

*****FOR MAIL REQUESTS:** Complete this form and return it to the following address. **Include a self-addressed, stamped envelope and appropriate fee.** Please make **MONEY ORDER** payable to:

Racine County Register of Deeds
730 Wisconsin Avenue
Racine, WI 53403

Complete ENTIRE Form

PENALTIES: Any person who willfully and knowingly makes false application for a birth certificate shall be fined not more than \$10,000 or imprisoned not more than 2 years or both.

BIRTH INFO

BIRTH (or ADOPTED) NAME of record requested: _____

SEX: M F **DATE OF BIRTH:** Month _____ Day _____ Year _____

PLACE OF BIRTH: (City, Village, Township) _____ County _____

MOTHER'S FULL BIRTH (MAIDEN) NAME: _____

FATHER'S NAME: _____

(Only write if father's name is on birth record. Father's name is usually NOT on record if parents were unmarried at the time of birth and/or paternity has NOT been established.)

According to Wisconsin State Statute 69, a CERTIFIED copy of a Birth record is ONLY available to persons with a "Direct and Tangible Interest" in the record.

Check **ONE** Box—What is your relationship with the person on the birth record you want?

Is this record being used to obtain a MARRIAGE LICENSE or for use with the U.S. Military? Yes No

A. It is **MY birth record**—I am the person named on the record.

B. **I am the PARENT** of the person named on the record and my parental rights have NOT been terminated.

NOTE: In the case of a NON-MARITAL child, father's rights MUST have been established by a court or paternity affidavit BEFORE he (or the paternal grandparents as shown in Item D) may obtain a copy of the record under this category.

C. **I am the LEGAL CUSTODIAN or GUARDIAN** of the person named on the record. (Must provide documentation)

D. **I am a member of the IMMEDIATE family** of the person named on the record.
(You must be listed below to qualify as immediate family)

(Check one) Spouse Child Brother Sister Grandparent: Maternal Paternal... See Item B for limitations

E. **I am AUTHORIZED IN WRITING**, by any of the individuals above (A - D), including an attorney:
Name of whom you have written permission from: _____

F. **I can demonstrate** that the information from **this RECORD IS NECESSARY FOR A LEGAL REASON** or for the determination, purpose, or protection of a personal or property right for myself / my agency / my client.

Indicate what the purpose is here: _____

G. Other: **NON-CERTIFIED COPY ONLY.** NON-MARITAL BIRTHS are ONLY available to persons in categories A - F.

FEES: FIRST copy is \$20. EACH additional copy of this record (at this time) is \$3.

NOTE: It is illegal to make a photocopy of a certified record.

NO PERSONAL CHECKS on MAIL requests – MONEY ORDER/CASHIER CHECKS ONLY.

The fee is for a search of the record and the cost of the first copy. The fee is NON-REFUNDABLE even if NO record is found.

How many copies?

Total Cost \$

This BOX is for OFFICE USE ONLY

ID Verified:

****Person requesting this record must complete below.****

PRINT Name _____ Today's Date _____

Signature _____ Phone _____

Mailing Address _____

(In-person requests must show proof of current address)

Mail Request (if different for mail requests) _____

Applicant to Complete — Person Requesting This Record