

**\*\*\* FOR MAIL REQUESTS:** Complete this form and return it to the following address. **I 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?

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

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

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**