

Waukesha County Register of Deeds  
**WISCONSIN BIRTH CERTIFICATE APPLICATION**  
 (for Mail or In-Person Requests)

TYPE or PRINT.

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)].

I. APPLICANT INFORMATION	CURRENT NAME - First <u>Sally</u>	Last <u>Smith</u>	MAIL TO NAME - First (if different)	Last		
	YOUR STREET ADDRESS (CANNOT be a P.O. Box address) Apt. No. <u>123 Apple St.</u>		MAIL TO ADDRESS (if different) Apt. No.			
	City <u>Waukesha</u>	State <u>WI</u>	ZIP Code <u>53188</u>	City <u>Waukesha</u>	State <u>WI</u>	ZIP Code
	DAYTIME TELEPHONE NUMBER <u>(262) 555-5555</u>		EMAIL ADDRESS <u>here</u>			
	TYPE OF CURRENT VALID PHOTO ID (See item 4 on page 2) <u>DL</u>	PHOTO ID NUMBER <u>5546-0000-0000-00</u>	STATE OF ISSUANCE <u>WI</u>	EXPIRATION DATE <u>1/1/24</u>		

Your current info here

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.

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.  
 Parent (My name is on the birth certificate and my parental rights have not been terminated.)  
 Brother / Sister       Current Spouse       Child  
 Maternal Grandparent       Paternal Grandparent       Current Domestic Partner (registered in the Wis. Vital Records System)  
 C.  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.  
 Specify the person you represent: \_\_\_\_\_  
 E.  I can demonstrate the birth certificate is necessary for the determination or protection of a personal or property right.  
 Specify your interest: \_\_\_\_\_  
 F.  None of the above. I am requesting an uncertified copy. (Copy will not be valid for identity or legal purposes.)

NOTE: Grandchildren, stepparents, stepchildren and stepbrothers / stepsisters may only obtain certified copies as categories C-E.

PURPOSE FOR WHICH CERTIFICATE IS REQUESTED:  
\* Not Required \*

Check only one box

III. FEES

First Copy Fee ..... \$ 20.00 20.00

Each additional copy of the same record, issued at the same time as the first copy \_\_\_\_\_ X \$ 3.00 \_\_\_\_\_

Number of additional copies \_\_\_\_\_

FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATION REQUESTS ARE NOT ACCEPTED. TOTAL \_\_\_\_\_

Submit your application materials and fee to: Waukesha County Register of Deeds, 515 W Moreland Blvd RM AC110, Waukesha WI 53188

Be sure to include:  completed form,  acceptable identification,  payment,  any additional proof or authorization required and a self addressed, stamped, business-size envelope

Make Check or Money Order to: Waukesha County Register of Deeds

Not Required if you have an appointment

IV. BIRTH RECORD INFORMATION	BIRTH NAME - First <u>Joseph</u>		Middle <u>John</u>	Last Name as it appears on the birth certificate <u>Smith</u>	
	SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE (MM/DD/YYYY) <u>2/1/94</u>	PLACE OF BIRTH - County <u>Waukesha</u>	PLACE OF BIRTH - City, Village, or Township <u>Waukesha</u>	
	PARENT'S BIRTH NAME - First <u>Sally</u>		Middle <u>Ann</u>	Last <u>Jones (maiden name)</u>	
	PARENT'S BIRTH NAME - First <u>John</u>		Middle <u>Jay</u>	Last <u>Smith</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 birth certificate in accordance to the categories listed above.

SIGNATURE (Applicant) Sally Smith Date Signed (MM/DD/YYYY) 1/1/2020

Important: Signature and payment are required for processing.