City of Milwaukee Health Department

WISCONSIN DEATH CERTIFICATE APPLICATION

(for Mail or In-Person Requests)

TYPE or PRINT.

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)].

I. APPLICANT INFORMATION

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

II. APPLICANT'S RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE

Per Wis. Stat. § 69.20(1), a CERTIFIED copy of a death certificate is only available to those with a "direct and tangible interest." (A–D)

CHECK ONE box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the death certificate.

A. I am a **member of the immediate family** of the person named on the death certificate.
- ☐ Parent (My name is on the death certificate and my parental rights have not been terminated.)
- ☐ Brother / Sister ☐ Current Spouse ☐ Child
- ☐ Maternal Grandparent ☐ Paternal Grandparent ☐ Current Domestic Partner (registered in the Wis. Vital Records System)

B. ☐ I am **the legal custodian or guardian** of the person named on the death certificate.

C. ☐ I am a **representative authorized** by any person in category A or B, including an attorney.
Specify the person you represent: _____

D. ☐ I can demonstrate the death certificate is necessary for the **determination or protection of a personal or property right**.
Specify your interest: _____

E. ☐ I am a **direct descendent** of the decedent and am requesting an **uncertified** copy of the death certificate.

F. ☐ None of the above. I am requesting an **uncertified** copy. (Copy will not be valid for identity or legal purposes.)

NOTE: Stepparents, stepchildren, stepbrothers / stepsisters may only obtain certified copies as categories B–D.

PURPOSE FOR WHICH CERTIFICATE IS REQUESTED:

III. FEES

FIRST COPY FEE ..... $ 20.00 $20.00

☐ Fact of Death (without cause of death) (sufficient for most financial transactions)

OR ☐ Extended Fact of Death (with cause of death) (for insurance benefit claims)

EACH ADDITIONAL COPY (issued at the same time as the first copy)

☐ Fact of Death ..... _____ (Number of Additional Copies) X $ 3.00 _____

☐ Extended Fact of Death ..... _____ (Number of Additional Copies) X $ 3.00 _____

TOTAL _____

Submit your application materials and fee to:

Be sure to include: ☐ completed form, ☐ acceptable identification, ☐ payment, ☐ any additional proof or authorization required

IV. DEATH RECORD INFORMATION

NAME OF DECEDENT - First	**Middle**	**Last**	**DATE OF DEATH (MM/DD/YYYY)**
PLACE OF DEATH - County	PLACE OF DEATH – City, Village, or Township *	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)

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.

Clear / Reset Form

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."
- Is for information purposes only and cannot be used for identity or legal purposes.
- Contains the same information as a certified copy.

2. Limitations on access to cause of death information

Certified and uncertified copies of death records shall not include the extended fact of death (cause of death) unless 50 years have elapsed from the year in which the death occurred or the requestor 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?

APPLYING IN PERSON

Our office wait time is 10-15 minutes.

APPLYING BY MAIL

Our turnaround time is 24-72 hours of your application.
NOTE: If using your debit/credit card for payment, PLEASE paste this address in your browser to use our FAX application at http://city.milwaukee.gov/ImageLibrary/Groups/healthAuthors/ADMIN/PDFs/VitalStatistics/

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

Requests for certified copies require proof of identification. Applicant's original ID is required for in-person applications. A **photocopy** of the applicant's ID is required for mail applications.

At least one form of ID must show your name and address. 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 414-286-3503 or visit our website at www.wisconsin.gov/health