DEPARTMENT OF HEALTH SERVICES

Division of Public Health F-05291 (Rev. 11/2016)

STATE OF WISCONSIN

Wis. Stat. § 69.21 Page 1 of 2

TYPE or PRINT.

(for Mail or In-Person Requests)

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)].

	CURRENT NAME - First Last		MAIL TO NAME - First (if o	<i>lifferent)</i> Last	
N					
АТІС	YOUR STREET ADDRESS (CANNOT be a P.O. Box address) Apt. No MAIL TO ADDRESS (if different) Apt. No				
DRM					
APPLICANT INFORMATION	City State	e ZIP Code	City	State	ZIP Code
го/	DAYTIME TELEPHONE NUMBER EMAIL ADDRESS				
АРР					
-	TYPE OF CURRENT VALID PHOTO ID (See item 4 on page 2.)	TO ID NUMBER		STATE OF ISSUANCE	EXPIRATION DATE
	Per Wis Stat & 69 20(1) a CERTIFIED copy	of a hirth cortificate is	s only available to those wi	th a "direct and tangible	interest " (A_F)
с Ш	Per Wis. Stat. § 69.20(1), a CERTIFIED 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.				
P TC	A. I am the PERSON NAMED on the birth certificate.				
SHIF	 B. I am a member of the immediate family of the person named on the birth certificate. Parent (My name is on the birth certificate and my parental rights have not been terminated.) 				
Brother / Sister Current Spouse					
LAT HE	CHECK ONE box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the birth certificate. A. I am the PERSON NAMED on the birth certificate. B. I am a member of the immediate family of the person named on the birth certificate. I am a member of the immediate family of the person named on the birth certificate. I am a member of the immediate family of the person named on the birth certificate. I am a member of the immediate family of the person named on the birth certificate. I am a member of the immediate family of the person named on the birth certificate. I am the legal custodian or guardian of the person named on the birth certificate. I am the legal custodian or guardian of the person named on the birth certificate. D. I am a representative authorized by any person in category A, B or C, including an attorney.				
RE N T					
	Specify the person you represent:				
CAN	E. I can demonstrate the birth certificate is necessary for the determination or protection of a personal or property right. Specify your interest:				
APPLICANT'S SON NAMED O	Specify your interest: F. None of the above. I am requesting an uncertified copy. (Copy will not be valid for identity or legal purposes.)				
. AF RSC	NOTE: Grandchildren, stepparents, stepchildren and stepbrothers / stepsisters may only obtain certified copies as categories C-E. PURPOSE FOR WHICH CERTIFICATE IS REQUESTED:				
PER:	PURPOSE FOR WHICH CERTIFICATE IS REQUESTED:				
	First Copy Fee				
FEES	Each additional copy of the same record, issued at the same time as the first copy X \$ 3.00				
Number of additional copie					
	FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATION REQUESTS ARE NOT ACCEPTED. TOTAL				
Submit your application materials and fee to: STATE VITAL RECORDS OFFICE / PO BOX 309 / MADISON, WI 53701-0309 Be sure to include: Completed form, Cacceptable identification, Cacceptable identificat					
self-addressed, stamped, business-size envelope, and any additional proof or authorization required					
Make check or money order payable to: STATE OF WIS. VITAL RECORDS					
	BIRTH NAME - First	Middle	Last	Name as it appears on the second s	he birth certificate
N N	SEX BIRTHDATE (MM/DD/YYY	Y) PLACE OF BIRTH	County DLA(CE OF BIRTH – City, Villa	
LECC TIO	SEX BIRTHDATE (MM/DD/YYY		- County PLAC	CE OF BIRTH - City, Villa	ge, or rownship
TH R SMA	PARENT'S BIRTH NAME – First	Middle	Last		
BIRTH RECORD NFORMATION					
	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)					
			Dati		

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

- Requests for **certified** copies of birth certificates are usually completed within 2 business hours of application, if the birth certificate is on file.
- Requests for **uncertified** copies of birth certificates are not completed on the same schedule as requests for certified copies. Inperson requests for uncertified copies may take up to 1 month to complete.

APPLYING BY MAIL

- Requests for certified copies of birth certificates may take up to 2 weeks plus mail time to complete.
- Requests for **uncertified** copies of birth certificates are not completed on the same schedule as certified copies. Mail requests for uncertified copies may take up to 1 month plus mail time.

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

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 608-266-1373 or visit our website at <u>https://www.dhs.wisconsin.gov/vitalrecords</u>