WISCONSIN MARRIAGE 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 marriage certificate shall be fined not more than $1,000 or imprisoned not more than 90 days or both.

NAME OF GROOM: _____
First Middle Last

NAME OF BRIDE (MAIDEN): _____
First Middle Last (Maiden)

DATE OF MARRIAGE: Month _____ Day _____ Year _____

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

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

- ☐ A. I am one of the persons named on the record.
- ☐ B. I am the parent of one of the persons named on the record.
- ☐ C. I am the legal custodian or guardian of one of the persons named on the record.
- ☐ D. I am a member of the immediate family of one of the persons 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. 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