

# WISCONSIN DEATH CERTIFICATE APPLICATION

- Send completed form, self-addressed envelope and appropriate fee to: **Register of Deeds, 330 Court Street, Eagle River, WI 54521**
- Make check or money order payable to: **Vilas County Register of Deeds**

**PENALTIES:** Any person who willfully and knowingly makes false application for a death certificate shall be fined not more than \$10,000 or imprisoned not more than 3 years or both.

<b>APPLICANT INFORMATION</b>	<b>THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION</b>			
	YOUR Name (Please Print)			
	YOUR Signature		Today's Date	
	YOUR Daytime Telephone Number ( )			
	YOUR Street Address		Mailing Address (if different)	
<b>RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE</b>	<b>According to Wisconsin State Statute, a CERTIFIED copy of a DEATH record is only available to a person with a "Direct and Tangible Interest". If you do not meet the criteria for boxes A – E, you can only receive an uncertified copy.</b>			
	Check one box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the record:			
	<input type="checkbox"/> A. I am a <u>parent</u> of the PERSON NAMED on the record. <input type="checkbox"/> B. I am the <u>legal custodian or guardian</u> of the PERSON NAMED on the record. <input type="checkbox"/> C. I am a <u>member of the immediate family</u> of the PERSON NAMED on the record. (Only those listed below qualify as immediate family.) <b>CIRCLE ONE:</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Spouse</span> <span>Child</span> <span>Brother</span> <span>Sister</span> <span>Grandparent</span> </div>			
	<input type="checkbox"/> D. I am a <u>representative who is authorized</u> , in writing, by any of the aforementioned (A through C). The written authorization must accompany this application. Specify whom you represent _____			
	<input type="checkbox"/> E. I can demonstrate that the information from the record is necessary for the <u>determination or protection of a personal or property right</u> for myself/my client/my agency. Specify interest _____			
<b>FEES</b>	<b>FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND.</b>			
	<input type="checkbox"/> \$20.00	First copy (The fee is for a search and a first copy.)	_____ \$ _____	
	<input type="checkbox"/> \$ 3.00	Each additional copy of the same record, issued at the same time as the first copy.	_____ \$ _____	
<b>TOTAL</b>			<b>\$ _____</b>	
<b>DEATH INFORMATION</b>	<b>FULL NAME OF DECEDENT</b>			
	<b>PLACE OF DEATH</b>	<b>CITY, VILLAGE, TOWNSHIP</b>	<b>COUNTY</b>	
	<b>DATE OF DEATH</b>	<b>DECEDENT'S SOCIAL SECURITY NUMBER</b>		
	<b>DECEDENT'S AGE/ BIRTHDATE</b>	<b>DECEDENT'S OCCUPATION</b>		
<b>NAME OF DECEDENT'S SPOUSE</b>	<b>NAME OF DECEDENT'S PARENTS</b>			
<b>OFFICE USE</b>	<b>Below is for OFFICE USE ONLY</b>			
	<b>Date:</b> _____	<b>ID:</b> _____		
<b>Certificate Number:</b> _____		<b>Amount Paid:</b> _____	<input type="checkbox"/> Cash <input type="checkbox"/> Ck # _____	