DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

OFFICE OF VITAL STATISTICS

JESSE S. COOPER BLDG.
417 FEDERAL STREET
DOVER , DE 19901
☎ (302) 744-4549

CHOPIN BUILDING
258 CHAPMAN RD.
NEWARK, DE 19702
☎ (302) 283-7130

THURMAN ADAMS STATE SERV CTR.
546 S. BEDFORD ST.
GEORGETOWN, DE 19947
☎ (302) 856-5495

CREDIT CARD ORDERS VIA THE INTERNET: 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 at Birth

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 at Birth

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

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

☐ Myself
☐ My current husband or wife*
☐ My child
☐ My parent*
☐ I am the legal guardian (court order required)
☐ I am the authorized agent, attorney or legal representative of the person listed in 1-5 (proof required)

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

Number of copies requested:

REQUIRED UPON FILING OF APPLICATION

1. Cost: $25.00 per copy (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 birth 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: