

WISCONSIN BIRTH CERTIFICATE APPLICATION 06/08 page 1 of 2

Send completed form, self-addressed envelope and appropriate fee to:

Make check or money order payable to:

NOTE: Please check with local county or www.wrdaonline.org/vitalrecord as some counties require money order.

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].

I. APPLICANT INFORMATION	The information in Section I is about the person completing this application.					
	YOUR CURRENT NAME - First		Middle	Last	YOUR DAYTIME TELEPHONE NUMBER ()	
	YOUR STREET ADDRESS (CANNOT be a P.O. Box address) No.			MAIL TO ADDRESS (if different) No.		
	City, Village, or Township		State	Zip Code	City, Village, or Township	
TYPE OF CURRENT VALID PHOTO ID (See section 2 on page 2)		PHOTO ID NUMBER		STATE OF ISSUANCE (Indicate country, if not issued in U.S.A.)		EXPIRATION DATE

II. APPLICANT'S RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE	According to Wisconsin Statute, a CERTIFIED copy of a birth certificate is only available to those with a "direct and tangible interest" (categories A - E below.) You may select to receive an uncertified copy if you just need a copy for informational purposes OR if you do not meet the criteria for categories A - E. In that case, you may check category F below. (See section 1 on page 2 for more details.)					
	<p align="center">Check one box which indicates YOUR RELATIONSHIP to one of the PERSONS NAMED on the birth certificate.</p> <input type="checkbox"/> A. I am the PERSON NAMED on the birth certificate. <input type="checkbox"/> B. I am a member of the immediate family of the PERSON NAMED on the birth certificate. (Only those listed below qualify as immediate family.) <small>NOTE: Grandchildren, step-parents, step-children and step-brothers/step-sisters may only obtain certified copies as C - E.)</small> CHECK ONE: <input type="checkbox"/> Parent (whose name is on the birth certificate and whose parental rights have not been terminated) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Brother / Sister <input type="checkbox"/> Grandparent <input type="checkbox"/> C. I am the legal custodian or guardian of the PERSON NAMED on the birth certificate. (Legal proof is required. See item 1 on page 2.) <input type="checkbox"/> D. I am a representative authorized, in writing, by any of the aforementioned (categories A - C). (The written and signed authorization must accompany this application. See item 1 on page 2.) Specify whom you represent: _____ <input type="checkbox"/> E. 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. (Proof is required.) Specify interest: _____ <input type="checkbox"/> F. Uncertified copy (informational purposes only; not valid for legal purposes) - Persons not in categories A - E above OR who do not need a copy for legal purposes. (See item 1 on page 2.)					
PURPOSE FOR WHICH CERTIFICATE IS REQUESTED (Specify. This information will assist us in processing your request.)						

III. FEES	<input type="checkbox"/> Search Fee (includes one copy of the birth certificate, if found) \$ 20.00 <u>20.00</u>
	<input type="checkbox"/> Each additional copy of the same record, issued at the same time as the first copy _____ X 3.00 _____ No. of Copies TOTAL _____
NOTE: FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND.	

IV. BIRTH RECORD INFORMATION	BIRTH NAME - First		Middle	Last Name as it appears on the birth certificate	
	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE (Month / Day / Year)	PLACE OF BIRTH - County	PLACE OF BIRTH - City, Village, or Township	
	Mother's Last Name ("Maiden Name") as it appears on the birth certificate		Mother's First Name	Mother's Middle Name	
	Father's Last Name as it appears on the birth certificate		Father's First Name	Father's Middle Name	

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 birth certificate in accordance with the categories listed above.

SIGNATURE - Applicant (Person Named in Part I Who is Completing This Application)	Date Signed (Month / Day / Year)
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FOR OFFICE USE ONLY		
File Date	Mother's County of Residence (at time of birth)	Certificate Number