID or passport).
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: