

WINNEBAGO COUNTY REGISTER OF DEEDS
 112 OTTER AVENUE P.O. BOX 2806 OSHKOSH WI 54903-2806
WISCONSIN DEATH CERTIFICATE APPLICATION
 (for Mail or In-Person Requests)

STATE OF WISCONSIN
 Wis. Stat § 69.21

TYPE or PRINT.

PENALTIES: Any person who illegally possesses any vital record with knowledge that the vital record has been illegally obtained is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than 3 years and 6 months, or both, per Wis. Stat § 69.24(1)].

I. APPLICANT INFORMATION	The information in Section I is about the person completing this application.			
	CURRENT NAME - First	Last	MAIL TO NAME - First (if different)	Last
	YOUR STREET ADDRESS (CANNOT be a P.O. Box Address)		MAIL TO ADDRESS (if different than street address)	
	City	State	ZIP Code	City
				State
		ZIP Code		
DAYTIME TELEPHONE NUMBER ()	EMAIL ADDRESS			
TYPE OF VALID PHOTO ID	PHOTO ID NUMBER	STATE OF ISSUANCE	EXPIRATION DATE	

II. APPLICANT'S RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE	Per Wis. Stat. § 69.21, a CERTIFIED copy of a death certificate is available to applicants with a "direct and tangible interest." (A-D)
	<p>Check one box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the death certificate.</p> <p>A. I am a member of the immediate family of the person named on the death certificate.</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Parent (My name is on the death certificate and my parental rights have not been terminated.) <input type="checkbox"/> Brother / Sister <input type="checkbox"/> Current Spouse <input type="checkbox"/> Child <input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Current Domestic Partner (registered in the Wis. Vital Records System) </p> <p>B. <input type="checkbox"/> I am the legal custodian of guardian of the person named on the death certificate.</p> <p>C. <input type="checkbox"/> I am a representative authorize by any person in category A or B, including an attorney. Specify the person you represent: _____</p> <p>D. <input type="checkbox"/> I can demonstrate the death certificate is necessary for the determination or protection of a personal or property right. Specify your interest: _____</p> <p>E. <input type="checkbox"/> I am a direct descendent of the decedent and am requesting an uncertified copy of the death certificate.</p> <p>F. <input type="checkbox"/> None of the above. I am requesting an uncertified copy. (Copy will not be valid for identity purposes.).</p> <p>NOTE: Stepparents, stepchildren, stepbrothers/sisters may only obtain certified copies as categories B-D.</p> <p>PURPOSE FOR WHICH CERTIFICATE IS REQUESTED:</p>

III. FEES	FIRST COPY FEE \$ 20.00 <u>20.00</u>
	<input type="checkbox"/> <u>Fact of Death</u> (without cause of death, manner of death and final disposition) (sufficient for most financial transactions) OR <input type="checkbox"/> <u>Extended Fact of Death</u> (with cause of death, manner of death and final disposition) (for insurance benefit claims)
	EACH ADDITIONAL COPY of the same record (issued at the same time as the first copy)
	<input type="checkbox"/> <u>Fact of Death</u> X \$ 3.00 _____ Number of Additional Copies <input type="checkbox"/> <u>Extended Fact of Death</u> X \$ 3.00 _____ Number of Additional Copies
FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATION REQUESTS ARE NOT ACCEPTED. TOTAL _____	

Make check or money order payable to: REGISTER OF DEEDS	Be sure to include: (1) Completed form (2) acceptable identification (3) any additional proof or authorization required (4) self-addressed stamped business-size envelope and (5) check or money order. MAIL APPLICATION AND FEE TO: REGISTER OF DEEDS P.O. BOX 2806 OSHKOSH, WI 54903-2806
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IV. DEATH INFORMATION	NAME OF DECEDENT - First	Middle	Last	DATE OF DEATH (MM/DD/YYYY)
	PLACE OF DEATH - County	PLACE OF DEATH - City, Village or Town	NAME OF DECEDENT'S SPOUSE (if living)	
	NAME OF DECEDENT'S MOTHER (First/Middle/Last name at BIRTH)		NAME OF DECEDENT'S FATHER (First/Middle/Last name at BIRTH)	

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 to the categories listed above.

SIGNATURE (Applicant)	Date Signed (MM/DD/YYYY)
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OFFICE USE ONLY	Applicant ID#: _____	Transaction ID#: _____	Carryover: <input type="checkbox"/>
Initials: _____	Date: _____	Certificate Numbers: _____	SVRIS: _____ AVID: _____
Cash / Check: \$ _____	Refund: \$ _____	Check#: _____	CC / VitalChek: \$ _____ ORDER#: _____

WISCONSIN DEATH CERTIFICATE APPLICATION INSTRUCTIONS

1. What is the difference between a “certified” and an “uncertified” copy of a death certificate?

A CERTIFIED COPY:

- Is printed on security paper, has a raised seal, and shows the signature of the State Registrar or Local Registrar.
- Can be used for legal purposes.
- Can only be obtained with a direct and tangible interest as defined in Wis. Stat. § 69.20(1).

AN UNCERTIFIED COPY:

- Is printed on plain paper and marked “uncertified.”
- Is for information purposes only and cannot be used for identity or legal purposes.
- Contains the same information as a certified copy.

2. How long will it take to process my request?

APPLYING IN PERSON

- Requests for certified or uncertified copies of death certificates are usually completed within 30 minutes.

APPLYING BY MAIL

- Requests for certified or uncertified copies of death certificates are usually completed and mailed the same day they are received.

3. What identification is required when applying for a death certificate?

- Requests for certified copies require proof of identification. Applicant’s original ID is required for in-person applications.
- A **photocopy** of the applicant’s ID is required for mail applications.

At least one form of ID must show your name and address. Expired cards or documents will not be accepted.

Examples of acceptable forms of identification include:

One of these:

State issued driver’s license or ID card
US Government issued photo ID
US or Foreign passport
Tribal or Military ID card

OR

Two of these:

Bank/Earnings statement
Current, dated, signed lease
Health insurance card
Utility bill or traffic ticket
Vehicle registration/title

**If you have questions regarding this form, please call 920-232-3390
or visit our website at www.co.winnebago.wi.us**