

# WISCONSIN DEATH 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 willfully and knowingly makes false application for a death 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].

<b>DEATH INFORMATION</b>	<b>FULL NAME OF DECEDENT (First, Middle, LAST)</b>		<b>DECEDENT'S DATE OF DEATH</b>		
	<b>PLACE OF DEATH</b>		<b>CITY, VILLAGE, TOWNSHIP</b>		
	<b>DECEDENT'S SOCIAL SECURITY NUMBER</b>		<b>DECEDENT'S AGE / BIRTHDATE</b>		
	<b>DECEDENT'S OCCUPATION</b>		<b>DECEDENT'S SPOUSE</b>		
	<b>NAMES OF DECEDENT'S PARENTS</b>				
<b>APPLICANT INFORMATION</b>	<b>THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION</b>				
	YOUR Name (Please Print)		YOUR Daytime Telephone Number ( )		
	YOUR Street Address	Apt. No.	MAIL TO Address (if different)	Apt. No.	
	City / State / Zip		City / State / Zip		
<b>RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE</b>	<p>According to Wisconsin State Statute, a <b>CERTIFIED</b> 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 instructions on the back.</p> <p style="text-align: center;"><b>Check one box which indicates YOUR RELATIONSHIP to the PERSON NAMED (decedent) on the death certificate.</b></p> <p><b>CERTIFIED COPY</b></p> <p><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</p> <p><input type="checkbox"/> B. I am the <b>legal custodian or guardian</b> of the PERSON NAMED on the death certificate.</p> <p><input type="checkbox"/> C. I am a <b>representative who is authorized</b>, in writing by any of the aforementioned (A through B). The written authorization must accompany this application.                  Specify whom you represent. _____</p> <p><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. _____</p> <p><b>NON-CERTIFIED COPY</b></p> <p><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 may receive a non-certified copy of both the "Fact of Death" certificate and the "Extended Fact of Death" certificate.)</p> <p><input type="checkbox"/> F. Other: Non-certified copy only. Copy will not be valid for legal purposes. (Refer to instructions on the back.)</p>				
	<b>FEES</b>	<input type="checkbox"/> First copy (The fee is for a search and the first copy.) <input type="checkbox"/> Fact of Death or <input type="checkbox"/> Extended Fact of Death    \$ 20.00 <u>20.00</u>			
		<input type="checkbox"/> Each additional copy of the same certificate, issued at the same time as the first copy.			
		(post 2002 deaths) <input type="checkbox"/> Fact of Death Certificate ( <b>without</b> cause of death and disposition) (can be used for banking and most other financial transactions)		_____ X \$ 3.00 _____	
		(all pre-2003 deaths) <input type="checkbox"/> Extended Fact of Death Certificate ( <b>with</b> cause of death and disposition) (can be used for insurance benefit claims)		_____ X \$ 3.00 _____ No. of Copies	
	<p><b>NOTE: FIRST COPY FEE IS NOT REFUNDABLE IF RECORD IS NOT FOUND.</b></p> <p style="text-align: right;"><b>TOTAL</b> _____</p>				
<p><b>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 the requested death certificate(s) in accordance with the categories listed above.</b></p>					
SIGNATURE - Applicant			Today's Date		
<b>OFFICE USE ONLY</b>	CERTIFICATE NUMBER		ID VERIFICATION (for in-person request)		