DELAWARE HEALTH
AND SOCIAL SERVICES
Division of Public Health

TELEPHONE (302) 744-4549

OFFICE OF VITAL STATISTICS
JESSE S. COOPER BLDG
417 FEDERAL ST.
DOVER, DELAWARE 19901

CREDIT CARD ORDERS VIA THE INTERNET: WWW.VITALCHEK.COM

Application for a Certified Copy of a Delaware Birth Certificate

Please print and complete all items requested below as accurately as possible.

Name on Birth Certificate _____
First Name Middle Name Last Name
(Maiden Name if Female)

Sex: ☐ Male ☐ Female Date of Birth ____/____/____

Place of Birth _____
City State (Hospital if Known)

Maiden Name of Mother _____
First Name Middle Name Maiden Name (required)

Name of Father _____
First Name Middle Name Last Name

The birth certificate is for (please check one box)

1. ☐ Myself
2. ☐ Current husband or wife
3. ☐ Child
4. ☐ Parent
5. ☐ I am the Legal Guardian
6. ☐ I am the Authorized agent, attorney or legal representative of the Person listed in 1-6. ***(proof required)***
7. ☐ Genealogy ***(proof required)***

Number of copies requested: _____

Cost: 10.00 each ***(if record is not located, fee will be retained for search).***
Make Checks or Money Orders payable to the "Office of Vital Statistics"

Please include a copy of your Official Valid Photo Identification (Drivers license, State ID or Work ID) Parents Identification needed for children.

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.

_____
Signature of person applying for certificate

_____
Date

Street Address: _____

City/Town: _____ State: _____

Zip Code: _____

(_____) _____
Daytime telephone Number

_____
Identification (for office use only)