

# WISCONSIN DECLARATION OF DOMESTIC PARTNERSHIP 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 declaration of domestic partnership 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 declaration of domestic partnership 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.].

<b>I. DECLARATION OF DOMESTIC PARTNERSHIP INFORMATION</b>	PARTNER A NAME (as listed on declaration of domestic partnership) - First	Middle	Last Name
	PARTNER B NAME (as listed on declaration of domestic partnership) - First	Middle	Last Name
	COUNTY (where the declaration of domestic partnership was filed)	DATE FILED (Month/Day/Year the declaration was filed at the Register of Deeds Office)	

<b>II. APPLICANT'S RELATIONSHIP TO PERSON(S) NAMED ON THE DECLARATION</b>	According to Wisconsin Statute, a <b>CERTIFIED</b> copy of a declaration of domestic partnership is only available to those with a "direct and tangible interest" (categories A - E below.)		
	<p style="text-align: center;"><b>Check one box which indicates YOUR RELATIONSHIP to one of the PERSONS NAMED on the declaration of domestic partnership.</b></p> <p><input type="checkbox"/> A. I am one of the PERSONS NAMED on the declaration of domestic partnership.</p> <p><input type="checkbox"/> B. I am a <b>member of the immediate family</b> of one of the PERSONS NAMED on the declaration of domestic partnership. (Only those listed below qualify as immediate family. NOTE: Grandchildren, step-parents, and step-children may only obtain certified copies as C - E.)</p> <p style="text-align: center;">CHECK ONE.    <input type="checkbox"/> Parent (whose name is on either domestic partner's birth certificate and whose parental rights have <u>not</u> been terminated)    <input type="checkbox"/> Child</p> <p style="text-align: center;">                  <input type="checkbox"/> Current Domestic Partner (registered in the Wis. State Vital Records system)    <input type="checkbox"/> Current Spouse    <input type="checkbox"/> Brother / Sister    <input type="checkbox"/> Grandparent</p> <p><input type="checkbox"/> C. I am the <b>legal guardian</b> of one of the PERSONS NAMED on the declaration of domestic partnership. (Legal proof is required. See item 1 on page 2.)</p> <p><input type="checkbox"/> D. I am a <b>representative authorized</b>, in writing, by any of the aforementioned (categories A - C).</p> <p style="padding-left: 20px;">Specify whom you represent. _____</p> <p><input type="checkbox"/> E. I can demonstrate that the information from the declaration of domestic partnership is necessary for the <b>determination or protection of a personal or property right</b> for myself/my client/my agency. (Proof is required.)</p> <p style="padding-left: 20px;">Specify interest. _____</p>		

<b>III. APPLICANT INFORMATION</b>	<b>The information in Section III is about the person completing this application.</b>					
	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

<b>IV. FEES</b>	<b>FEE IS NOT REFUNDABLE. CANCELLATION REQUESTS ARE NOT ACCEPTED.</b>					
	<input checked="" type="checkbox"/>	First Copy Fee .....	\$ 20.00	20.00		
	<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		
<b>TOTAL</b> _____						

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 Declaration of domestic partnership in accordance with the categories listed above.

SIGNATURE - Applicant (Person Completing Application)	Date Signed (Month / Day / Year)
---	----------------------------------

Make check or money order payable to: <b>Washington County Register of Deeds</b>	Mail your application materials and fee to: <b>Washington County Register of Deeds, PO Box 1986, West Bend WI 53095-7986</b> <b>Be sure to include</b> (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.
---	---

<b>FOR OFFICE USE ONLY</b>			
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		

**1. What is a “certified” copy of a declaration of domestic partnership?**

A **certified** copy of a declaration of domestic partnership issued by the Vital Records Office will have a raised seal, will show the signature of the Registrar, and will be printed on security paper. A certified copy may be required to assert legal rights that apply to domestic partners.

State law restricts who may obtain a **certified** copy of a declaration of domestic partnership certificate. A **certified** copy can only be issued to those people with a “direct and tangible interest” (section II, categories A – E) which means the following people:

- One of the partners named on the declaration of domestic partnership (section II, category A).
- An immediate family member, defined as domestic partner (current partner of one of the partners), current spouse, child, parent (whose name is on one of the domestic partner’s birth certificates and whose parental rights have not been terminated), brother/sister, or grandparent of a subject of the record (section II, category B).
- NOTE: Grandchildren, step-parents, and step-children can only obtain certified copies as C – E.
- The legal guardian of a partner named on the declaration of domestic partnership. Legal proof, *e.g.*, a court order of guardianship, is required. (section II, category C).
- A person authorized in writing by one of the above. Written authorization must accompany the application and the authorization must clearly state the relationship of the authorizing party to the subject of the record (section II, category D).
- A person who can demonstrate that the declaration of domestic partnership is required to determine or to protect a personal or property right (section II, category E). Proof is required.

If you do not meet one of the above criteria, you cannot receive a **certified** copy of a declaration of domestic partnership.

**2. How long will it take to process my request?**

Copies of declarations of domestic partnership are available from the Vital Records Office from the date of filing the declaration of domestic partnership at the Register of Deeds Office.

• **Applying in Person**

In-person requests for **certified** copies of declarations of domestic partnership are usually completed upon receipt or within one business hour of application, if the declaration of domestic partnership is on file.

• **Applying by Mail**

Requests for **certified** copies of declarations of domestic partnership are usually completed and mailed the same day they are received, if the declaration of domestic partnership is on file.

**3. How will the certificate be sent?**

Declarations of domestic partnership are mailed in one of three ways:

- a self-addressed, stamped envelope provided by the applicant
- a pre-paid carrier envelope provided by the applicant (*e.g.*, express carriers)
- first-class mail

**NOTE:** It is illegal to FAX declarations of domestic partnership.

**4. What identification is required when applying for a certified copy of a declaration of domestic partnership?**

A current valid photo ID (*e.g.*, Wisconsin Driver’s License, Wisconsin State Identification Card, passport, Military Identification Card) is required when applying in person.) A photocopy of the applicant’s current valid photo ID must accompany all mail applications.

**If you have questions regarding this form, please call 262-335-4321  
or visit the State website at [www.dhs.wi.gov/vitalrecords](http://www.dhs.wi.gov/vitalrecords)**