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>

Number of copies requested: ______________

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

- [ ] Myself
- [x] 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: ______________________________________

Note: Additional documentation may be 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, Work ID or passport).

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: