



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 DEATH CERTIFICATE

PLEASE COMPLETE ALL ITEMS REQUESTED AS ACCURATELY AS POSSIBLE.

Name on Death Certificate: First Name, Middle Name, Last Name
Sex: Male, Female
Date of Death (mmddyyyy)
Place of Death
Name of Mother or Parent A: First Name, Middle Name, Last Name at Birth
Name of Father or Parent B: First Name, Middle Name, Last Name at Birth

Number of copies requested:

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

My current husband or wife*
My child
My parent*
I am the legal guardian (court order required)
Genealogy (proof required)*
I am the authorized representative of the registrant (proof required)
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 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 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 death 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: