

Fax Application for a Wisconsin Death Certificate

(H-16 Regular)

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.]

INSTRUCTIONS: Please complete this form and fax to **(414) 286-2036**.

SECTION I – SHIP TO INFORMATION (Print or Type.) You must complete this section for application to be processed.				
1. FULL NAME (First, Middle, Last)			2. DAYTIME TELEPHONE NUMBER	
3. STREET ADDRESS or P.O. BOX (You must provide a street address if you are requesting shipping by UPS.)			4. APT. NUMBER	4. E-MAIL ADDRESS
5. CITY, VILLAGE, or TOWNSHIP			6. STATE	7. ZIP CODE
8. TYPE OF CURRENT VALID PHOTO ID (see item 4 on page 2)	9. PHOTO ID NUMBER		10. STATE OF ISSUANCE	11. EXPIRATION DATE

SECTION II – 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.” If you do not meet the criteria for boxes A–D, please refer to the information on page 3.

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. (Please refer to the information on page 2.)

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

APPLICANT'S RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE

SECTION III – DEATH CERTIFICATE INFORMATION

DEATH 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

SECTION IV – FEES FEES ARE NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATIONS ARE NOT ACCEPTED. Mandatory fees are already filled in. Please fill in additional fees for extra copies or UPS delivery, if applicable.

1. Search Fee (includes one copy of the death certificate, if found. Fee is set by State.)	\$20.00	\$20.00
2. Additional Copies of the Certificate (issued at the same time as the first) Number of copies _____	x 3.00	_____
3. Shipping <input type="checkbox"/> Regular Mail – No additional cost; mailed within 5 business days.	0.00	_____
	TOTAL	_____

SECTION V – CREDIT CARD INFORMATION We accept only VISA or MasterCard.

Name on Credit Card _____	Expiration Date: _____
Street Address _____	
Credit Card Number _____	
Validation Code: _____ (short # on the back side of your credit card)	
Signature of Credit Card Holder _____	

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 copies of the requested death certificate in accordance with the categories listed above.

Signature – Applicant (Person Completing Application)	Date Signed:
<input type="checkbox"/> I have included a copy of my current (not expired) photo ID with this application.	

FOR OFFICE USE ONLY:

Certificate No. _____ File Date _____
 Mother's Res. Co. _____

WISCONSIN DEATH CERTIFICATE APPLICATION (rev 12/11)

What is the difference between a 'certified' and an 'uncertified' copy of a death certificate?

A **certified** copy of a death certificate issued by the State Vital Records Office will have a raised seal, will show the signature of the local Registrar and will be printed on security paper. A certified copy may be required to settle an estate or to claim insurance benefits.

State law restricts who may obtain a certified copy of a death certificate. A **certified** copy can only be issued to those people with a 'direct and tangible interest' which means the following.

- **An immediate family member**, defined as current spouse, current domestic partner (Declaration registered in the Wisconsin Vital Records system), child, or parent (whose name is on the birth certificate AND whose parental rights have not been terminated), brother/sister, or grandparent of the person named on the certificate.

NOTE: Grandparents, step-parents and step-children can only obtain certified copies IF they:

- are the legal custodian or guardian of the person named on the certificate,
- are authorized in writing by the person named or an immediate family member or the custodian/guardian,
- can demonstrate that the information from the death certificate is necessary for the determination or protection of a personal or property right for the person named on the certificate

- **The legal custodian or guardian** of the person named on the death certificate. Legal proof, e.g. a court order of custody or guardianship is required.

- **A person authorized in writing by one of the above.** A written and notarized authorization must accompany the application and must clearly state the relationship of the authorizing party to the subject named on the certificate.

- **A person who can demonstrate that the death certificate is required to determine or protect a personal or property right.** Proof of such right is required.

IF you do not meet one of the above criteria, you cannot receive a **CERTIFIED** copy of a death certificate.

An **UNCERTIFIED** copy will contain the same information as a certified copy but it is NOT acceptable for legal purposes, such as insurance claims or benefits.

For pre-2003 death certificates, an **UNCERTIFIED** copy of a death certificate will contain the same information as a certified copy.

For death certificates 2003-present, only persons named in Section 1 above may have access to the information which includes cause of death.

CAUSE OF DEATH is needed for insurance and other benefit claims.

FACT OF DEATH (without cause) can be used for banking and most other financial transactions.

How long will it take to process my request?

Copies of death certificates from deaths that occurred in the City of Milwaukee are usually available from this office within 3 weeks following the death.

APPLYING IN PERSON

In-person requests for **certified** or **uncertified** copies of death certificates are usually completed with 15 minutes.

APPLYING BY MAIL

Requests for **certified** or **uncertified** copies of death certificates are usually completed with 72 hours of our receipt of your request.

What identification is required when applying for a certified or uncertified copy of a death certificate?

A photocopy of the applicant's current ID as listed below must be submitted with ALL mail or faxed applications. A current ID as listed below is required when submitting any type of application.

AT LEAST ONE FORM OF ID must show your current name and current address. Expired cards or documents will not be accepted.

The acceptable forms of identification are:

ONE OF THESE:

- Wisconsin driver's license
- Wisconsin photo ID
- Out-of-state driver's license or photo ID card

– OR –

TWO OF THESE:

- Government-issued employee ID card or badge with photo
- US Passport
- Check or bank book
- Major Credit Card
- Health Insurance Card
- Recent dated, signed lease
- Recent utility bill or traffic ticket

IF YOU HAVE QUESTIONS, PLEASE CALL 414-286-3503
OR VISIT OUR WEBSITE:
www.milwaukee.gov/health