

**WISCONSIN BIRTH CERTIFICATE APPLICATION**

I.D. Verification \_\_\_\_\_

Please complete this form and return it to the following address. Include a self addressed stamped envelope and appropriate fees. Please make the check or money order payable to:

**Register of Deeds  
505 Broadway  
Baraboo, WI 53913**

**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.

NAME ON RECORD \_\_\_\_\_  
First Middle Last (at birth)

Sex:  M  F DATE OF BIRTH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

PLACE OF BIRTH: City, Village, Township \_\_\_\_\_ County \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_  
First Middle Last

FATHER'S NAME: \_\_\_\_\_  
First Middle Last

According to Wisconsin State Statute, a certified copy of a birth record is only available to person with a "Direct and Tangible Interest". **Check one box which indicates your interest in the birth certificate.**

- A. I am the person named on the record.
- 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 paternity acknowledgment before he may obtain a copy of the record under this category.
- C. I am the legal custodian or guardian of the person named on the record.
- D. I am a member of the immediate family of the person named on the record. (Only those listed below qualify as immediate family):  
Check one: \_\_\_ Spouse \_\_\_ Child \_\_\_ Brother \_\_\_ Sister \_\_\_ Grandparent
- E. I am a representative, authorized in writing, by any of the aforementioned. The written authorization must accompany this application. Specify whom you represent: \_\_\_\_\_
- F. I can demonstrate that the information from this record is necessary for the determination or protection of a personal or property right for myself/my client/my agency. Specify Interest: \_\_\_\_\_
- G. Other: Non-certified copy only. Non-marital births are only available to persons in categories A through F. Copy will not be valid for identification purposes.

**FEES:** First copy is \$20.00. Each additional copy of the same record issued at the same time is \$3.00.

Number of copies of this record you are requesting \_\_\_\_\_.

Applicant Information (the following information is about the person completing this form):

Your Name (please print): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Your Daytime Phone Number: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_  
Street City State Zip