

**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)].

<b>I. APPLICANT INFORMATION</b>	CURRENT NAME - First		Last		MAIL TO NAME - First (if different)		Last					
	YOUR STREET ADDRESS (CANNOT be a P.O. Box address) Apt. No.				MAIL TO ADDRESS (if different than street address) Apt. No.							
	City		State		ZIP Code		City		State		ZIP Code	
	DAYTIME TELEPHONE NUMBER ( )						EMAIL ADDRESS					
	TYPE OF CURRENT VALID PHOTO ID (See item 4, on page 2.)			PHOTO ID NUMBER			STATE OF ISSUANCE			EXPIRATION DATE		

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

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

Submit your application materials and fee to: **STATE VITAL RECORDS OFFICE / PO BOX 309 / MADISON, WI 53701-0309**

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

Make check or money order payable to: **STATE OF WIS. VITAL RECORDS**

<b>IV. DEATH RECORD INFORMATION</b>	NAME OF DECEDENT - First			Middle			Last			DATE OF DEATH (MM/DD/YYYY)		
	PLACE OF DEATH - County				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)	Date Signed (MM/DD/YYYY)
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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.

**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:**

- State issued driver’s license or ID card
- US Government issued photo ID
- US or Foreign passport
- Tribal or Military ID card

**OR**

**Two of these:**

- Bank/Earnings statement
- Current, dated, signed lease
- Health insurance card
- Utility bill or traffic ticket
- Vehicle registration/title

**If you have questions regarding this form, please call 608-266-1373  
or visit our website at <http://www.dhs.wisconsin.gov/vitalrecords>**