

WISCONSIN TERMINATION OF DOMESTIC PARTNERSHIP CERTIFICATE APPLICATION

(for Mail or In-Person Requests)

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
CURRENT NAME - First Last MAIL TO NAME - First (if different) Last
YOUR STREET ADDRESS (CANNOT be a P.O. Box address) Apt. No. MAIL TO ADDRESS (if different) Apt. No.
City State ZIP Code City State ZIP Code
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
TYPE OF CURRENT VALID PHOTO ID PHOTO ID NUMBER STATE OF ISSUANCE EXPIRATION DATE

II. APPLICANT'S RELATIONSHIP TO PERSON(S) NAMED ON THE CERTIFICATE
Per Wis. Stat. § 69.20(1), a CERTIFIED copy of a termination of domestic partnership certificate is only available to those with a "direct and tangible interest." (A-E)
CHECK ONE box which indicates YOUR RELATIONSHIP to one of the PERSONS NAMED on the termination of domestic partnership certificate.
A. I am one of the persons named on the termination of domestic partnership certificate.
B. I am a member of the immediate family of one of the persons named on the termination of domestic partnership certificate.
C. I am the legal custodian or guardian of one of the persons named on the termination of domestic partnership certificate.
D. I am a representative authorized by any person in categories A - C, including an attorney.
E. I can demonstrate the divorce certificate is necessary for the determination or protection of a personal or property right.
F. None of the above. I am requesting an uncertified copy.
NOTE: Grandchildren, stepparents, stepchildren, stepbrothers / stepsisters may only obtain certified copies as categories C - E.

III. FEES
First Copy Fee \$ 20.00 20.00
Additional copies of the same record issued at the same time as the first copy X \$ 3.00
Number of Additional Copies
TOTAL

Submit your application materials and fee to:
Be sure to include: completed form, acceptable identification, payment, any additional proof or authorization required

IV. TERMINATION OF DOMESTIC PARTNERSHIP INFORMATION
PARTNER "A" BIRTH NAME - First Middle Last
PARTNER "B" BIRTH NAME - First Middle Last
COUNTY (where the termination of domestic partnership was filed) DATE OF THE OFFICIAL TERMINATION (MM/DD/YYYY)

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 termination of domestic partnership in accordance with the categories listed above.
SIGNATURE (Applicant) Date Signed (MM/DD/YYYY)

Important: Signature and payment are required for processing.

1. **What is the difference between a “certified” and an “uncertified” copy of a termination of domestic partnership 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**

**APPLYING BY MAIL**

3. **What identification is required when applying for a termination of domestic partnership 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  
or visit our website at**