DEPARTMENT OF HEALTH SERVICES

Division of Public Health F-05280 (12/2023)

Page 1 of 2

WISCONSIN DEATH CERTIFICATE APPLICATION

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)].

Z	CURRENT NAME - First	Last	MAIL TO NA	ME - First (if differen	t) Last							
APPLICANT INFORMATION												
MA	YOUR STREET ADDRESS (<i>CANNOT</i> be a P.O. Box address) Apt. No.		MAIL TO ADDRESS (if different than street address) Apt. No.									
OR												
INF	City	State ZIP Code	City		State	ZIP	Code					
ТN												
CA	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS										
PLI	()											
AP	TYPE OF CURRENT VALID PHOT (See item 4, on page 2.)	O ID PHOTO ID NUMBER		STATE OF ISS	SUANCE	EXPIRATIO	N DATE					
	(See item 4, on page 2.)											
	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)											
оË	CHECK ONE box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the death certificate.											
IP T ICA	A. I am a member of the immediate family of the person named on the death certificate.											
SHI	Parent (My name is on the death certificate and my parental rights have not been terminated.) Brother / Sister Current Spouse Child											
ION ER	Maternal Grandparer											
RELATIONSHIP TO N THE CERTIFICATE	B. I am the legal custodian or guardian of the person named on the death certificate.						- /					
S RELAT	Specify the person you represent:											
s												
NT'												
II. APPLICANT' PERSON NAMED												
	 F. None of the above. I am requesting an uncertified copy. (Copy will not be valid for identity purposes.) 											
AF RSC	NOTE: Stepparents, stepchildren, stepbrothers / stepsisters may only obtain certified copies as categories B–D. PURPOSE FOR WHICH CERTIFICATE IS REQUESTED:											
EI.												
	FIRST COPY FEE					\$ 20.00						
						Eact of Death (without cause of death, manner of death, and final disposition) (sufficient for most financial transactions)						
	Eact of Death (without				st financial tra	insactions)						
0			d final dispositi	ion) (sufficient for mos								
EES	OR Extended Fact of De	<u>ut</u> cause of death, manner of death, and <u>ath</u> (<u>with</u> cause of death, manner of dea	d final disposition ath, and final d	ion) (sufficient for mos								
. FEES	OR <u>Extended Fact of De</u>	<u>ut</u> cause of death, manner of death, and a <u>th (with</u> cause of death, manner of dea issued at the same time as the first cop	d final dispositi ath, and final d y)	ion) (sufficient for mos lisposition) (for insura	nce benefit cl	aims)						
III. FEES	OR Extended Fact of Deater Comparison Deater Com	<u>ut</u> cause of death, manner of death, and a <u>th</u> (<u>with</u> cause of death, manner of dea issued at the same time as the first cop	d final dispositi ath, and final d y)	ion) (sufficient for mos lisposition) (for insura 	nce benefit cl							
	OR Extended Fact of Deater Comparison Deater Com	<u>ut</u> cause of death, manner of death, and a <u>th</u> (<u>with</u> cause of death, manner of dea issued at the same time as the first cop	d final dispositi ath, and final d y)	ion) (sufficient for mos lisposition) (for insura 	nce benefit cl	aims)						
	OR Extended Fact of Death	<u>ut</u> cause of death, manner of death, and <u>ath</u> (<u>with</u> cause of death, manner of dea issued at the same time as the first cop <u>ath</u>	d final dispositi ath, and final d y)	ion) (sufficient for mos lisposition) (for insura Number of Additio 	nce benefit cl	laims) K \$ 3.00 X \$ 3.00						
Ξ.	OR Extended Fact of Dea EACH ADDITIONAL COPY (i Fact of Death Extended Fact of Dea Fee must be money order of	<u>ut</u> cause of death, manner of death, and <u>ath (with</u> cause of death, manner of dea issued at the same time as the first cop <u>ath</u> r cashier's check. Personal chec	d final dispositi ath, and final d y) ks will be ref	ion) (sufficient for mos lisposition) (for insura Number of Additio Number of Additio turned.	nce benefit cl	laims) K \$ 3.00 X \$ 3.00 TOTAL						
≓ Submi	OR Extended Fact of Death EACH ADDITIONAL COPY (i Fact of Death Extended Fact of Death Fee must be money order of t your application material	<u>ut</u> cause of death, manner of death, and a <u>th</u> (<u>with</u> cause of death, manner of dea issued at the same time as the first cop <u>ath</u> <u>r cashier's check. Personal chec</u> s and fee to: Register of Dee	d final dispositi ath, and final d y) <u>ks will be ret</u> ds / 212 6th	ion) (sufficient for mos lisposition) (for insura Number of Addition Number of Addition turned.	nce benefit cl	laims) K \$ 3.00 X \$ 3.00 TOTAL	 D1					
≓ Submi	OR Extended Fact of Death EACH ADDITIONAL COPY (i Fact of Death Extended Fact of Death Extended Fact of Death Fee must be money order of it your application material re to include: completed	<u>ut</u> cause of death, manner of death, and <u>ath</u> (<u>with</u> cause of death, manner of death issued at the same time as the first cop <u>ath</u> <u>r cashier's check. Personal chec</u> <u>s and fee to: Register of Dee</u> form, □ acceptable identificati	d final dispositi ath, and final d y) <u>ks will be ret</u> ds / 212 6th on,	ion) (sufficient for mos lisposition) (for insura Number of Additio Number of Additio turned. h St N Rm 1400 / ment,	nce benefit cl	aims) X \$ 3.00 X \$ 3.00 TOTAL e, WI 546						
i≓ Submi Be su	OR Extended Fact of Dea EACH ADDITIONAL COPY (i Fact of Death Extended Fact of Dea Fee must be money order or t your application material re to include: completed Self-addres	ut cause of death, manner of death, and ath (with cause of death, manner of death issued at the same time as the first cop ath r cashier's check. Personal chec s and fee to: Register of Dee form, acceptable identificati ssed, stamped, business-size e	d final dispositi ath, and final d y) <u>ks will be ret</u> ds / 212 6th on,	ion) (sufficient for mos lisposition) (for insura Number of Additio Number of Additio turned. h St N Rm 1400 / ment,	nce benefit cl	aims) X \$ 3.00 X \$ 3.00 TOTAL e, WI 546						
≓ Submi Be su Make	OR Extended Fact of Death EACH ADDITIONAL COPY (i Fact of Death Extended Fact of Death Extended Fact of Death Fee must be money order of it your application material re to include: completed	ut cause of death, manner of death, and ath (with cause of death, manner of death issued at the same time as the first cop ath r cashier's check. Personal chec s and fee to: Register of Dee form, acceptable identificati ssed, stamped, business-size e	d final dispositi ath, and final d y) <u>ks will be ret</u> ds / 212 6th on,	ion) (sufficient for mos lisposition) (for insura Number of Additio Number of Additio turned. h St N Rm 1400 / ment,	nce benefit cl onal Copies / La Cross nal proof or	aims) X \$ 3.00 X \$ 3.00 TOTAL e, WI 5460						
≓ Submi Be su Make	OR Extended Fact of Dea EACH ADDITIONAL COPY (i Fact of Death Extended Fact of Dea Fee must be money order on it your application material re to include: completed Self-address money order payable to: F	<u>ath</u> cause of death, manner of death, and <u>ath</u> (<u>with</u> cause of death, manner of death issued at the same time as the first cop <u>ath</u> <u>r cashier's check. Personal chec</u> <u>s and fee to: Register of Dee</u> form, □ acceptable identificati ssed, stamped, business-size e <u>Register of Deeds</u>	d final dispositi ath, and final d y) ks will be ref ds / 212 6th on, □ payi nvelope, an	ion) (sufficient for mos lisposition) (for insura Number of Additio Number of Additio turned. h St N Rm 1400 / ment,	nce benefit cl onal Copies / La Cross nal proof or	aims) X \$ 3.00 X \$ 3.00 TOTAL e, WI 5460	tion required					
≓ Submi Be su Make	OR Extended Fact of Dea EACH ADDITIONAL COPY (i Fact of Death Extended Fact of Dea Fee must be money order on it your application material re to include: completed Self-address money order payable to: F	<u>ath</u> cause of death, manner of death, and <u>ath</u> (<u>with</u> cause of death, manner of death issued at the same time as the first cop <u>ath</u> <u>r cashier's check. Personal chec</u> <u>s and fee to: Register of Dee</u> form, □ acceptable identificati ssed, stamped, business-size e <u>Register of Deeds</u>	d final dispositi ath, and final d y) ks will be ref ds / 212 6th on, □ payi nvelope, an Last	ion) (sufficient for mos lisposition) (for insura Number of Addition Number of Addition turned. h St N Rm 1400 / ment, Id [] any addition	nce benefit cl onal Copies / La Cross nal proof or	aims) (\$ 3.00 X \$ 3.00 <u>TOTAL</u> e, WI 5466 authoriza ATE OF DEA	tion required					
≓ Submi Be su Make	OR Extended Fact of Dea EACH ADDITIONAL COPY (i Fact of Death Extended Fact of Dea Extended Fact of	<u>ath</u> cause of death, manner of death, and <u>ath</u> (<u>with</u> cause of death, manner of death issued at the same time as the first cop <u>ath</u> <u>r cashier's check. Personal chec</u> <u>s and fee to: Register of Dee</u> form, □ acceptable identificati ssed, stamped, business-size e <u>Register of Deeds</u> <u>Middle</u>	d final dispositi ath, and final d y) ks will be ref ds / 212 6th on, □ payi nvelope, an Last	ion) (sufficient for mos lisposition) (for insura Number of Addition Number of Addition turned. h St N Rm 1400 / ment, Id [] any addition	nce benefit cl onal Copies / La Cross nal proof or	aims) (\$ 3.00 X \$ 3.00 <u>TOTAL</u> e, WI 5466 authoriza ATE OF DEA	tion required					
≓ Submi Be su Make	OR Extended Fact of Dea EACH ADDITIONAL COPY (i Fact of Death Extended Fact of Dea Extended Fact of	<u>ath</u> (with cause of death, manner of death, and ath (with cause of death, manner of death issued at the same time as the first cop ath <u>r cashier's check. Personal chec</u> s and fee to: Register of Dee form, ☐ acceptable identificati ssed, stamped, business-size e Register of Deeds Middle PLACE OF DEATH – City, Villa	d final dispositi ath, and final d y) ks will be ret ds / 212 6th on, □ payi nvelope, an Last ge, or Town *	ion) (sufficient for mos lisposition) (for insura Number of Addition Number of Addition turned. h St N Rm 1400 / ment, Id] any addition	Ince benefit cl	aims) (\$ 3.00 X \$ 3.00 <u>TOTAL</u> e, WI 5466 authoriza ATE OF DEA	tion required					
≓ Submi Be su Make	OR Extended Fact of Dea EACH ADDITIONAL COPY (i Fact of Death Extended Fact of Dea Fee must be money order of t your application material re to include: completed Self-addres money order payable to: F NAME OF DECEDENT - First PLACE OF DEATH - County	<u>ath</u> (with cause of death, manner of death, and ath (with cause of death, manner of death issued at the same time as the first cop ath <u>r cashier's check. Personal chec</u> s and fee to: Register of Dee form, ☐ acceptable identificati ssed, stamped, business-size e Register of Deeds Middle PLACE OF DEATH – City, Villa	d final dispositi ath, and final d y) ks will be ret ds / 212 6th on, □ payi nvelope, an Last ge, or Town *	ion) (sufficient for mos lisposition) (for insura Number of Addition Number of Addition turned. h St N Rm 1400 / ment, id any addition	Ince benefit cl	aims) (\$ 3.00 X \$ 3.00 <u>TOTAL</u> e, WI 5466 authoriza ATE OF DEA	tion required					
DEATH RECORD W B G G INFORMATION B G IN B D D D D D D D D D D D D D D D D D D D	OR Extended Fact of Dea EACH ADDITIONAL COPY (i Fact of Death Extended Fact of Dea Fee must be money order of t your application material re to include: completed Self-addres money order payable to: F NAME OF DECEDENT - First PLACE OF DEATH - County	t cause of death, manner of death, and ath (with cause of death, manner of death issued at the same time as the first cop ath r cashier's check. Personal chec s and fee to: Register of Dee form, □ acceptable identificati ssed, stamped, business-size e Register of Deeds Middle PLACE OF DEATH – City, Villa * DECEDENT'S OCCUPATION *	d final dispositi ath, and final d y) <u>ks will be ref</u> ds / 212 6th on,	ion) (sufficient for mos lisposition) (for insura Number of Addition Number of Addition turned. h St N Rm 1400 / ment, id any addition	nce benefit cl	aims) (\$ 3.00 X \$ 3.00 <u>TOTAL</u> e, WI 5466 authoriza ATE OF DEA	tion required					
DEATH RECORD W B AG NFORMATION B B III III	OR Extended Fact of Dea EACH ADDITIONAL COPY (i Fact of Death Extended Fact of Dea Fee must be money order or t your application material re to include: completed self-addres money order payable to: F NAME OF DECEDENT - First PLACE OF DEATH - County DECEDENT'S AGE / BIRTHDATE	t cause of death, manner of death, and ath (with cause of death, manner of death issued at the same time as the first cop ath r cashier's check. Personal chec s and fee to: Register of Dee form, □ acceptable identificati ssed, stamped, business-size e Register of Deeds Middle PLACE OF DEATH – City, Villa * DECEDENT'S OCCUPATION *	d final dispositi ath, and final d y) <u>ks will be ref</u> ds / 212 6th on,	ion) (sufficient for mos lisposition) (for insura Number of Addition Number of Addition turned. h St N Rm 1400 / ment, id any addition	nce benefit cl	aims) (\$ 3.00 X \$ 3.00 <u>TOTAL</u> e, WI 5466 authoriza ATE OF DEA	tion required					
IV. DEATH RECORD WA Be and Second II. INFORMATION I Helden	OR Extended Fact of Dear EACH ADDITIONAL COPY (i Fact of Death Extended Fact of Dear Fee must be money order on t your application material re to include: completed self-addres money order payable to: F NAME OF DECEDENT - First PLACE OF DEATH - County DECEDENT'S AGE / BIRTHDATE NAME OF DECEDENT'S PARENT VAME OF DECEDENT'S PARENT	t cause of death, manner of death, and ath (with cause of death, manner of death issued at the same time as the first cop ath r cashier's check. Personal chec s and fee to: Register of Dee form, □ acceptable identificati ssed, stamped, business-size e Register of Deeds Middle PLACE OF DEATH – City, Villa * DECEDENT'S OCCUPATION *	d final dispositi ath, and final d y) ks will be ref ds / 212 6th on,	ion) (sufficient for mos lisposition) (for insura Number of Addition Number of Addition turned. h St N Rm 1400 / ment, Id any addition DECEDENT'S SPOUS	nce benefit cl onal Copies / La Cross nal proof or EEDENT'S SC SE *	laims) X \$ 3.00 X \$ 3.00 TOTAL e, WI 5460 authoriza ATE OF DEA DCIAL SECU	tion required					
IV. DEATH RECORD WA Be and INFORMATION INFORMATION INFORMATION	OR Extended Fact of Dear EACH ADDITIONAL COPY (i Fact of Death Extended Fact of Dear Fee must be money order on it your application material re to include: completed self-addres money order payable to: F NAME OF DECEDENT - First PLACE OF DEATH - County DECEDENT'S AGE / BIRTHDATE NAME OF DECEDENT'S PARENT y attest that the information provuested death certificate in accord	t cause of death, manner of death, and ath (with cause of death, manner of death issued at the same time as the first cop ath r cashier's check. Personal chec s and fee to: Register of Dee form, □ acceptable identificati ased, stamped, business-size e Register of Deeds Middle PLACE OF DEATH – City, Villa * DECEDENT'S OCCUPATION *	d final dispositi ath, and final d y) <u>ks will be ret</u> ds / 212 6th on, □ pays nvelope, an Last ge, or Town * NAME OF D NAME OF D NAME OF D	ion) (sufficient for mos lisposition) (for insura Number of Addition Number of Addition turned. h St N Rm 1400 / ment, Id any addition DECEDENT'S SPOUS	Ince benefit cl Donal Copies / La Cross A La Cross	laims) X \$ 3.00 X \$ 3.00 TOTAL e, WI 5460 authoriza ATE OF DEA DCIAL SECU	tion required					
IV. DEATH RECORD WA Be and INFORMATION INFORMATION INFORMATION	OR Extended Fact of Dear EACH ADDITIONAL COPY (i Fact of Death Extended Fact of Dear Fee must be money order on t your application material re to include: completed self-addres money order payable to: F NAME OF DECEDENT - First PLACE OF DEATH - County DECEDENT'S AGE / BIRTHDATE NAME OF DECEDENT'S PARENT VAME OF DECEDENT'S PARENT	t cause of death, manner of death, and ath (with cause of death, manner of death issued at the same time as the first cop ath r cashier's check. Personal chec s and fee to: Register of Dee form, □ acceptable identificati ssed, stamped, business-size e Register of Deeds Middle PLACE OF DEATH – City, Villa * DECEDENT'S OCCUPATION *	d final dispositi ath, and final d y) <u>ks will be ret</u> ds / 212 6th on, □ pays nvelope, an Last ge, or Town * NAME OF D NAME OF D NAME OF D	ion) (sufficient for mos lisposition) (for insura Number of Addition Number of Addition turned. h St N Rm 1400 / ment, id any addition DECEDENT'S SPOUS DECEDENT'S PAREI	Ince benefit cl Donal Copies / La Cross A La Cross	laims) X \$ 3.00 X \$ 3.00 TOTAL e, WI 5460 authoriza ATE OF DEA DCIAL SECU	tion required					

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

1. What is the difference between a "certified" and an "uncertified" copy of a death certificate?

A CERTIFIED COPY:

- Is printed on security paper, has a raised seal, and shows the signature of the State Registrar or Local Registrar.
- Can be used for legal purposes.
- Can only be obtained with a direct and tangible interest as defined in Wis. Stat. § 69.20(1).

AN UNCERTIFIED COPY:

- Is printed on plain paper and marked uncertified.
- Cannot be used for identity purposes.
- Contains the same information as a certified copy.

2. Limitations on access to cause of death information

Uncertified copies of death records shall not include the extended fact of death (with cause of death, manner of death, and final disposition) unless 50 years have elapsed from the year in which the death occurred or the applicant has a direct and tangible interest per Wis. Stat. § 69.20(1), or is a direct descendent of the decedent.

3. How long will it take to process my request?

Requests for certified and uncertified copies of death certificates may take up to 2 weeks plus mail time to complete.

4. What identification is required when applying for a death certificate?

Requests for certified copies require proof of identification. A **photocopy** of the applicant's ID is required.

Expired cards or documents will not be accepted.

Examples of acceptable forms of identification include:

One of these:	<u>OR</u>	Two of these:
State issued driver's license or ID card		 Bank/Earnings statement
US Government issued photo ID		 Current, dated, signed lease
US or Foreign passport		 Health insurance card

• Tribal or Military ID card

- Utility bill or traffic ticket
- Vehicle registration/title

If you have questions regarding this form, please call 608-785-9644 or visit our website at http://www.lacrossecounty.org/