

WISCONSIN DEATH 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 DEATH 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 DEATH 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. DEATH CERTIFICATE INFORMATION	DECEDENT'S NAME (as listed on DEATH CERTIFICATE) - First		Middle	Last Name	
	DATE OF DEATH (MM/DD/YYYY)		AGE	PLACE OF DEATH (City/Village/Township)	
	SPOUSE'S NAME		FATHER'S NAME/MOTHER'S NAME (MAIDEN)		
II. APPLICANT'S RELATIONSHIP TO PERSON(S) NAMED ON THE CERTIFICATE	According to Wisconsin Statute, a CERTIFIED copy of a DEATH CERTIFICATE is only available to those with a "direct and tangible interest" (categories A – E).				
	<p style="text-align: center;">Check one box which indicates YOUR RELATIONSHIP to one of the PERSON NAMED on the DEATH CERTIFICATE</p> <p><input type="checkbox"/> A. I am a member of the immediate family of one of the PERSON NAMED on the DEATH 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</p> <p><input type="checkbox"/> B. I am the legal guardian of one of the PERSON NAMED on the DEATH CERTIFICATE. (Legal proof is required.)</p> <p><input type="checkbox"/> C. I am a representative authorized, in writing, by any of the aforementioned (categories A - B). Specify whom you represent. _____</p> <p><input type="checkbox"/> D. I can demonstrate that the information from the DEATH 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> <p><input type="checkbox"/> E. I am a direct descendent of the PERSON NAMED on the DEATH CERTIFICATE (blood grandchild, great grandchild, etc).. (I may receive a noncertified copy of both the "Fact of Death" certificate and the "Extended Fact of Death" certificate). Specify relationship. _____</p>				
III. APPLICANT INFORMATION	The information in Section III is about the person completing this application.				
	YOUR CURRENT NAME - First			Middle	Last
	YOUR STREET ADDRESS (CANNOT be a PO Box address) Apt. No.			MAIL TO ADDRESS (if different) Apt. No.	
City, Village, or Township			State	Zip Code	
			City or Village	State	
			Zip Code	State	
			Zip Code	State	
IV. FEES	FEE IS NOT REFUNDABLE. CANCELLATION REQUESTS ARE NOT ACCEPTED.				
	First Copy Fee	<input type="checkbox"/> Fact of Death	or <input type="checkbox"/> Extended Fact of Death	\$ 20.00 <u>20.00</u>	
	Each additional copy of the same record, issued at the same time as the first copy		Number of Copies		
	<input type="checkbox"/> Fact of Death		X \$ 3.00	<u> </u>	
<input type="checkbox"/> Extended Fact of Death		X \$ 3.00	<u> </u>		
TOTAL Number of copies			TOTAL \$	<u> </u>	
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 DEATH CERTIFICATE in accordance with the categories listed above.					
SIGNATURE - Applicant (Person Completing Application)			Date Signed (Month / Day / Year)		
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.					
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		web		