DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

OFFICE OF VITAL STATISTICS

JESSE S. COOPER BLDG.	CHOPIN BUILDING	THURMAN ADAMS STATE SERVICE CTR.
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CREDIT CARD ORDERS VIA THE INTERNET

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 at Birth

Sex ☐ Male ☐ Female   Date of Death (mm/dd/yyyy) _____

Place of Death _____

Name of Mother or
Name of Parent A
_____
First Name   Middle Name   Last Name at Birth

Name of Father or
Name of Parent B
_____
First Name   Middle Name   Last Name at Birth

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 agent, attorney or legal representative of the registrant (proof required; letter is required for DE attorney)

*Proof of relationship (eg. marriage or birth certificate)

Number of copies 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:

Rev. Dec 2017