

WISCONSIN TERMINATION OF DOMESTIC PARTNERSHIP CERTIFICATE APPLICATION
 (for Mail or In-Person Requests)

TYPE or PRINT.

PENALTIES: Any person who willfully and knowingly makes a false application for a certificate of termination 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 certificate of termination 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.].

I. APPLICANT INFORMATION	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)	Apt. No.
	City, Village, or Township		State	Zip Code	City, Village, or Township	State Zip Code
	TYPE OF CURRENT VALID PHOTO ID (See item 4 on page 2.)		PHOTO ID NUMBER		STATE OF ISSUANCE (Indicate country, if not issued in U.S.A.)	EXPIRATION DATE

II. APPLICANT'S RELATIONSHIP TO PERSON(S) NAMED ON THE RECORD	According to Wisconsin Statute, a CERTIFIED copy of a certificate of termination 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. (See item 1 on page 2 for more details.)
	Check one box which indicates YOUR RELATIONSHIP to one of the PERSONS NAMED on the certificate of termination of domestic partnership. <input type="checkbox"/> A. I am one of the PERSONS NAMED on the certificate of termination of domestic partnership <input type="checkbox"/> B. I am a member of the immediate family of one of the partners named on the certificate of termination of domestic partnership. (Only those listed below qualify as immediate family. NOTE: Grandchildren, step-parents, and step-children may only obtain certified copies as C – E.) CHECK ONE. <input type="checkbox"/> Parent (whose name is on one of the partner's birth document and whose parental rights have not 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 partners named on the certificate of termination of domestic partnership. (Documentation of guardianship required) <input type="checkbox"/> D. I am a representative authorized, in writing, by any of the aforementioned (categories A – C). (The written, NOTARIZED authorization must accompany this application. See item 1 on page 2.) Specify whom you represent: _____ <input type="checkbox"/> E. I can demonstrate that the information from the certificate of termination of domestic partnership is necessary for the determination or protection of a personal or property right for myself/my client/my agency. (Proof is required.) 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. (See item 1 on page 2.)
PURPOSE FOR WHICH DOCUMENT IS REQUESTED (Specify. This information will assist us in processing your request.)	

III. FEES	FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATION REQUESTS ARE NOT ACCEPTED.	
	<input checked="" type="checkbox"/> Search Fee (includes one copy, if found)	\$ 20.00 <u>20.00</u>
	<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
TOTAL _____		

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.

IV. TERMINATION OF DOMESTIC PARTNERSHIP	PARTNER A NAME (as listed on certificate of termination) - First	Middle	Last Name
	PARTNER B NAME (as listed on certificate of termination) - First	Middle	Last Name
	COUNTY (where the certificate of termination of domestic partnership was filed)	DATE OF OFFICIAL FILING OF THE CERTIFICATE OF TERMINATION (Month/Day/Year Certificate filed in 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 Certificate of Termination of Domestic Partnership in accordance with the categories listed above.

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