

# Fax Application for a Wisconsin Death 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.

<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. E-MAIL ADDRESS
5. CITY, VILLAGE, or TOWNSHIP	6. STATE	7. ZIP CODE

<b>SECTION II – APPLICANT’S RELATIONSHIP TO THE PERSON NAMED ON THE DEATH CERTIFICATE.</b> (Check one.)
<i>According to Wisconsin Statute, a CERTIFIED copy of a death certificate is only available to a person with a “Direct and Tangible Interest.” If you do not meet the criteria for boxes A–D, please refer to the information on page 2.</i>

<b>RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE</b>	Check <b>one box</b> which indicates YOUR RELATIONSHIP to the PERSON NAMED (decedent) on the death certificate.
	<input type="checkbox"/> A. I am a <b>member of the immediate family</b> of the PERSON NAMED on the death certificate. Only those listed below qualify as immediate family: CHECK ONE: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Grandparent
	<input type="checkbox"/> B. I am the <b>legal custodian or guardian</b> of the PERSON NAMED on the death certificate.
	<input type="checkbox"/> C. I am a <b>representative authorized</b> , in writing, by one of the aforementioned (A or B). The written authorization must accompany this application. Specify whom you represent. _____
	<input type="checkbox"/> D. I can demonstrate that the information from the death certificate is necessary for the <b>determination or protection of a personal or property right</b> for myself / my client / my agency (includes funeral director, informant and medical certifier named on the record). Specify interest. _____
	<input type="checkbox"/> E. I am a <b>direct descendent</b> of the PERSON NAMED on the death certificate (blood grandchild, great grandchild, etc.). <i>(I may receive an uncertified copy of either the “Fact of Death” certificate or the “Extended Fact of Death” certificate.)</i>
	<input type="checkbox"/> F. <b>Other:</b> Uncertified copy only. Copy will not be valid for legal purposes. <i>(Please refer to the information on page 2.)</i>


**SECTION III – DEATH CERTIFICATE INFORMATION**

<b>DEATH INFORMATION</b>	FULL NAME OF DECEDENT		DECEDENT’S DATE OF DEATH
	PLACE OF DEATH (City, Village, or Township)		PLACE OF DEATH (County)
	DECEDENT’S SOCIAL SECURITY NUMBER	DECEDENT’S AGE / BIRTHDATE	DECEDENT’S OCCUPATION
	NAME OF DECEDENT’S SPOUSE		NAME OF DECEDENT’S PARENTS

**SECTION IV – FEES** 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>Shipping</b> Regular Mail – No additional cost; mailed within 5 business days. ....	0.00	_____
	<b>TOTAL</b>	_____

**SECTION V – CREDIT CARD INFORMATION** 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)  <--- code	
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 death certificate in accordance with the categories listed above.

Signature – Applicant (Person Completing Application) _____	Date Signed: _____
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**FOR OFFICE USE ONLY:**

Certificate No. \_\_\_\_\_ File Date \_\_\_\_\_

Mother's Res. Co. \_\_\_\_\_