WISCONSIN DEATH CERTIFICATE APPLICATION 11/07

Send completed form, self addressed envelope and appropriate fee to: **Register of Deeds 801 N. Sales St. Suite 102 Merrill, WI 54452-1632**

Make check or money order payable to: **Register of Deeds**

Please check with local county or www.wrdaonline.org\vitalrecord as some counties require money order.

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].

DEATH INFORMATION

FULL NAME OF DECEDENT (First, Middle, LAST)		DECEDENT'S DATE OF DEATH
PLACE OF DEATH	**CITY, VILLAGE, TOWNSHIP**	**COUNTY**
DECEDENT'S SOCIAL SECURITY NUMBER	**DECEDENT'S AGE / BIRTHDATE**	**DECEDENT'S OCCUPATION**
NAME OF DECEDENT'S SPOUSE	**NAMES OF DECEDENT'S PARENTS**	

APPLICANT INFORMATION

THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION

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

RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE

According to Wisconsin State 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 instructions on the back.

Check one box which indicates YOUR RELATIONSHIP to the PERSON NAMED (decedent) on the death certificate.

CERTIFIED COPY

☐ A. I am a **member of the immediate family** of the PERSON NAMED on the death certificate. (Only those listed below qualify as immediate family.)

CHECK ONE: ☐ Spouse ☐ Child ☐ Parent ☐ Brother ☐ Sister ☐ Grandparent

☐ B. I am the **legal custodian or guardian** of the PERSON NAMED on the death certificate.

☐ C. I am a **representative who is authorized**, in writing by any of the aforementioned (A through B). The written authorization must accompany this application.

Specify whom you represent. _____

☐ D. I can demonstrate that the information from the death certificate is necessary for the **determination or protection of a personal or property right** for myself/my client/my agency (includes funeral director, informant and medical certifier named on the record).

Specify interest. _____

NON-CERTIFIED COPY

☐ E. I am a **direct descendent** 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.)

☐ F. Other: Non-certified copy only. Copy will not be valid for legal purposes. (Refer to instructions on the back.)

FEES

☐ First copy (The fee is for a search and the first copy.) ☐ Fact of Death or ☐ Extended Fact of Death $ 20.00 20.00

☐ Each additional copy of the same certificate, issued at the same time as the first copy.

(post 2002 deaths) ☐ Fact of Death Certificate (**without** cause of death and disposition) (can be used for banking and most other financial transactions) _____ X $ 3.00 _____

(all pre-2003 deaths) ☐ Extended Fact of Death Certificate (**with** cause of death and disposition) (can be used for insurance benefit claims) _____ X $ 3.00 _____

No. of Copies

NOTE: FIRST COPY FEE IS NOT REFUNDABLE IF RECORD IS NOT FOUND. **TOTAL** _____

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.

SIGNATURE - Applicant	Today's Date

OFFICE USE ONLY	CERTIFICATE NUMBER	ID VERIFICATION (for in-person request)