

## WISCONSIN BIRTH CERTIFICATE APPLICATION

(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 been 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. § 69.24(1)].

|                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                         |          |                                                  |                   |       |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|----------|--------------------------------------------------|-------------------|-------|-----------------|
| <b>I. APPLICANT INFORMATION</b>                                                                                                                                                                                                                                                           | CURRENT NAME - First                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | Last                    |          | MAIL TO NAME - First (if different)              |                   | Last  |                 |
|                                                                                                                                                                                                                                                                                           | YOUR STREET ADDRESS ( <i>CANNOT be a P.O. Box address</i> ) Apt. No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                         |          | MAIL TO ADDRESS (if different) Apt. No           |                   |       |                 |
|                                                                                                                                                                                                                                                                                           | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | State                   | ZIP Code | City                                             |                   | State | ZIP Code        |
|                                                                                                                                                                                                                                                                                           | DAYTIME TELEPHONE NUMBER<br>(       )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                         |          | EMAIL ADDRESS                                    |                   |       |                 |
|                                                                                                                                                                                                                                                                                           | TYPE OF CURRENT VALID PHOTO ID<br>(See item 4 on page 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | PHOTO ID NUMBER         |          |                                                  | STATE OF ISSUANCE |       | EXPIRATION DATE |
| <b>II. APPLICANT'S RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE</b>                                                                                                                                                                                                                    | Per Wis. Stat. § 69.20(1), a <b>CERTIFIED</b> copy of a birth certificate is only available to those with a "direct and tangible interest." (A-E)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                         |          |                                                  |                   |       |                 |
|                                                                                                                                                                                                                                                                                           | CHECK ONE box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the birth certificate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                         |          |                                                  |                   |       |                 |
|                                                                                                                                                                                                                                                                                           | A. <input type="checkbox"/> I am the PERSON NAMED on the birth certificate.<br>B. I am a <b>member of the immediate family</b> of the person named on the birth certificate.<br><input type="checkbox"/> Parent (My name is on the birth certificate and my parental rights have not been terminated.)<br><input type="checkbox"/> Brother / Sister <input type="checkbox"/> Current Spouse <input type="checkbox"/> Child<br><input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Current Domestic Partner (registered in the Wis. Vital Records System)<br>C. <input type="checkbox"/> I am the <b>legal custodian or guardian</b> of the person named on the birth certificate.<br>D. <input type="checkbox"/> I am a <b>representative authorized</b> by any person in category A, B or C, including an attorney.<br>Specify the person you represent: _____<br>E. <input type="checkbox"/> I can demonstrate the birth certificate is necessary for the <b>determination or protection of a personal or property right</b> .<br>Specify your interest: _____<br>F. <input type="checkbox"/> None of the above. I am requesting an <b>uncertified</b> copy. (Copy will not be valid for identity or legal purposes.) |                        |                         |          |                                                  |                   |       |                 |
|                                                                                                                                                                                                                                                                                           | NOTE: Grandchildren, stepparents, stepchildren and stepbrothers / stepsisters may only obtain certified copies as categories C-E.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                         |          |                                                  |                   |       |                 |
| <b>III. FEES</b>                                                                                                                                                                                                                                                                          | PURPOSE FOR WHICH CERTIFICATE IS REQUESTED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                         |          |                                                  |                   |       |                 |
|                                                                                                                                                                                                                                                                                           | First Copy Fee ..... \$ 20.00 <u>20.00</u><br>Each additional copy of the same record, issued at the same time as the first copy _____ X \$ 3.00 _____<br><div style="text-align: right;">Number of additional copies</div> <div style="text-align: right;"><b>TOTAL</b> _____</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                         |          |                                                  |                   |       |                 |
| <b>Submit your application materials and fee to:</b><br><b>Be sure to include:</b> <input type="checkbox"/> completed form, <input type="checkbox"/> acceptable identification, <input type="checkbox"/> payment, <input type="checkbox"/> any additional proof or authorization required |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                         |          |                                                  |                   |       |                 |
| <b>IV. BIRTH RECORD INFORMATION</b>                                                                                                                                                                                                                                                       | BIRTH NAME - First                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        | Middle                  |          | Last Name as it appears on the birth certificate |                   |       |                 |
|                                                                                                                                                                                                                                                                                           | SEX<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BIRTHDATE (MM/DD/YYYY) | PLACE OF BIRTH - County |          | PLACE OF BIRTH - City, Village, or Township      |                   |       |                 |
|                                                                                                                                                                                                                                                                                           | PARENT'S BIRTH NAME - First                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | Middle                  |          | Last                                             |                   |       |                 |
|                                                                                                                                                                                                                                                                                           | PARENT'S BIRTH NAME - First                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | Middle                  |          | Last                                             |                   |       |                 |
| 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 the requested birth certificate in accordance to the categories listed above.                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                         |          |                                                  |                   |       |                 |
| SIGNATURE (Applicant)                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                         |          | Date Signed (MM/DD/YYYY)                         |                   |       |                 |

Important: Signature and payment are required for processing.

**1. What is the difference between a “certified” and an “uncertified” copy of a birth 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 certain birth certificates**

According to Wis. Stat. ch. 69, uncertified copies of the following types of birth certificates may not be obtained by anyone:

- A child born to unmarried parents and paternity has not been established.
- A child born to unmarried parents and paternity was established by court order.

**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 birth 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:

**One of these:**

- State issued driver’s license or ID card
- US Government issued photo ID
- US or Foreign passport
- Tribal or Military ID card

**OR**

**Two of these:**

- Bank/Earnings statement
- Current, dated, signed lease
- Health insurance card
- Utility bill or traffic ticket
- Vehicle registration/title

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