

**WISCONSIN DECLARATION OF DOMESTIC PARTNERSHIP APPLICATION**  
 (for Mail or In-Person Requests)

TYPE or PRINT.

**PENALTIES:** Any person who willfully and knowingly makes a false application for a declaration of domestic partnership shall be fined not more than \$1,000 or imprisoned not more than 90 days, or both, per s. 69.24(2), Wis. Stats. Any person who willfully and knowingly obtains a declaration of domestic partnership for fraudulent purposes 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 s. 69.24(1), Wis. Stats.].

<b>I. APPLICANT INFORMATION</b>	The information in Section I is about the person completing this application.					
	YOUR CURRENT NAME - First			Middle	Last	YOUR DAYTIME TELEPHONE NUMBER (      )
	YOUR STREET ADDRESS (CANNOT be a P.O. Box address)			Apt. No.	MAIL TO ADDRESS (if different)	
	City, Village, or Township		State	Zip Code	City or Village	State      Zip Code
TYPE OF CURRENT VALID PHOTO ID <i>(See item 4 on page 2.)</i>		PHOTO ID NUMBER		STATE OF ISSUANCE <i>(Indicate country, if not issued in U.S.A.)</i>		EXPIRATION DATE

<b>II. APPLICANT'S RELATIONSHIP TO PERSON(S) NAMED ON THE DECLARATION</b>	According to Wisconsin Statute, a CERTIFIED copy of a declaration of domestic partnership is only available to those with a "direct and tangible interest" (categories A – E below.) You may select to receive an uncertified copy if you just need a copy for informational purposes OR if you do not meet the criteria for categories A – E. In that case, you may check category F below. <i>(See item 1 on page 2 for more details.)</i>
	Check one box which indicates YOUR RELATIONSHIP to one of the PERSONS NAMED on the declaration of domestic partnership. <input type="checkbox"/> A. I am one of the PERSONS NAMED on the declaration of domestic partnership. <input type="checkbox"/> B. I am a member of the immediate family of one of the PERSONS NAMED on the declaration of domestic partnership. <i>(Only those listed below qualify as immediate family. NOTE: Grandchildren, step-parents, and step-children may only obtain certified copies as C – E.)</i> CHECK ONE. <input type="checkbox"/> Parent (whose name is on either domestic partner's birth certificate and whose parental rights have <u>not</u> been terminated) <input type="checkbox"/> Current Domestic Partner <input type="checkbox"/> Current Spouse <input type="checkbox"/> Child <input type="checkbox"/> Brother / Sister <input type="checkbox"/> Grandparent <input type="checkbox"/> C. I am the legal guardian of one of the PERSONS NAMED on the declaration of domestic partnership. <i>(Legal proof is required. See item 1 on page 2.)</i> <input type="checkbox"/> D. I am a representative authorized, in writing, by any of the aforementioned (categories A - C). <i>(The written, NOTARIZED authorization must accompany this application. See item 1 on page 2.)</i> Specify whom you represent: _____ <input type="checkbox"/> E. I can demonstrate that the information from the declaration of domestic partnership is necessary for the determination or protection of a personal or property right for myself/my client/my agency. <i>(Proof is required.)</i> Specify interest: _____ <input type="checkbox"/> F. Uncertified copy (informational purposes only; not valid for legal purposes) – Persons not in categories A – E above OR who do not need a copy for legal purposes. <i>(See item 1 on page 2.)</i>
PURPOSE FOR WHICH DECLARATION IS REQUESTED <i>(Specify. This information will assist us in processing your request.)</i>	

<b>III. FEES</b>	<b>FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATION REQUESTS ARE NOT ACCEPTED.</b>	
	<input checked="" type="checkbox"/> Search Fee (includes one copy, if found) .....	\$ 20.00    20.00
	<input type="checkbox"/> Each additional copy of the same record, issued at the same time as the first copy .....	X \$ 3.00    _____ Number of Copies
<b>TOTAL</b> _____		

Make check or money order payable to: STATE OF WIS. VITAL RECORDS      Mail your application materials and fee to: STATE VITAL RECORDS OFFICE / PO BOX 309 / MADISON, WI 53701-0309  
**Be sure to include (1) completed form, (2) acceptable identification, (3) any additional proof or authorization required, (4) self-addressed, stamped, business-size envelope, and (5) check or money order.**

<b>IV. DECLARATION OF DOMESTIC PARTNERSHIP</b>	PARTNER A NAME (as listed on declaration of domestic partnership) - First	Middle	Last Name
	PARTNER B NAME (as listed on declaration of domestic partnership) - First	Middle	Last Name
	COUNTY (where the declaration of domestic partnership was filed)	DATE FILED (Month/Day/Year the declaration was filed at the Register of Deeds Office)	

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 declaration of domestic partnership in accordance with the categories listed above.

SIGNATURE - Applicant (Person Completing Application)	Date Signed (Month / Day / Year)
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<b>VITAL RECORDS OFFICE USE ONLY</b>	Certificate Number
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