

WISCONSIN BIRTH CERTIFICATE APPLICATION

Please complete this form and return it to the following address with a self-addressed stamped envelope and appropriate fee. Make check or money order payable to:

**WASHINGTON COUNTY REGISTER OF DEEDS
SHARON A MARTIN
PO BOX 1986, WEST BEND WI 53095-7986
(262) 335-4321**

PENALTIES: Any person who willfully and knowingly makes a false application for a BIRTH CERTIFICATE shall be fined not more than \$1,000 or imprisoned not more than 90 days, or both, per s. 69.24(2), Wis. Stats. Any person who willfully and knowingly obtains a BIRTH CERTIFICATE for fraudulent purposes 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 s. 69.24(1), Wis. Stats.].

I. BIRTH CERTIFICATE INFORMATION	FIRST NAME (as listed on BIRTH CERTIFICATE)	Middle	Last Name (Maiden)
	DATE OF BIRTH (MM/DD/YYYY)	M/F	PLACE OF BIRTH (City/Village/Township) - COUNTY
	MOTHER'S MAIDEN NAME	FATHER'S NAME	

II. APPLICANT'S RELATIONSHIP TO PERSON(S) NAMED ON THE BIRTH CERTIFICATE	According to Wisconsin Statute, a CERTIFIED copy of a BIRTH CERTIFICATE is only available to those with a "direct and tangible interest" (categories A - E).		
	<p>Check one box which indicates YOUR RELATIONSHIP to one of the PERSON NAMED on the BIRTH CERTIFICATE</p> <p><input type="checkbox"/> A. I am the PERSON NAMED on the record.</p> <p><input type="checkbox"/> B. I am the Parent of the person named on the BIRTH CERTIFICATE and my parental rights have not been terminated. (Note: In the case of a non-marital child, the father's rights must have been established by a court or paternity affidavit before he may obtain a copy of the record under this category.)</p> <p><input type="checkbox"/> C. I am the Legal Custodian or Guardian of the person named on the record.</p> <p><input type="checkbox"/> D. I am a member of the immediate family of one of the PERSON NAMED on the BIRTH CERTIFICATE. (Only those listed below qualify as immediate family.) CHECK ONE. <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Brother / Sister <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent (see item B for limitations)</p> <p><input type="checkbox"/> E. I am a representative authorized, in writing, by any of the aforementioned (categories A - B). Specify whom you represent. _____</p> <p><input type="checkbox"/> F. I can demonstrate that the information from the BIRTH CERTIFICATE is necessary for the determination or protection of a personal or property right for myself/my client/my agency. (Proof is required.) Specify interest. _____</p>		

III. APPLICANT INFORMATION	The information in Section III is about the person completing this application.					
	YOUR CURRENT NAME - First			Middle	Last	YOUR DAYTIME TELEPHONE NUMBER
						())
	YOUR STREET ADDRESS (CANNOT be a P.O. Box address) Apt. No.			MAIL TO ADDRESS (if different) Apt. No.		
City, Village, or Township		State	Zip Code	City or Village		State Zip Code

IV. FEES	FEE IS NOT REFUNDABLE. CANCELLATION REQUESTS ARE NOT ACCEPTED.	
	<input checked="" type="checkbox"/> First Copy Fee	\$ 20.00 <u>20.00</u>
	<input type="checkbox"/> Each additional copy of the same record, issued at the same time as the first copy	X \$ 3.00 _____ Number of Copies
		TOTAL _____

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 with the categories listed above.

SIGNATURE - Applicant (Person Completing Application)	Date Signed (Month / Day / Year)
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Make check or money order payable to: Washington County Register of Deeds	Mail your application materials and fee to: Washington County Register of Deeds, PO Box 1986, West Bend WI 53095-7986 Be sure to include (1) completed form, (2) acceptable identification, (3) any additional proof or authorization required, (4) self-addressed, stamped, business-size envelope, and (5) check or money order.
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FOR OFFICE USE ONLY			
TYPE OF VALID PHOTO ID	PHOTO ID NUMBER	STATE OF ISSUANCE (Indicate country, if not issued in U.S.A.)	EXPIRATION DATE
File Number	Washington County Serial Numbers		