

# DANE COUNTY DOMESTIC PARTNERSHIP 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: [www.countyofdane.com/regdeeds/rdhome.htm](http://www.countyofdane.com/regdeeds/rdhome.htm) or call 608-266-4142 for more information.

**PENALTIES:** Any person who willfully and knowingly makes false application for a declaration of domestic partnership shall be fined not more than \$1,000 or imprisoned not more than 90 days, or both, per s. 69.24(2), Wis. Stats. Any person who willfully and knowingly obtains a declaration of domestic partnership 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 s. 69.24(1), Wis. Stats.)

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

<b>WHO ARE YOU?</b>	<b>THIS SECTION IS ABOUT THE PERSON ACTUALLY RECEIVING THE RECORD, NOT NECESSARILY THE PERSON ON THE RECORD.</b>		
	YOUR Name (Please Print)	YOUR Daytime Telephone (    )	
	<b>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.</b>		
	YOUR Signature	Today's Date	
	YOUR Full Address (please print clearly)	City/State/Zip	
<b>WHOSE RECORD DO YOU WANT?</b>	STATE/TYPE OF VALID PHOTO ID	PHOTO ID NUMBER	EXPIRATION DATE
<b>According to Wisconsin State Statute, a CERTIFIED copy of a DOMESTIC PARTNERSHIP record is only available to a person with a "Direct and Tangible Interest". If you do not meet the criteria for boxes A – E, you can only receive an uncertified copy.</b>			
<p><b><u>CHECK ONE</u></b> to indicate how the PERSON(S) NAMED ON THE RECORD are related to you:</p> <p><input type="checkbox"/> A. <b>MYSELF</b> - I am one of the PERSONS NAMED on the record.</p> <p><input type="checkbox"/> B. <b>I AM THE</b> (Circle one): <b>Current Domestic Partner    Current Spouse    Parent    Child    Brother/Sister    Grandparent</b> of the PERSON(S) NAMED on the record. Only <b>immediate family</b> (those listed above) may obtain a certified copy.</p> <p><input type="checkbox"/> C. I am the <b>LEGAL GUARDIAN/CUSTODIAN</b> of a PERSON NAMED on the record. <b>PROOF REQUIRED.</b></p> <p><input type="checkbox"/> D. I am a <b>REPRESENTATIVE AUTHORIZED IN WRITING</b> by any of the aforementioned (A through C). Specify whom you represent: _____ <b>WRITTEN AUTHORIZATION MUST ACCOMPANY THIS FORM.</b></p> <p><input type="checkbox"/> E. <b>TO DETERMINE OR PROTECT A PERSONAL OR PROPERTY RIGHT</b> for myself/my child/my client/my agency. Specify interest (REQUIRED): _____ <b>PROOF REQUIRED.</b></p> <p><input type="checkbox"/> F: <b>OTHER: <u>Uncertified copy only.</u></b> Copy cannot be used for identification purposes. Cost is the same as certified.</p>			
<b>HOW MANY?</b>	<p>___ I want the <b>DECLARATION</b> of Domestic Partnership.</p> <p>___ I want the <b>Certificate of TERMINATION</b> of Domestic Partnership.</p> <p><b>HOW MANY DO YOU WANT?</b> _____ <b>TOTAL FEE = \$</b> _____</p> <p>Cost is <b>\$20</b> for search and first certified copy and <b>\$3</b> for each additional certified copy issued at same time as first copy. Uncertified copies cost the same as certified.</p> <p style="text-align: center;"><i>FIRST COPY FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND.</i></p>		
<b>PARTNERSHIP INFORMATION</b>	<b>PARTNER A NAME (name at birth or after legal adoption)</b>		
	First	Middle	Last
	<b>PARTNER B NAME (name at birth or after legal adoption)</b>		
	First	Middle	Last
<b>County of Filing</b>		<b>Date Filed at Register of Deeds Office</b>	

CERTIFICATE NUMBER(S):

CLERK: