VITAL RECORDS CONSENT FORM

I, ______________________________ give ______________________________ 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.