

Application for a Wisconsin Birth Certificate

(H-15 In-Person)

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.

First Copy _____ \$20

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.]

Additional Copies _____ @ \$3

BIRTH CERTIFICATE 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	

APPLICANT'S RELATIONSHIP TO THE PERSON NAMED ON THE BIRTH CERTIFICATE. (Check one.)

According to Wisconsin Statute, a CERTIFIED copy of a birth certificate is only available to those with a "direct and tangible interest" (categories A–E below). You may select to receive an uncertified copy if you just need a copy for informational purposes OR if you do not meet the criteria for categories A–E. In that case, you may check category F below.

A. I am the PERSON NAMED on the birth certificate.

B. I am a member of the immediate family of the PERSON NAMED on the birth certificate. (Only those listed below qualify as immediate family.)
NOTE: Grandchildren, step-parents, step-children and step-brothers/step-sisters may only obtain certified copies as section II, categories C–E.

CHECK ONE:

Parent (whose name is on the birth certificate and whose parental rights have **not** been terminated)

Current Spouse Brother / Sister

Grandparent Child Current Domestic Partner (registered in the WI Vital Records System)

C. I am the legal custodian or guardian of the PERSON NAMED on the birth certificate. (Legal proof is required. See item 1 on page 2.)

D. I am a representative authorized, in writing, by any of the aforementioned (categories A–C). (The written and **notarized** authorization must accompany this application. See item 1 on page 2.)

E. 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. (Proof is required.)

Specify your interest: _____

F. Uncertified copy (informational purposes only; not valid for legal purposes) – Persons not in categories A–E above OR who do not need a copy for legal purposes. (See item 1 on page 2.)

PURPOSE FOR WHICH CERTIFICATE IS REQUESTED (Specify. This information will assist us in processing your request.)

1. YOUR FULL NAME (First, Middle, Last)		2. DAYTIME TELEPHONE NUMBER	
3. STREET ADDRESS or P.O. BOX		APT. NUMBER	4. E-MAIL ADDRESS
5. CITY, VILLAGE, or TOWNSHIP		6. STATE	7. ZIP CODE
8. TYPE OF CURRENT VALID PHOTO ID	9. PHOTO ID NUMBER	10. STATE OF ISSUANCE	11. EXPIRATION DATE

Signature _____