

## 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 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 than street address) Apt. No.	
	City	State ZIP Code	City	State ZIP Code
	DAYTIME TELEPHONE NUMBER ( )		EMAIL ADDRESS	
	TYPE OF CURRENT VALID PHOTO ID (See item 4, on page 2.)	PHOTO ID NUMBER	STATE OF ISSUANCE	EXPIRATION DATE
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)			
	CHECK ONE box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the death certificate.			
	A. I am a member of the immediate family of the person named on the death certificate. <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)			
	B. <input type="checkbox"/> I am the legal custodian or guardian of the person named on the death certificate. C. <input type="checkbox"/> I am a representative authorized by any person in category A or B, including an attorney. Specify the person you represent: _____			
	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: _____ E. <input type="checkbox"/> I am a direct descendent of the decedent and am requesting an uncertified copy of the death certificate. F. <input type="checkbox"/> None of the above. I am requesting an uncertified copy. (Copy will not be valid for identity or legal purposes.) NOTE: Stepparents, stepchildren, stepbrothers / stepsisters may only obtain certified copies as categories B-D.			
III. FEES	PURPOSE FOR WHICH CERTIFICATE IS REQUESTED:			
	FIRST COPY FEE ..... \$ 20.00 \$20.00			
	<input type="checkbox"/> Fact of Death (without cause of death) (sufficient for most financial transactions)			
	OR <input type="checkbox"/> Extended Fact of Death (with cause of death) (for insurance benefit claims)			
	EACH ADDITIONAL COPY (issued at the same time as the first copy) <input type="checkbox"/> Fact of Death ..... X \$ 3.00 Number of Additional Copies <input type="checkbox"/> Extended Fact of Death ..... X \$ 3.00 Number of Additional Copies			
FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATION REQUESTS ARE NOT ACCEPTED. TOTAL				
Submit your application materials and fee to:				
Be sure to include: <input type="checkbox"/> completed form, <input type="checkbox"/> acceptable identification, <input type="checkbox"/> payment, <input type="checkbox"/> any additional proof or authorization required and a self addressed, stamped, business-size envelope				
Grant County Register of Deeds, PO Box 391, Lancaster WI 53813				
IV. DEATH RECORD INFORMATION	NAME OF DECEDENT - First Middle Last		DATE OF DEATH (MM/DD/YYYY)	
	PLACE OF DEATH - County	PLACE OF DEATH - City, Village, or Township *		DECEDENT'S SOCIAL SECURITY NUMBER *
	DECEDENT'S AGE / BIRTHDATE *	DECEDENT'S OCCUPATION *	NAME OF DECEDENT'S SPOUSE *	
	NAME OF DECEDENT'S PARENT *		NAME OF DECEDENT'S PARENT *	
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 (MM/DD/YYYY)		

**Important: Signature and payment are required for processing.**

\*The fields marked with an asterisk (\*) do not have to be completed. 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 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. 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**

Requests for certified copies of death certificates are usually completed within 2 business hours of application, if the death certificate is on file.

Requests for uncertified copies of death certificates are not completed on the same schedule as requests for certified copies.

In-person requests for uncertified copies may take up to 1 month to complete.

**APPLYING BY MAIL**

Requests for certified copies of death certificates may take up to 2 weeks plus mail time to complete.

Requests for uncertified copies of death certificates are not completed on the same schedule as certified copies. Mail requests for uncertified copies may take up to 1 month plus mail time.

**4. 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  
or visit our website at**