

# VITAL RECORDS CONSENT FORM

I, \_\_\_\_\_ give \_\_\_\_\_  
Print name Print name

permission to obtain a copy(s) of the following (birth, death, marriage) record from the Register of Deeds office on my behalf:

Name(s) on record \_\_\_\_\_

Date of event \_\_\_\_\_

Place of event \_\_\_\_\_

Parent's names \_\_\_\_\_

I have a tangible interest in the record as follows: (check one)

- Person named on the record
  - Parent of person named on the record
  - Legal custodian or guardian of person named on record
  - Member of the immediate family of person named on the record.
- Circle one:** Spouse Child Brother Sister Grandparent

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

**PENALTIES:** Any person who willfully and knowingly makes false application for a death certificate 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 Wisconsin State Statute 69.24(1)].

***Consent Signature must be notarized OR attach copy of signed, photo ID***

State of \_\_\_\_\_  Signed Photo ID Attached (**must be clear and legible**)

County of \_\_\_\_\_

Signed and attested before me on \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_ (Name of Person).

\_\_\_\_\_ (Notary's Signature)

\_\_\_\_\_ (Notary's Name Printed)

Notary Public, State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_, 20\_\_\_\_

***Please mail or fax this form to the person who will be receiving permission from you to purchase a copy of the birth, death or marriage. They must bring this form to the Milwaukee County Register of Deeds office and will also be asked to complete and sign a Wisconsin Application form to which this form will be attached.***