

FAX APPLICATION FOR A WISCONSIN DIVORCE CERTIFICATE

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 Divorce Certificate.

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 Divorce Certificate.

PENALTIES: Any person who willfully and knowingly makes a false application for a divorce certificate 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 FAX APPLICATIONS ARE CHARGED AN EXPEDITED SERVICE FEE.

SECTION I - SHIP TO INFORMATION (Print or type.) (You must complete this section for the 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, VILLAGE, OR TOWNSHIP		5. STATE		6. ZIP CODE	

SECTION II - APPLICANT'S RELATIONSHIP TO ONE OF THE PERSONS NAMED ON THE DIVORCE CERTIFICATE (CHECK ONE)	
<input type="checkbox"/> I am one of the persons named on the divorce certificate. <input type="checkbox"/> I am a Parent (whose parental rights have <u>not</u> been terminated) of the person named on the divorce certificate <input type="checkbox"/> I am a member of the immediate family of the person named on the divorce certificate. (Only those listed below qualify as immediate family.) Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Brother / Sister <input type="checkbox"/> Grandparent <input type="checkbox"/> I am the legal custodian or guardian of one of the persons named on the divorce certificate. (Legal documentation must accompany this application.) <input type="checkbox"/> 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: _____ <input type="checkbox"/> I can demonstrate that the information from the divorce certificate is necessary for the determination or protection of a personal or property right for myself / my client / my agency. Specify interest: _____ <input type="checkbox"/> None of the above. I am requesting an uncertified copy of the divorce certificate. (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 divorce certificate 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 divorce certificate, if found)	\$ 20.00 <u>20.00</u>
2. Additional Copies of the Certificate (issued at the same time as the first)	X \$ 3.00 _____
Number of Copies	
3. Expedited Service Fee	\$ 20.00 <u>20.00</u>
4. Credit Card Processing Fee	\$ 6.00 <u>6.00</u>
5. Shipping <input type="checkbox"/> Regular Mail - No additional cost; mailed within 5 business days	\$ 0.00
<input type="checkbox"/> UPS Next Day - \$17.50 in the continental U.S.; shipped within 2 business days.	\$ 17.50 _____
UPS packages require a signature for delivery.	
NOTE: If no box is checked, the copy will be sent by regular mail.	TOTAL _____

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 - DIVORCE CERTIFICATE INFORMATION	
HUSBAND'S NAME (First , Middle , Last Name as it appears on the certificate)	COUNTY OF DIVORCE
WIFE'S (Maiden) NAME (First , Middle , Last Name as it appears on the certificate)	DATE OF DIVORCE (Month / Day / Year)

VITAL RECORDS OFFICE USE ONLY	Certificate Number
--------------------------------------	--------------------