

WISCONSIN DIVORCE 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>Jones</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>your current info</u>	State <u>WI</u>	ZIP Code
	DAYTIME TELEPHONE NUMBER <u>(262) 555-5555</u>		EMAIL ADDRESS			
	TYPE OF CURRENT VALID PHOTO ID (See item 3 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>		

Per Wis. Stat. § 69.20(1), a CERTIFIED copy of a divorce certificate is only available to those with a "direct and tangible interest." (A-E)

CHECK ONE box which indicates YOUR RELATIONSHIP to one of the PERSONS NAMED on the divorce certificate.

A.  I am one of the persons named on the divorce certificate.

B. I am a member of the immediate family of one of the persons named on the divorce certificate.  
 Parent       Child       Brother / Sister  
 Maternal Grandparent       Paternal Grandparent

C.  I am the legal custodian or guardian of one of the persons named on the divorce certificate.

D.  I am a representative authorized by any person in categories A - C, including an attorney.  
 Specify the person you represent: \_\_\_\_\_

E.  I can demonstrate the divorce 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, stepbrothers / stepsisters may only obtain certified copies as categories C - E.

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

III. FEES	First Copy Fee .....	\$ 20.00	<u>20.00</u>
	Additional copies of the same certificate issued at the same time as the first copy _____ X \$ 3.00	<u>3</u>	<u>9.00</u>
FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATION REQUESTS ARE NOT ACCEPTED.		TOTAL	<u>29.00</u>

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 payable to: Waukesha County Register of Deeds Not required if you have an appointment

IV. DIVORCE INFORMATION	PARTY "A" BIRTH NAME - First <u>Sally</u>	Middle <u>Marie</u>	BIRTH Last Name <u>Smith</u>
	PARTY "B" BIRTH NAME - First <u>John</u>	Middle <u>Joseph</u>	BIRTH Last Name <u>Jones</u>
	LOCATION OF DIVORCE - County <u>Waukesha</u>	DATE OF DIVORCE (MM/DD/YYYY) <u>1/1/2017</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 divorce certificate in accordance with the categories listed above.

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