WISCONSIN BIRTH CERTIFICATE APPLICATION 11/07

If you wish to receive your certificate by mail please complete this form and return it to the following address with a self-addressed stamped envelope and a cashier's check or money order (NO PERSONAL CHECKS) payable to:
Register of Deeds – Vital Records, 901 N. 9th Street, Milwaukee WI 53233. 414-278-4003

PENALTIES: Any person who willfully and knowingly makes false application for a birth certificate is guilty of a Class I felony [a fine of not more than $10,000 or imprisonment of not more than three years and six months, or both, per Chapter 69.24(1), Wisconsin Statutes].

BIRTH RECORD INFORMATION

First Name	Middle Name	Last Name at Birth

Sex	Birthdate (Mo/Day/Yr)	City	County

Mother's MAIDEN Name	First Name	Middle Name

Father's Last Name	First Name	Middle Name

RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE

According to Wisconsin Statute, a CERTIFIED copy of a BIRTH certificate is only available to a person with a "Direct and Tangible Interest." If you do not meet any of the criteria for boxes A – F, please refer to the information on page 2.

Check one box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the certificate.

☐ A. I **am** the PERSON NAMED on the certificate.

☐ B. I am the **parent** of the PERSON NAMED on the certificate, and my parental rights have not been terminated. (**Note**: In the case of a non-marital birth, the father's rights must have been established before he may obtain a copy of the certificate under this category.)

☐ C. I am the **legal custodian or guardian** of the PERSON NAMED on the certificate.

☐ D. I am a **member of the immediate family** of the PERSON NAMED on the certificate. (Only those listed below qualify as immediate family.)
CHECK ONE: ☐ Spouse ☐ Child ☐ Brother ☐ Sister ☐ Grandparent

☐ E. I am a **representative authorized**, in writing, by any of the aforementioned (A through D). *(The written, **NOTARIZED** authorization must accompany this application.)*
Specify whom you represent. _____

☐ F. I can demonstrate that the information from the birth certificate is necessary for the **determination or protection of a personal or property right** for myself/my client/my agency.
Specify interest. _____

☐ G. Other: Uncertified copy only. Copy will not be valid for identification purposes. (Please refer to the information on page 2.)

FEES

☐ Search Fee (includes one copy of the birth certificate, if found) …… $ 20.00 __20.00__

☐ Each additional copy of the same record, issued at the same time as the first copy _____ X 3.00 _____
No. of Copies

TOTAL _____

APPLICANT INFORMATION

THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION

YOUR Name (Please Print)	YOUR Daytime Telephone Number ( )

YOUR Street Address Apt. No.	MAIL TO Address (if different) Apt. No.
City / State / Zip	City / State / Zip

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 certificate in accordance with the categories checked above.

SIGNATURE - Applicant (Person Completing Application)	Date Signed

OFFICE

Below is FOR OFFICE USE ONLY

File Date	Mother's County	Certificate No.