

DANE COUNTY DEATH 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 death certificate 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), Wisconsin Statutes].

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 below.		
	YOUR Signature	Today's Date	
	YOUR Full Address/City/State/Zip	IF RECORD IS BEING MAILED TO YOU and Address is different:	
STATE/TYPE OF VALID PHOTO ID	PHOTO ID NUMBER	EXPIRATION DATE	
WHOSE RECORD DO YOU WANT?	According to Wisconsin State Statute, a CERTIFIED copy of a DEATH 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 – D, you can only receive an uncertified copy.		
	CHECK ONE to indicate how the PERSON NAMED on the record is related to you:		
	<input type="checkbox"/> A. I am a member of the IMMEDIATE FAMILY of the PERSON NAMED on the record. (Only those listed below qualify). <div style="text-align: center;"> CURRENT CURRENT Circle One: SPOUSE DOMESTIC PARTNER CHILD PARENT BROTHER/SISTER GRANDPARENT </div>		
	<input type="checkbox"/> B. I was the LEGAL GUARDIAN/CUSTODIAN of the PERSON NAMED on the record. (PROOF REQUIRED)		
	<input type="checkbox"/> C. I am a REPRESENTATIVE AUTHORIZED IN WRITING by any of the aforementioned in A or B. Specify whom you represent: _____ THE WRITTEN AUTHORIZATION MUST ACCOMPANY THIS FORM.		
<input type="checkbox"/> D. I need the record TO DETERMINE OR PROTECT A PERSONAL OR PROPERTY RIGHT for myself/mychild/my client/my agency (includes funeral director, informant and medical certifier named on the record). Specify interest: _____ WRITTEN PROOF REQUIRED.			
NON-CERTIFIED COPY: (Copy will not be valid for legal purposes. Cost is the same as certified.)			
<input type="checkbox"/> E. I AM A DIRECT DESCENDENT of the PERSON NAMED on the record (blood grandchild, great-grandchild, etc.) I may receive a non-certified copy of both the "Fact of Death" certificate and the "Extended Fact of Death" certificate.			
<input type="checkbox"/> F. OTHER: NON-CERTIFIED COPY (Fact of Death certificate only.)			
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.		
	If death occurred 2003 to present, please indicate: Number of certificates without cause of death (for banking/financial transactions, etc.) _____ Number of certificates with cause of death (for life insurance claims, personal records, etc.) _____ <i style="text-align: center;">FIRST COPY FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND.</i>		
DEATH INFORMATION	NAME OF DECEDENT (First, Middle, Last)		DATE OF DEATH
	PLACE OF DEATH (CITY, VILLAGE, TOWN)		COUNTY

CERTIFICATE NUMBER(S):

CLERK: