

WISCONSIN BIRTH CERTIFICATE APPLICATION

Send completed form, self-addressed envelope and appropriate fee to: **Bayfield County Register of Deeds**
 Make check or money order payable to (same): **PO Box 813**
Washburn WI 54891

Include a photocopy of a valid photo ID (i.e. driver's license, state ID)

PENALTIES: Any person who wilfully and knowingly makes 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 Chapter 69.24(1), Wisconsin Statutes].

APPLICANT INFORMATION	THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION			
	YOUR Name (Please Print)		YOUR Daytime Telephone Number ()	
	YOUR Street Address No.	Apt.	MAIL TO Address (if different) No.	Apt.
City / State / Zip		City / State / Zip		

RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE	According to Wisconsin Statute, a CERTIFIED copy of a BIRTH certificate is only available to a person with a "Direct and Tangible Interest." If you do not meet any of the criteria for boxes A – F, please refer to the information on page 2.			
	Check one box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the certificate.			
	<input type="checkbox"/> A. I am the PERSON NAMED on the certificate.			
	<input type="checkbox"/> B. I am the parent of the PERSON NAMED on the certificate, and my parental rights have not been terminated. (Note: In the case of a non-marital birth, the father's rights must have been established before he may obtain a copy of the certificate under this category.)			
	<input type="checkbox"/> C. I am the legal custodian or guardian of the PERSON NAMED on the certificate.			
	<input type="checkbox"/> D. I am a member of the immediate family of the PERSON NAMED on the certificate. (Only those listed below qualify as immediate family.) CHECK ONE: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Grandparent			
	<input type="checkbox"/> E. I am a representative authorized , in writing, by any of the aforementioned (A through D). The written authorization must accompany this application. Specify whom you represent. _____			
	<input type="checkbox"/> F. 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. _____			
	<input type="checkbox"/> G. Other: Uncertified copy only. Copy will not be valid for identification purposes. (Please refer to the information on page 2.)			

FEES	<input type="checkbox"/> Search Fee (includes one copy of the birth certificate, if found) \$20.00 <u>20.00</u>			
	<input type="checkbox"/> Each additional copy of the same record, issued at the same time as the first copy _____ X 3.00 _____ <div style="text-align: right; margin-right: 50px;">No. of Copies</div> NOTE: FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND. TOTAL _____			

BIRTH RECORD INFORMATION	First Name		Middle Name		Last Name at Birth	
	Sex	Birthdate (Mo/Day/Yr)	City		County	
	Mother's MAIDEN Name			First Name		Middle Name
Father's Last Name			First Name		Middle Name	

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 certificate in accordance with the categories checked above.

SIGNATURE - Applicant (Person Completing Application)	Date Signed
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OFFICE	Below is FOR OFFICE USE ONLY		
	File Date	Mother's County	Certificate No.