

WISCONSIN DEATH CERTIFICATE APPLICATION
 (for Mail or In-Person Requests)

TYPE or PRINT.

PENALTIES: Any Person who illegally possesses any vital record with knowledge that the vital record has been illegally obtained is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than 3 years and 6 months, or both, per Wis. Stat. § 69.24(1)].

I. APPLICANT INFORMATION	CURRENT NAME - Last, First			MAIL TO NAME - First (if different)		Last		
	YOUR STREET ADDRESS (CANNOT be a P.O. Box address) Apt. No.			MAIL TO ADDRESS (if different than street address)			Apt. No.	
	City		State	ZIP Code	City		State	ZIP Code
	DAYTIME TELEPHONE NUMBER ()				EMAIL ADDRESS			
	TYPE OF CURRENT VALID PHOTO ID (See item 4, on page 2.)		PHOTO ID NUMBER		STATE OF ISSUANCE		EXPIRATION DATE	

II. APPLICANT'S RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE	Per Wis. Stat. § 69.20(1), a CERTIFIED copy of a death certificate is only available to those with a "direct and tangible interest." (A-D)						
	<p>CHECK ONE box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the death certificate.</p> <p>A. I am a member of the immediate family of the person named on the death certificate.</p> <p><input type="checkbox"/> Parent (My name is on the death certificate and my parental rights have not been terminated.)</p> <p><input type="checkbox"/> Brother / Sister <input type="checkbox"/> Current Spouse <input type="checkbox"/> Child</p> <p><input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Current Domestic Partner (registered in the Wis. Vital Records System)</p> <p>B. <input type="checkbox"/> I am the legal custodian or guardian of the person named on the death certificate.</p> <p>C. <input type="checkbox"/> I am a representative authorized by any person in category A or B, including an attorney.</p> <p>Specify the person you represent: _____</p> <p>D. <input type="checkbox"/> I can demonstrate the death certificate is necessary for the determination or protection of a personal or property right.</p> <p>Specify your interest _____</p> <p>E. <input type="checkbox"/> I am a direct descendent of the decedent and am requesting an uncertified copy of the death certificate.</p> <p>F. <input type="checkbox"/> None of the above. I am requesting an uncertified copy. (Copy will not be valid for identity or legal purposes.)</p> <p>NOTE: Stepparents, stepchildren, stepbrothers/sisters may only obtain certified copies as categories B-D.</p>						
PURPOSE FOR WHICH CERTIFICATE IS REQUESTED:							

FEE IS <u>NOT</u> REFUNDABLE IF NO RECORD IS FOUND. CANCELLATION REQUESTS ARE <u>NOT</u> ACCEPTED.			
FIRST COPY FEE	1 _____	\$20.00	\$20.00
EACH ADDITIONAL COPY (issued at the same time as the first copy)	_____	X \$3.00	
Total Requested		_____	
Number of Fact of Death Certificates Requested	_____	Number	
Number of Extended Fact of Death Certificates Requested	_____	Number	TOTAL _____

Submit your application materials and fee to the office where you placed your order.

Be sure to include: completed form, acceptable identification, payment,
 self-addressed, stamped, business-size envelope, and any additional proof or authorization required

IV. DEATH RECORD INFORMATION	NAME OF DECEDENT - First		Middle	Last	DATE OF DEATH (MM/DD/YYYY)
	PLACE OF DEATH - County		PLACE OF DEATH - City, Village, or Township*		DECEDENT'S SOCIAL SECURITY NUMBER *
	DECEDENT'S AGE / BIRTHDATE *		DECEDENT'S OCCUPATION *		NAME OF DECEDENT'S SPOUSE *
	NAME OF DECEDENT'S PARENT *			NAME OF DECEDENT'S PARENT *	

I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to copies of the requested death certificate in accordance with the categories listed above.

SIGNATURE (Applicant)	Date Signed (MM/DD/YYYY)
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Important: Signature and payment are required for processing.

The fields marked with an asterisk () do not have to be completed. The information is helpful but not required.