

Dane County BIRTH CERTIFICATE Application

* * * NO PERSONAL CHECKS * * *

Mail orders: send completed form, self-addressed stamped envelope and **MONEY ORDER** to:
REGISTER OF DEEDS, PO BOX 1438, MADISON WI 53701-1438

Visit our website at: <http://www.countyofdane.com/regdeeds/default.aspx> or call 608-266-4142 for more information.

PENALTIES: Any person who willfully and knowingly makes false application for a birth certificate, or obtains a birth certificate for fraudulent purposes, 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 Ch. 69.24(1), Wis. Stats.)

COMPLETE ALL SECTIONS--VALID ID WITH CURRENT ADDRESS REQUIRED TO PICK UP IN PERSON

WHO ARE YOU?	THIS SECTION IS ABOUT THE PERSON ACTUALLY RECEIVING THE RECORD, NOT NECESSARILY THE PERSON ON THE RECORD.					
	YOUR Name (Please Print)				YOUR Daytime Telephone ()	
	IMPORTANT: 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 vital record in accordance with the categories listed below.					
	YOUR Signature				Today's Date	
	YOUR Full Address (Print clearly)			City/State/Zip		
WHOSE RECORD DO YOU WANT?	According to Wisconsin State Statute, a CERTIFIED copy of a BIRTH record is only available to a person with a "Direct and Tangible Interest". If you do not meet any of the criteria for boxes A – F, you can only receive an uncertified copy.					
	CHECK ONLY ONE to indicate how the PERSON NAMED ON THE RECORD is related to you:					
	<input type="checkbox"/> A. MYSELF - I am the PERSON NAMED on the record.					
	<input type="checkbox"/> B. I AM THE PARENT of the PERSON NAMED on the record, and my parental rights have not been terminated or have been established (in the case of a non-marital birth).					
	<input type="checkbox"/> C. I AM THE (Circle one): CHILD BROTHER/SISTER GRANDPARENT CURRENT SPOUSE CURRENT DOMESTIC PARTNER of the PERSON NAMED on the record. Only immediate family (those listed above) may obtain a certified copy.					
<input type="checkbox"/> D. I am the LEGAL GUARDIAN/CUSTODIAN of the PERSON NAMED on the record. (Proof required.)						
<input type="checkbox"/> E. I am a REPRESENTATIVE AUTHORIZED IN WRITING by any of the aforementioned (A through D). Specify whom you represent: _____ WRITTEN AUTHORIZATION MUST ACCOMPANY THIS FORM.						
<input type="checkbox"/> F. TO DETERMINE OR PROTECT A PERSONAL OR PROPERTY RIGHT for myself/mychild/my client/my agency. Specify interest: _____ WRITTEN PROOF REQUIRED.						
<input type="checkbox"/> G. OTHER: <u>Uncertified copy only.</u> Copy will not be used for identification purposes. Cost is the same as certified.						
HOW MANY?	HOW MANY DO YOU WANT? _____					TOTAL FEE = \$ _____
	Cost is \$20 for search and first certified copy and \$3 for each additional certified copy issued at same time as first copy. Uncertified copies cost the same as certified.					
<i>FIRST COPY FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND.</i>						
BIRTH INFORMATION	FIRST NAME		MIDDLE NAME		LAST NAME AT BIRTH or AFTER legal adoption	
	SEX	BIRTH MONTH	DAY	YEAR	CITY/VILLAGE/TOWN OF BIRTH	COUNTY
	MOTHER'S FIRST NAME		MOTHER'S MIDDLE NAME		MOTHER'S MAIDEN NAME	
	FATHER'S FIRST NAME		FATHER'S MIDDLE NAME		FATHER'S LAST NAME	

CERTIFICATE NUMBER(S):

CLERK:

