

WISCONSIN DEATH 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 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)].

NAME OF DECEDENT: _____

First Middle Last

DATE OF DEATH: Month _____ Day _____ Year _____ Age or Birth Date: _____

PLACE OF DEATH: City, Village, Township _____ County _____

SPOUSE'S NAME: _____ SSN OF DECEDENT: _____

MOTHER'S FULL NAME, INCLUDING MAIDEN NAME: _____

FATHER'S FULL NAME: _____

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

CERTIFIED COPY

- A. I am a **member of the immediate family** of the person named on the death certificate. (Only those listed below qualify as immediate family):
Check one: ___ Spouse ___ Child ___ Parent ___ Brother ___ Sister ___ Grandparent
- B. I am the **legal custodian or guardian** of the person named on the death certificate.
- C. I am a **representative who is authorized**, in writing, by any of the aforementioned. The written authorization must accompany this application. Specify whom you represent: _____
- D. I can demonstrate that the information from the death certificate is necessary for the **determination or protection of a personal or property right** for myself/my client/my agency (includes funeral director, informant and medical certifier named on the record). Specify Interest: _____

NON-CERTIFIED COPY

- E. I am a **direct descendent** of the person named on the death certificate (blood grandchild, great grandchild, etc.). (I may receive a non-certified copy of both the "Fact of Death" certificate and the "Extended Fact of Death" certificate.)
- F. Other: Non-certified copy only. Copy will not be valid for legal purposes.

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

Number of certified copies of this record you are requesting _____

(Fact of Death & Extended Fact of Death only pertains to deaths occurring as of January 1, 2003)

- Fact of Death Certificate (**without** cause of death & disposition) # of copies _____
- Extended Fact of Death Certificate (**with** cause of death & disposition) # of copies _____
(can be used for insurance benefit claims)

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

Your Name (please print): _____ Today's Date: _____

Your Signature: _____ Your Daytime Phone Number: _____

Your Mailing Address: _____
Street City State Zip