DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-00126 (01/10)

STATE OF WISCONSIN
Chapter 69.21, Wis. Stats.

FAX APPLICATION FOR A WISCONSIN DECLARATION OF DOMESTIC PARTNERSHIP

Personally identifying information requested on this form, including credit card information and your signature, 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 of any Wisconsin Declaration of Domestic Partnership.

Your credit card number and expiration date are required. The credit card number and expiration date will only be used to process payment for the fees specified in SECTION III – FEES below of this FAX Application for a Wisconsin Declaration of Domestic Partnership.

PENALTIES: Any person who willfully and knowingly makes a false application for a Wisconsin Declaration of Domestic Partnership shall be fined not more than $1,000 or imprisoned not more than nine months, or both, per s. 69.24(2), Wis. Stats.

INSTRUCTIONS: Please complete this form and FAX to **608-255-2035**. ALL FAXED APPLICATIONS ARE CHARGED AN EXPEDITED SERVICE FEE.

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.**)		APT. NUMBER
4. CITY	5. STATE	6. ZIP CODE

SECTION II - APPLICANT'S RELATIONSHIP TO ONE OF THE PERSONS NAMED ON THE DECLARATION OF DOMESTIC PARTNERSHIP (CHECK ONE)

- ☐ I am **one of the persons named** on the declaration of domestic partnership.
- ☐ I am a Parent (whose parental rights have not been terminated) of the person named on the declaration of domestic partnership
- ☐ I am a **member of the immediate family** of the person named on the declaration of domestic partnership. (Only those listed below qualify as immediate family.) Check one: ☐ Current Spouse ☐ Brother / Sister ☐ Grandparent ☐ Child
  ☐ Current Domestic Partner (registered in the Wis. Vital Records System)
- ☐ I am the **legal guardian** of one of the persons named on the declaration of domestic partnership. (Legal documentation must accompany this application.)
- ☐ I am a **representative,** authorized in writing, by the person indicated by any of the above checkboxes. (The written authorization must accompany this application.) Specify the person you represent: _____
- ☐ 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.
  Specify interest: _____
- ☐ None of the above. I am requesting an uncertified copy of the declaration of domestic partnership. (Copy will not be valid for legal purposes.)

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)

SECTION III - 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 declaration of domestic partnership, if found) …… ……	$ 20.00	20.00
2. Additional Copies of the declaration (issued at the same time as the first) …… _____ (Number of Copies) X	$ 3.00	$0.00
3. Expedited Service Fee ……	$ 20.00	20.00
4. Credit Card Processing Fee ……	$ 6.00	6.00
5. Shipping ☐ Regular Mail - No additional cost; mailed within 5 business days ……	$ 0.00	
☐ UPS Next Day - $17.50 in the continental U.S.; shipped within 2 business days. …… **UPS packages require a signature for delivery.**	$ 17.50	
NOTE: If no box is checked, the copy will be sent by regular mail.	**TOTAL**	$46.00

SECTION IV - CREDIT CARD INFORMATION We accept Visa, MasterCard, American Express, or Discover.

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

➢ **SIGNATURE -** Credit Card Holder _____ DATE SIGNED _____

SECTION V - DECLARATION OF DOMESTIC PARTNERSHIP INFORMATION

PARTNER A NAME (First , Middle , Last, as it appears on the declaration)	PARTNER B NAME (First , Middle , Last, as it appears on the declaration)
COUNTY (where the declaration of domestic partnership was filed)	DATE FILED (Month/Day/Year the declaration was filed at the Register of Deeds Office)

VITAL RECORDS OFFICE USE ONLY	**Certificate Number**

Reset/Clear Form