Reset Print

Delaware Public Archives
...your window to the past!

Document Request Form

Applicant Information

First Name: _____ Last Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Purpose: _____ Fax: _____

Request Information

Record 1: ☐ Birth ☐ Death ☐ Marriage ☐ Probate ☐ Naturalization ☐ Land Record ☐ Orphan's Court

Record 2: ☐ Birth ☐ Death ☐ Marriage ☐ Probate ☐ Naturalization ☐ Land Record ☐ Orphan's Court

Record 3: ☐ Birth ☐ Death ☐ Marriage ☐ Probate ☐ Naturalization ☐ Land Record ☐ Orphan's Court

Record 4: ☐ Birth ☐ Death ☐ Marriage ☐ Probate ☐ Naturalization ☐ Land Record ☐ Orphan's Court

Record 5: ☐ Birth ☐ Death ☐ Marriage ☐ Probate ☐ Naturalization ☐ Land Record ☐ Orphan's Court

Additional Type of Request

Submit Request

(Please note: This form is NOT compatible with Chrome. Please use Internet Explorer, Firefox or Adobe Acrobat to fill-out and send this form.)