

REGISTERS OF DEEDS AND CITY HEALTH OFFICES STATE VITAL RECORDS OFFICE (SVRO) FORMS REQUISITION

- Before you complete this order form, download or make a photocopy of this form for future use.
- Do not order more than a six-month supply.
- Electronic masters are sent as email attachments. For fraud control reasons, do not post the electronic files to a publicly accessible area on your computer system or network.
- You may fax, email, or mail your order to the number or address listed below.

FORM NUMBER	FORM TITLE	CURRENT REVISION DATE	DISTRIBUTION ALLOWED	ORDER (Check appropriate box or enter your requested quantity)
F-05009	Application to Purchase a Copy of a Certificate of Birth Resulting in a Stillbirth (COBRIS)	05/21	Parents	Electronic PDF copy <input type="checkbox"/>
F-05023	Acknowledgment of Marital Child	05/16	Parents	Electronic PDF copy <input type="checkbox"/>
F-05024	Voluntary Paternity Acknowledgment (VPA), (English Instructions and Form)	05/16	Parents (Order only if a staff member has received PATH training.)	Quantity
F-05024S	Voluntary Paternity Acknowledgment (VPA) (Spanish Instructions and English Form)	05/16	Parents (Order only if a staff member has received PATH training.)	Quantity
F-05043	Notice of Removal of a Human Corpse	01/17	Funeral Directors, Family Disposition	Electronic PDF copy <input type="checkbox"/>
F-05045	Report for Final Disposition	07/12	Funeral Directors, Family Disposition	Electronic PDF copy <input type="checkbox"/>
F-05103	Facts About Your Child's Birth Certificate (English)	05/21	Parents	Quantity
F-05103S	Facts About Your Child's Birth Certificate (Spanish)	05/21	Parents	Quantity
F-05103H	Facts About Your Child's Birth Certificate (Hmong)	05/21	Parents	Quantity
F-05283	Veteran's Application	10/17	County Veteran Service Officer	Electronic PDF copy <input type="checkbox"/>
F-05284	Fax Request for VR Verification and/or Replacement	12/19	Not applicable	Electronic PDF copy <input type="checkbox"/>
	SVRO Contact List	Current	Not applicable	Electronic PDF copy <input type="checkbox"/>

Telephone Number (including area code and extension) – Contact Person	
Name of Office including County Name	
Name of Person to receive forms	Attn:
<p style="text-align: center;">Delivery Address</p> <p style="text-align: center;">(PO Box is acceptable for orders under 50)</p> <p style="text-align: center;">(Include any site delivery information such as department name, street address, floor, room number, mail stop)</p>	
City, State, and ZIP Code	
Email Address	
(required if you are ordering electronic versions)	
<p>Mail to: STATE VITAL RECORDS OFFICE - FORMS</p> <p>PO BOX 309</p> <p>MADISON WI 53701-0309</p>	<p>Fax Number: 608-261-4971</p> <p>Email: DHSVitalRecordsFormOrders@wisconsin.gov</p> <p>Telephone: 608-266-1939 (forms ordering questions only)</p>