

WISCONSIN DEATH 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 s. 69.24(1)].

I. APPLICANT INFORMATION	The information in Section I is about the person completing this application.					
	YOUR CURRENT NAME - First Middle Initial Last				YOUR DAYTIME TELEPHONE NO. ()	
	YOUR STREET ADDRESS (CANNOT be a P.O. Box address) Apt. No.			MAIL TO ADDRESS (if different than street address) Apt. No.		
	City State ZIP Code		City State ZIP Code		City State ZIP Code	
ATTACH A COPY OF YOUR CURRENT VALID PHOTO ID (State Issued Photo ID, Drivers license, or Tribal ID) See item 3, on page 2.)						

II. APPLICANT'S RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE	Per Wis. Stat.69.20(1), a CERTIFIED copy of a death certificate is only available to those 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><input type="checkbox"/> Parent (My name is on the death certificate and my parental rights have <u>not</u> been terminated.)</p> <p><input type="checkbox"/> Current Spouse <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Child</p> <p><input type="checkbox"/> Brother / Sister <input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Current State Registered Domestic Partner</p> <p>B. <input type="checkbox"/> I am the legal custodian or guardian of the PERSON NAMED on the death certificate. (Legal proof is required.)</p> <p>C. <input type="checkbox"/> I am a legal representative authorized by any person in category A or B, including an attorney. Specify whom you represent: _____</p> <p>D. <input type="checkbox"/> I can demonstrate that the death certificate is necessary for the determination or protection of a personal or property right. Specify whom you interest: _____</p> <p>E. <input type="checkbox"/> None of the above. I am requesting an Uncertified copy (Copy will not be valid for identity or legal purposes.)</p> <p>NOTE: Step parents, step children and step siblings may only obtain certified copies as categories by B-D.</p> <p>PURPOSE FOR WHICH THE UNCERTIFIED IS REQUESTED:</p>

III. FEES	FIRST COPY FEE \$ 20.00 \$20.00
	<input type="checkbox"/> <u>Fact of Death</u> (without cause of death) (sufficient for most financial transactions)
	OR <input type="checkbox"/> <u>Extended Fact of Death</u> (with cause of death) (for insurance benefit claims) *
	EACH ADDITIONAL COPY (issued at the same time as the first copy)
<input type="checkbox"/> <u>Fact of Death</u> X \$ 3.00 _____	
<input type="checkbox"/> <u>Extended Fact of Death</u> X \$ 3.00 _____	
CANCELLATION REQUESTS ARE NOT ACCEPTED. TOTAL _____	

Be sure to enclose: Payment, a completed form, acceptable identification, any additional proof or authorization required and a self-addressed, stamped, business size envelope. Mail your application materials and payment to: **Register of Deeds, 311 N Main St., Shawano, WI 54166.**
Phone: 715-524-2129

IV. DEATH RECORD INFORMATION	NAME OF DECEDENT - First Middle Last		DATE OF DEATH (Month / Day / Year)
	NAME of City, Village, or Township of Place of Death		COUNTY OF DEATH
	DECEDENT'S AGE / BIRTHDATE *	DECEDENT'S OCCUPATION *	NAME OF DECEDENT'S SPOUSE *
	NAME OF DECEDENT'S 1 st PARENT* (First / Middle / BIRTH Last Name)		NAME OF 2 nd DECEDENT'S PARENT* (First / Middle / BIRTH Last 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 death certificate in accordance with the categories listed above.	
SIGNATURE (Applicant)	Date Signed (Month / Day / Year)

Important: Signature and payment are required for processing.

The fields marked with an asterisk () complete to the best of your knowledge. The information is helpful but not required.

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

A CERTIFIED COPY:

- Is printed on of a death security paper, has a raised seal, and shows the signature of the 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. **Limitations on access to cause of death information**

Certified and uncertified copies of death records shall not include the extended fact of death (cause of death) unless 50 years have elapsed from the year in which the death occurred or the requestor has a direct and tangible interest per Wis. Stat. 69.20(1), or is a direct descendent of the decedent.

3. **How long will it take to process my request?**

APPLYING IN PERSON

- Request for certified and uncertified copies of death certificates are usually completed within 15 to 20 minutes.

APPLYING BY MAIL

- Request for certified and uncertified copies are processed on the same day they are received. If not, an office staff member will call to let you know of any problems or delays that same day the application is received.

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

- All requested 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 state 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 contact my office at 715-524-2129.

Thank you,

**Amy Dillenburg
Shawano County Register of Deeds**