

# Example Application

## WISCONSIN DEATH 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 than street address) Apt. No.	
	City <u>Waukesha</u>		State <u>WI</u>	ZIP Code <u>53188</u>		City <u>Waukesha</u>
	DAYTIME TELEPHONE NUMBER <u>(262) 555-5555</u>		EMAIL ADDRESS			
	TYPE OF CURRENT VALID PHOTO ID (See item 4, on page 2.) <u>NL</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

II. APPLICANT'S RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE	Per Wis. Stat. § 69.21, a CERTIFIED copy of a death certificate is available to applicants with a "direct and tangible interest." (A-D below)	
	CHECK ONE box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the death certificate.	
	<p>A. I am a member of the immediate family of the person named on the death certificate.</p> <p><input type="checkbox"/> Parent (My name is on the death certificate and my parental rights have not been terminated.)</p> <p><input type="checkbox"/> Brother / Sister    <input checked="" type="checkbox"/> Current Spouse    <input type="checkbox"/> Child</p> <p><input type="checkbox"/> Maternal Grandparent    <input type="checkbox"/> Paternal Grandparent    <input type="checkbox"/> Current Domestic Partner (registered in the Wis. Vital Records System)</p> <p>B. <input type="checkbox"/> I am the legal custodian or guardian of the person named on the death certificate.</p> <p>C. <input type="checkbox"/> I am a representative authorized by any person in category A or B, including an attorney: Specify the person you represent: _____</p> <p>D. <input type="checkbox"/> I can demonstrate the death certificate is necessary for the determination or protection of a personal or property right. Specify your interest: _____</p> <p>E. <input type="checkbox"/> I am a direct descendant of the decedent and am requesting an uncertified copy of the death certificate.</p> <p>F. <input type="checkbox"/> None of the above. I am requesting an uncertified copy. (Copy will not be valid for identity purposes.)</p>	
	NOTE: Stepparents, stepchildren, stepbrothers / stepsisters may only obtain certified copies as categories B-D.	
	PURPOSE FOR WHICH CERTIFICATE IS REQUESTED: <u>* NOT Required *</u>	

Please check only one box

III. FEES	FIRST COPY FEE ..... \$ 20.00 <u>\$20.00</u>	
	<input type="checkbox"/> Fact of Death (without cause of death, manner of death, and final disposition) (sufficient for most financial transactions) OR <input type="checkbox"/> Extended Fact of Death (with cause of death, manner of death, and final disposition) (for insurance benefit claims)	
	EACH ADDITIONAL COPY (issued at the same time as the first copy)	
	<input type="checkbox"/> Fact of Death ..... X \$ 3.00 ..... Number of Additional Copies	
	<input checked="" type="checkbox"/> Extended Fact of Death ..... X \$ 3.00 <u>6.00</u> Number of Additional <u>2</u>	
	FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATION REQUESTS ARE NOT ACCEPTED. TOTAL <u>26.00</u>	

Submit your application materials and fee to: Waukesha County Register of Deeds, 515 W Moreland Blvd RM AC 110, 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. DEATH RECORD INFORMATION	NAME OF DECEDENT - First <u>John</u>		Middle <u>Jay</u>	Last <u>Smith</u>		DATE OF DEATH (MM/DD/YYYY) <u>1/1/2008</u>
	PLACE OF DEATH - County <u>Waukesha</u>		PLACE OF DEATH - City, Village, or Town *		DECEDENT'S SOCIAL SECURITY NUMBER *	
	DECEDENT'S AGE / BIRTHDATE *		DECEDENT'S OCCUPATION *		NAME OF DECEDENT'S SPOUSE *	
	NAME OF DECEDENT'S PARENT *			NAME OF DECEDENT'S PARENT *		

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) <u>Sally Smith</u>	Date Signed (MM/DD/YYYY) <u>1/1/2020</u>
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Important: Signature and payment are required for processing.

\* The fields marked with an asterisk (\*) do not have to be completed. The information is helpful but not required.