

Application for a Wisconsin Death Certificate

(H-16 In-Person)

Vital Statistics, 841 North Broadway, Rm. 115, Milwaukee, WI 53202

Phone: 414-286-3516

Fax: 414-286-2036

Personally identifying information requested on this form, including credit card information, will be used to process your application and payment for the requested copies. Failure to supply this information may result in denial of your request for copies.

PENALTIES:

Any person who willfully and knowingly makes a 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 s. 69.24(1), Wis. Stats.]

1. FULL NAME (First, Middle, Last)		2. DAYTIME TELEPHONE NUMBER	
3. STREET ADDRESS or P.O. BOX		4. APT. NUMBER	4. E-MAIL ADDRESS
5. CITY, VILLAGE, or TOWNSHIP		6. STATE	7. ZIP CODE
8. TYPE OF CURRENT VALID PHOTO ID	9. PHOTO ID NUMBER	10. STATE OF ISSUANCE	11. EXPIRATION DATE

APPLICANT'S RELATIONSHIP TO THE PERSON NAMED ON THE DEATH CERTIFICATE. (Check one.)

According to Wisconsin 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.

- 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 authorized**, in writing, by one of the aforementioned (A or 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. _____
- E. I am a **direct descendent** of the PERSON NAMED on the death certificate (blood grandchild, great grandchild, etc.). (I may receive an uncertified copy of either the "Fact of Death" certificate or the "Extended Fact of Death" certificate.)
- F. **Other:** Uncertified copy only. Copy will not be valid for legal purposes.

PURPOSE FOR WHICH CERTIFICATE IS REQUESTED (Specify. This information will assist us in processing your request.)

DEATH CERTIFICATE INFORMATION

FULL NAME OF DECEDENT		DECEDENT'S DATE OF DEATH
PLACE OF DEATH (City, Village, or Township)	PLACE OF DEATH (County)	
DECEDENT'S SOCIAL SECURITY NUMBER	DECEDENT'S AGE / DEATHDATE	DECEDENT'S OCCUPATION
NAME OF DECEDENT'S SPOUSE		NAME OF DECEDENT'S PARENTS