

## **Forms/Publications Order**

Name – Requester/contact	Name – Business or agency		
Street address <i>(Packages will not be delivered to PO boxes)</i>	Street address line 2		
City	State	ZIP code	
Date requested	Phone number – Requester	Email address – Requester	

**Instructions for completion:** Do not order more than a **3- to 6-month supply**. **Order quantity by each, not carton or box.**

**Instructions for submission:** Select the appropriate email below, attach this completed order form, and send. You will receive an emailed response once your order has been processed.

Send all order requests (except vital records) to [DHSFMOOrder@dhs.wisconsin.gov](mailto:DHSFMOOrder@dhs.wisconsin.gov)

Send all vital records requests to [DHSFMDPHBHIP@dhs.wisconsin.gov](mailto:DHSFMDPHBHIP@dhs.wisconsin.gov) or call 608-266-1373