



OFFICE OF VITAL STATISTICS

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(302) 856-5495

CREDIT CARD ORDERS VIA THE INTERNET

APPLICATION FOR A CERTIFIED COPY OF A DELAWARE SAME-GENDER MARRIAGE CERTIFICATE

PLEASE COMPLETE ALL ITEMS REQUESTED AS ACCURATELY AS POSSIBLE.

Name of Party A on Marriage Certificate
First Name Middle Name Last Name at Marriage

Party A: Bride Groom Date of Birth of Party A (mm/dd/yyyy)

Name of Party B on Marriage Certificate
First Name Middle Name Last Name at Marriage

Party B: Bride Groom Date of Birth of Party B (mm/dd/yyyy)

Date of Marriage (mm/dd/yyyy) Place of Marriage

RELATIONSHIP TO THE PERSON WHOSE SAME-GENDER MARRIAGE CERTIFICATE YOU ARE REQUESTING (PLEASE CHECK ONE BOX)

- Myself
My Child
My Parent\*
I am the Legal Guardian (court order required)
I am the Authorized agent, attorney or legal representative (proof required)
Genealogy (proof required)

\*Proof of relationship (eg. birth certificate)

Number of copies requested:

REQUIRED UPON FILING OF APPLICATION

- 1. Cost: \$25.00 per copy - A portion of the fee is donated to domestic violence programs.
2. Copy of your official valid photo identification (Drivers license, State ID or Work ID)
3. Parents 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 same-gender marriage 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