

APPLICATION FOR VERIFICATION OF A WISCONSIN VITAL RECORD

Your request must be accompanied by a \$7.00 nonrefundable fee (required by state statute) for each record searched.

Our office cannot verify information on the birth of a nonmarital child if a paternity was not established or if paternity was established by a court adjudication process unless we receive signed authorization as stated in item 2 below. For adoptees, only post-adoption information is provided.

PENALTIES: Any person who willfully and knowingly makes false application for a birth or death verification is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than three years and six months, or both, per Chapter 69.24(1), Wis. Stats.] • Any person who willfully and knowingly makes false application for a marriage verification shall be fined not more than \$1,000 or imprisoned not more than 90 days, or both, per Chapter 69.42(2), Wis. Stats.

1. APPLICANT INFORMATION			
NAME	POSITION TITLE	DAYTIME TELEPHONE NUMBER ()	FAX NUMBER ()
AGENCY TITLE		AGENCY ADDRESS	
AGENCY PROGRAM DIRECTOR	PROGRAM DIRECTOR'S TELEPHONE NUMBER ()	TYPE OF AGENCY (Check one.) <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Municipal, County, State or Federal Gov. <input type="checkbox"/> School District <input type="checkbox"/> Social Security Administration <input type="checkbox"/> Other (Specify): _____	
2. BIRTH CERTIFICATE INFORMATION (Verification of nonpublic records requires SIGNED WRITTEN authorization from the registrant/parent/guardian.)			
REGISTRANT'S FULL NAME - First		Middle	Last (As It Appears on Registrant's Birth Certificate)
DATE OF BIRTH (Month / Day / Year)	PLACE OF BIRTH - City	PLACE OF BIRTH - County	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
MOTHER'S NAME - First		Middle	Last ("Maiden or Birth" Surname as it Appears on the Registrant's Birth Certificate)
FATHER'S NAME - First		Middle	Last (As It Appears on Registrant's Birth Certificate)
REGISTER OF DEEDS/CHO OFFICE USE ONLY	<input type="checkbox"/> After a thorough search, no Wisconsin birth record was found that matched the information you provided in your request. OR Record Located: Local Certificate Number _____ File Date _____		
3. DEATH CERTIFICATE INFORMATION			
DECEDENT'S NAME - First		Middle	Last (As It Appears on Decedent's Death Certificate)
DATE OF DEATH (Month / Day / Year)	COUNTY OF DEATH	SOCIAL SECURITY NUMBER	AGE OR DATE OF BIRTH (Month / Day / Year)
REGISTER OF DEEDS/CHO OFFICE USE ONLY	<input type="checkbox"/> After a thorough search, no Wisconsin death record was found that matched the information you provided in your request. OR Record Located: Local Certificate Number _____ File Date _____		
4. MARRIAGE CERTIFICATE INFORMATION			
GROOM'S NAME - First		Middle	Last (As It Appears on Groom's Birth Certificate)
BRIDE'S NAME - First		Middle	Last (As It Appears on Bride's Birth Certificate)
COUNTY OF MARRIAGE		DATE OF MARRIAGE (Month / Day / Year)	
REGISTER OF DEEDS/CHO OFFICE USE ONLY	<input type="checkbox"/> After a thorough search, no Wisconsin marriage record was found that matched the information you provided in your request. OR Record Located: Local Certificate Number _____ File Date _____		
<p>I hereby attest that I am a legal representative of a governmental agency/public school and that I am entitled to apply for a verification of the information for the above-named person under Chapter 69.20(3)d, Wis. Stats. (government program use).</p> <p style="text-align: right;">Date Signed _____</p> <p>SIGNATURE – Person Requesting Verification _____</p>			
REGISTER OF DEEDS / MILWAUKEE OR WEST ALLIS CITY HEALTH OFFICE VITAL RECORD VERIFICATION			
<p>This is to certify that all of the information listed above concerning the registrant(s) is the same as the information on the certificate(s) on file in the Register of Deeds / Milwaukee or West Allis City Health Office named below. Cross-outs and added entries appearing on this form indicate that there were discrepancies between the information on this request and the information shown on the record on file in this office. If the changed information indicates that this is not the requested record, please destroy this form.</p>			
Search Completed By _____		County/CHO _____	Date Completed _____
Signature and Title			