

# Fax Application for a Wisconsin Birth Certificate

**Vital Statistics, 841 North Broadway, Rm. 115, Milwaukee, WI 53202 Phone: 414-286-3516 Fax: 414-286-2036**

Personally identifying information requested on this form, including credit card information, will be used to process your application and payment for the requested copies. Failure to supply this information may result in denial of your request for copies.

**PENALTIES:** Any person who willfully and knowingly makes a false application for a birth 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 s. 69.24(1), Wis. Stats.]

**INSTRUCTIONS:** Please complete this form and fax to (414) 286-2036.  
ALL FAX APPLICATIONS WILL BE CHARGED AN EXPEDITED SERVICE FEE.

<b>SECTION I – SHIP TO INFORMATION</b> (Print or Type.) <b>You must complete this section for application to be processed.</b>		
1. FULL NAME (First, Middle, Last)		2. DAYTIME TELEPHONE NUMBER
3. STREET ADDRESS or P.O. BOX (You must provide a street address if you are requesting shipping by UPS.)		APT. NUMBER
4. CITY, VILLAGE, or TOWNSHIP	5. STATE	6. ZIP CODE

**SECTION II – APPLICANT’S RELATIONSHIP TO THE PERSON NAMED ON THE BIRTH CERTIFICATE.** (Check one.)

RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE

- This is my birth certificate.
- I am the legal custodian or guardian of the person named on the birth certificate. (Only those listed below qualify as immediate family.)
  - Spouse    Child    Parent (whose parental rights have NOT been terminated)    Brother / Sister    Grandparent
- I am a representative authorized, in writing, by the person indicated by any of the above checkboxes. (The written authorization must accompany this application.)  
Specify the person you represent: \_\_\_\_\_
- I can demonstrate that the information from the birth certificate is necessary for the determination or protection of a personal or property right for myself / my client / my agency.  
Specify interest: \_\_\_\_\_
- None of the above. I am requesting an uncertified copy of the birth certificate. (Copy will not be valid for identification purposes.)

Note: Any person who willfully and knowingly makes a false application for a birth 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 s. 69.24(1), Wis. Stats.)

**SECTION III – BIRTH CERTIFICATE INFORMATION**

BIRTH INFORMATION	BIRTH NAME (First, Middle, Last Name as it appears on the birth certificate)		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	DATE OF BIRTH (Month / Day / Year)	PLACE OF BIRTH (City, Village, or Township)	PLACE OF BIRTH (County)
	MOTHER’S (MAIDEN) LAST NAME as it appears on the birth certificate	Mother’s First Name	Mother’s Middle Name
	FATHER’S LAST NAME as it appears on the birth certificate	Father’s First Name	Father’s Middle Name

<b>SECTION IV – FEES</b> FEES ARE NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATIONS ARE NOT ACCEPTED. Mandatory fees are already filled in. Please fill in additional fees for extra copies or UPS delivery, if applicable.		
1. <b>Search Fee</b> (includes one copy of the birth certificate, if found. Fee is set by State.)	\$20.00	\$20.00
2. <b>Additional Copies of the Certificate</b> (issued at the same time as the first) Number of copies _____	x 3.00	_____
3. <b>Credit card Expedited Services Fee</b> (Fee is set by State)	20.00	20.00
4. <b>Shipping</b> <input type="checkbox"/> Regular Mail – No additional cost; mailed within 5 business days. ....	0.00	_____
<input type="checkbox"/> Saturday Delivery .....	12.50	_____
<input type="checkbox"/> International shipping (variable).....	_____	_____
<input type="checkbox"/> Overnight Delivery in the continental USA.....	15.00	_____
Note: If no box is checked, the copy will be sent by regular mail.	<b>TOTAL</b>	_____

<b>SECTION V – CREDIT CARD INFORMATION</b> We accept only VISA or MasterCard.	
Name on Credit Card _____	Expiration Date: _____
Street Address _____	
Credit Card Number _____	
Validation Code: _____ (short # on the back side of your credit card)	
Signature of Credit Card Holder _____	

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 birth certificate in accordance with the categories listed above.	
Signature – Applicant (Person Completing Application)	Date Signed:

<b>FOR OFFICE USE ONLY:</b>	
Certificate No. _____	File Date _____
Mother's Res. Co. _____	