

Milwaukee County Register of Deeds Office



AUTHORIZATION TO PURCHASE
BIRTH, DEATH, MARRIAGE, DIVORCE OR DOMESTIC PARTNERSHIP CERTIFICATE
(Circle One)

Date: \_\_\_\_\_

I \_\_\_\_\_ authorize \_\_\_\_\_
to purchase the above certificate on my behalf.

[ ] I am the PERSON NAMED on the certificate.

[ ] I am a member of the immediate family of the person named on the birth certificate (Spouse,
Parent, Sibling, Grandparent, Legal Guardian)

Date of Birth: \_\_\_\_\_ (of PERSON NAMED on the certificate).

Father's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

For Marriage or Divorce certificates:

First Spouse: \_\_\_\_\_

Second Spouse: \_\_\_\_\_

Date of Marriage/Divorce: \_\_\_\_\_

X \_\_\_\_\_ (Signature of Person Giving Authorization)

I hereby attest that I am entitled to copies of the requested certificate in accordance with the categories
listed above.