DEPARTMENT OF HEALTH SERVICES

Division of Public Health F-05282 (Rev. 11/2016)

STATE OF WISCONSIN

TYPE or PRINT.

Wis. Stat. § 69.21 Pa

age	1	of	2

WISCONSIN DIVORCE CERTIFICATE APPLICATION

(for Mail or In-Person Requests)

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)]

	CURRENT NAME - First	Last	and o months, or both	MAIL TO NA		(if different)	Last			
APPLICANT INFORMA										
	YOUR STREET ADDRESS (<i>CANNOT</i> be a P.O. Box address) Apt. No. MAIL TO ADDRESS (<i>if different than street address</i>) Apt. No.									
	City	State	State ZIP Code City				State	ZIP Code		
	DAYTIME TELEPHONE NUMBER ()			EMAIL ADDI	EMAIL ADDRESS					
	TYPE OF CURRENT VALID PHOTO ID PHOTO ID NUMBER (See item 3 on page 2.)			STATE OF ISSUANC			E EXPIRATION DATE			
	Per Wis. Stat. § 69.20(1), a CER ⁻	TIFIED copy of a d	livorce certificate	is only availab	le to thos	e with a "direct a	nd tangible i	nterest." (A–E)		
II. APPLICANT'S RELATIONSHIP TO PERSON(S) NAMED ON THE CERTIFICATE	 A. I am one of the persons named on the divorce certificate. B. I am a member of the immediate family of one of the persons named on the divorce certificate. Parent Child Brother / Sister Maternal Grandparent Paternal Grandparent C. I am the legal custodian or guardian of one of the persons named on the divorce certificate. D. I am a representative authorized by any person in categories A - C, including an attorney. Specify the person you represent: E. I can demonstrate the divorce certificate is necessary for the determination or protection of a personal or property right. Specify your interest F. None of the above. I am requesting an uncertified copy. (Copy will not be valid for identity or legal purposes.) 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 certificate issued at the same time as the first copy X \$ 3.00									
	t your application materials e to include: Completed		table identificat	ion, 🗌 paym	nent, 🗌 a	any additional p	proof or aut	horization required		
ION	PARTY "A" BIRTH NAME - First	Midd	le		BIRTH Last Name					
	PARTY "B" BIRTH NAME - First	Midd	Middle			BIRTH Last Name				
	LOCATION OF DIVORCE - County DA			DATE OF DIVO	TE OF DIVORCE (MM/DD/YYYY)					
	y attest that the information prov uested divorce certificate in acco				ıy knowle	dge and belief an	nd that I am e	ntitled to copies of		
SIGNA	TURE (Applicant)		Date Signed (MM/DD/YYYY)							
\triangleright										