

WISCONSIN MARRIAGE 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 MARRIAGE 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 MARRIAGE 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. MARRIAGE CERTIFICATE INFORMATION	GROOM NAME (as listed on MARRIAGE CERTIFICATE) - First	Middle	Last Name
	BRIDE NAME (as listed on MARRIAGE CERTIFICATE) - First	Middle	Last Name
	DATE OF MARRIAGE (Month/Day/Year)	PLACE OF MARRIAGE (City/Village/Township)	

II. APPLICANT'S RELATIONSHIP TO PERSON(S) NAMED ON THE CERTIFICATE	According to Wisconsin Statute, a CERTIFIED copy of a MARRIAGE CERTIFICATE is only available to those with a "direct and tangible interest" (categories A – E below.)		
	<p style="text-align: center;">Check one box which indicates YOUR RELATIONSHIP to one of the PERSONS NAMED on the MARRIAGE CERTIFICATE.</p> <p><input type="checkbox"/> A. I am one of the PERSONS NAMED on the MARRIAGE CERTIFICATE.</p> <p><input type="checkbox"/> B. I am the Parent one of the PERSONS NAMED on the MARRIAGE CERTIFICATE.</p> <p><input type="checkbox"/> C. I am the legal guardian of one of the PERSONS NAMED on the MARRIAGE CERTIFICATE. (<i>Legal proof is required.</i>)</p> <p><input type="checkbox"/> D. I am a member of the immediate family of one of the PERSONS NAMED on the MARRIAGE CERTIFICATE. (<i>Only those listed below qualify as immediate family. NOTE: Grandchildren, step-parents, and step-children may only obtain certified copies as C – E.</i>)</p> <p style="margin-left: 20px;">CHECK ONE. <input type="checkbox"/> Current Spouse <input type="checkbox"/> Child <input type="checkbox"/> Brother / Sister <input type="checkbox"/> Grandparent</p> <p><input type="checkbox"/> E. I am a representative authorized, in writing, by any of the aforementioned (categories A - C). Specify whom you represent. _____</p> <p><input type="checkbox"/> F. I can demonstrate that the information from the MARRIAGE CERTIFICATE is necessary for the determination or protection of a personal or property right for myself/my client/my agency. (<i>Proof is required.</i>) 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 (<i>CANNOT be a P.O. Box address</i>)			Apt. No.	MAIL TO ADDRESS (<i>if different</i>)		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		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		
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 MARRIAGE 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 (<i>Indicate country, if not issued in U.S.A.</i>)	EXPIRATION DATE
File Number	Washington County Serial Numbers		

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