#### **DEPARTMENT OF HEALTH SERVICES**

Division of Public Health

F-05280 (Rev. 11/2016)

# WISCONSIN DEATH CERTIFICATE APPLICATION

STATE OF WISCONSIN

Wis. Stat. § 69.21 Page 1 of 2

(for Mail or In-Person Requests)

TYPE or PRINT.

PENALTIES:	Any person who illegally possesses any vital	record with knowledge that the vital record has be	een illegally obtained 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 Wis. Stat. § 69.2	24(1)].

NOL	CURRENT NAME - First	Last		MAIL TO NAME - First (if different)		Last	t		
APPLICANT INFORMATION	YOUR <b>STREET</b> ADDRESS ( <i>CANNOT be a P.O. Box address)</i> Apt. No.			MAIL TO ADDRESS (if different than street address) Apt. No.					
OR									
INF	City	State	ZIP Code	City			State	ZIP (	Code
L N									
CA	DAYTIME TELEPHONE NUMBER			EMAIL AI	MAIL ADDRESS				
ΡΓΙ	( )								
AP	TYPE OF CURRENT VALID PHOT (See item 4, on page 2.)	O ID PHOTO ID NU	IMBER		ST	ATE OF ISSUAN	ICE	EXPIRATION	DATE
-									
	Per Wis. Stat. § 69.20(1), a CERTIFIED copy of a death certificate is only available to those with a "direct and tangible interest." (A–D)								
IONSHIP TO CERTIFICATE	CHECK ONE box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the death certificate.								
P T	<ul> <li>A. I am a member of the immediate family of the person named on the death certificate.</li> <li>Parent (My name is on the death certificate and my parental rights have not been terminated.)</li> </ul>								
E E	Brother / Sister								
N N N	Maternal Grandparen	·		urrent Dom	estic Partne	er (registered in th	e Wis. \	/ital Records S	System)
ELATI THE (	B. I am the legal custod								
RELATIONSHIP TO N THE CERTIFICAT	C. 🗌 I am a representative	e authorized by any	person in categor	y A or B, ir	cluding an a	attorney.			
S F O O	Specify the person you re								
APPLICANT'S SON NAMED C	Specify the person you represent: D I can demonstrate the death certificate is necessary for the determination or protection of a personal or property right.     Specify your interest: E I am a direct descendent of the decedent and am requesting an uncertified copy of the death certificate.     F None of the above. I am requesting an uncertified copy. (Copy will not be valid for identity or legal purposes.)  NOTE: Stepparents, stepphildren, stephrethers / stepsisters may only obtain certified copies as categories R. D.								
	Specify your interest: E I am a <b>direct descen</b>	dent of the decedent	and am requestir	ng an unce	rtified copy	of the death cert	ificate		
PPL	F. None of the above. I			-				es.)	
RSC A	NOTE: Stepparents, stepchildren							- /	
PER:	PURPOSE FOR WHICH CERTIFI	CATE IS REQUEST	ED:						
	FIRST COPY FEE							\$ 20.00	\$20.00
	Fact of Death (without cause of death) (sufficient for most financial transactions)								
~	OR <u>Extended Fact of Death (with cause of death)</u> (for insurance benefit claims)								
FEES	EACH ADDITIONAL CO				,				
_							>	<\$ 3.00	
≡					Nur	mber of Additional C	opies	τ φ 0.00	
	Extended Fact of Death							X \$ 3.00	
					Nur	mber of Additional C	opies	TOTAL	
Submi	t your application materials	s and fee to:							
	re to include: C completed f		hle identificatio	n 🗆 na	vment 🗔	any additiona	Inroof	or authorize	ation required
De Sul				л, 🗆 ра	yment, 🔄	any additiona	i piooi		allon required
	NAME OF DECEDENT - First	Middle		Last			DA	TE OF DEAT	H (MM/DD/YYYY)
RD									
0 S N	PLACE OF DEATH - County	PLACE OF DE	EATH – City, Villa	ge, or Tow	nship *	DECEDE	NT'S SC	CIAL SECUR	ITY NUMBER *
ATI									
RM	DECEDENT'S AGE / BIRTHDATE * DECEDENT'S OCCUPATION * NAME OF DECEDENT'S SPOUSE *								
DEATH RECORD NFORMATION									
_	NAME OF DECEDENT'S PARENT *				NAME OF DECEDENT'S PARENT *				
N.									
	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							d to copies of	
	the requested death certificate in accordance with the categories listed above.         SIGNATURE (Applicant)         Date Signed (MM/DD/YYYY)								
					sale olgino		,		

\*The fields marked with an asterisk (\*) do not have to be completed. The information is helpful but not required.

### 1. What is the difference between a "certified" and an "uncertified" copy of a death certificate?

#### A CERTIFIED COPY:

- Is printed on security paper, has a raised seal, and shows the signature of the State Registrar or Local Registrar.
- Can be used for legal purposes.
- Can only be obtained with a direct and tangible interest as defined in Wis. Stat. § 69.20(1).

#### AN UNCERTIFIED COPY:

- Is printed on plain paper and marked "uncertified."
- Is for information purposes only and cannot be used for identity or legal purposes. •
- Contains the same information as a certified copy.

### 2. Limitations on access to cause of death information

Certified and uncertified copies of death records shall not include the extended fact of death (cause of death) unless 50 years have elapsed from the year in which the death occurred or the requestor has a direct and tangible interest per Wis. Stat. § 69.20(1), or is a direct descendent of the decedent.

## 3. How long will it take to process my request?

### APPLYING IN PERSON

APPLYING BY MAIL

### 4. What identification is required when applying for a death certificate?

Requests for certified copies require proof of identification. Applicant's original ID is required for in-person applications. A photocopy of the applicant's ID is required for mail applications.

### At least one form of ID must show your name and address. Expired cards or documents will not be accepted.

Examples of acceptable forms of identification include:

<u>OR</u>	Two of these:
	<ul> <li>Bank/Earnings statement</li> </ul>
	<ul> <li>Current, dated, signed lease</li> </ul>
	<ul> <li>Health insurance card</li> </ul>
	<ul> <li>Utility bill or traffic ticket</li> </ul>
	<u>OR</u>

Vehicle registration/title

If you have questions regarding this form, please call or visit our website at