



**DELAWARE HEALTH AND SOCIAL SERVICES**

Division of Public Health

Office of Vital Statistics

**OFFICE LOCATIONS**

**OFFICE OF VITAL STATISTICS**  
**JESSE COOPER BUILDING**  
417 FEDERAL STREET  
DOVER , DE 19901  
☎ (302) 744-4549

**OFFICE OF VITAL STATISTICS**  
**CHOPIN BUILDING**  
258 CHAPMAN RD.  
NEWARK, DE 19702  
☎ (302) 283-7130

**OFFICE OF VITAL STATISTICS**  
**ADAMS STATE SERVICE CENTER**  
546 S. BEDFORD ST.  
GEORGETOWN, DE 19947  
☎ (302) 856-5495

CREDIT CARD ORDERS VIA [WWW.GOCERTIFICATES.COM](http://WWW.GOCERTIFICATES.COM) or [WWW.VITALCHEK.COM](http://WWW.VITALCHEK.COM)

**APPLICATION FOR A CERTIFIED COPY OF A DELAWARE BIRTH CERTIFICATE**

**PLEASE COMPLETE ALL ITEMS REQUESTED BELOW AS ACCURATELY AS POSSIBLE.**

Name on Birth Certificate  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last 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  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name on Birth Certificate \_\_\_\_\_

Name of Father or Name of Parent B  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name on Birth Certificate \_\_\_\_\_

Number of copies requested: \_\_\_\_\_

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

- Myself
  - My child
  - Other\* \_\_\_\_\_  
(Specify familial relationship)
  - 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 1-6 options (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**

- Cost: \$25.00 per copy (If record is not located, fee will be retained for search). Make checks or money orders payable to the **State of Delaware**.
- Copy of your official valid photo identification (Drivers license, State ID, Work ID or passport).
- 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/Zip Code \_\_\_\_\_  
 Email Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**FOR OFFICE OF VITAL STATISTICS USE ONLY**

Identification: \_\_\_\_\_