WISCONSIN DEATH CERTIFICATE APPLICATION 3/08

Send completed form and appropriate fee to:

SHEBOYGAN COUNTY REGISTER OF DEEDS
508 NEW YORK AVE
SHEBOYGAN WI 53081

Make ***check(NO out of state checks) or money order*** payable to: **SHEBOYGAN COUNTY REGISTER OF DEEDS**

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

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."

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.

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

The fee includes a surcharge of $13.00 which goes to the WI Dept of Administration for computer automation

☐ 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 (Person Completing Application)	Today's Date

OFFICE USE ONLY	VOLUME PAGE	Security Paper Number(s)