

## WISCONSIN BIRTH CERTIFICATE APPLICATION

Please complete this form and return it to the following address with a self-addressed stamped envelope and appropriate fee.  
 Please make check or money order payable to: **VITAL RECORDS.**

**Mail to: Vital Records, P. O. Box 309, Madison WI 53701-0309.**

**PENALTIES:** Any person who willfully and knowingly makes false application for a birth certificate shall be fined not more than \$10,000 or imprisoned not more than 3 years or both.

THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION		
<b>APPLICANT INFORMATION</b>	YOUR Name (Please Print)	
	YOUR Signature <span style="float: right;">Today's Date</span>	
	YOUR Daytime Telephone Number ( )	
	YOUR Street Address <span style="float: right;">Mail To Address (if different)</span>	
	City/State/Zip <span style="float: right;">City/State/Zip</span>	
<b>According to Wisconsin State Statute, a CERTIFIED copy of a BIRTH record is only available to a person with a "Direct and Tangible Interest". If you do not meet the criteria for boxes A – F, you can only receive an uncertified copy.</b>		
<b>RELATIONSHIP TO PERSONS NAMED ON THE CERTIFICATE</b>	Please check one box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the record:	
	<input type="checkbox"/> A. I AM the person NAMED on the record.	
	<input type="checkbox"/> B. I am the PARENT of the person NAMED on the record, 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 by a court or by a Voluntary Paternity Acknowledgement before he may obtain a copy of the record under this category.	
	<input type="checkbox"/> C. I am the Legal Custodian or Guardian of the person NAMED on the record.	
	<input type="checkbox"/> D. I am a member of the immediate family of the person NAMED on the record. <b>PLEASE CIRCLE ONE:</b> (Only those listed below qualify as immediate family) Spouse                  Child                  Brother                  Sister                  Grandparent	
	<input type="checkbox"/> E. I am a representative authorized, in writing, by any of the aforementioned (A through D). Specify whom you represent: _____	
<input type="checkbox"/> F. I can demonstrate that the information from the record is necessary for the determination or protection of a personal or property right for myself/my client/my agency. Specify interest: _____		
<input type="checkbox"/> <b>Other: Uncertified copy only. Copy will not be valid for identification purposes.</b>		
<b>FEES</b>	<input type="checkbox"/> \$12.00 First copy	
	<input type="checkbox"/> \$2.00 Each additional copy of the same record, issued at the same time as the first copy. <b>Note:</b> The fee is for a search and first copy. The fee is NOT REFUNDABLE if no record is found.	
<b>BIRTH INFORMATION</b>	<b>FIRST NAME</b> <span style="float: right;"><b>MIDDLE NAME</b> <span style="float: right;"><b>LAST NAME AT BIRTH</b></span></span>	
	<b>SEX</b> <span style="float: right;"><b>MONTH</b> <b>DAY</b> <b>YEAR</b> <b>CITY</b> <b>COUNTY</b></span>	
	<b>MOTHER'S MAIDEN NAME</b> <span style="float: right;"><b>FIRST NAME</b> <b>MIDDLE NAME</b></span>	
	<b>FATHER'S LAST NAME</b> <span style="float: right;"><b>FIRST NAME</b> <b>MIDDLE NAME</b></span>	
	<b>CERTIFICATE NUMBER IF KNOWN</b>	
	<b>Below is FOR OFFICE USE ONLY</b>	
<b>File Date</b>	<b>Mother's County</b>	