Division of Public Health F-00123 (12/2023)

WISCONSIN DECLARATION OF DOMESTIC PARTNERSHIP CERTIFICATE APPLICATION

PENALTIES: Any person who illegally possesses any vital record with knowledge that the vital record has been illegally obtained 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 Wis. Stat. § 69.24(1)].

| | Ψ10,000 of imprisonment of not more | than o years and o mon | ins, or boin, per vi | vis. Otat. 3 05.24(1)]. | | | |
|---|---|------------------------|----------------------|--|-------------------|-------------|-----------------|
| z | CURRENT NAME – First | Last | | MAIL TO NAME - First | (if different) | Last | |
| . APPLICANT IN | YOUR STREET ADDRESS (CANNOT be a P.O. Box address) Apt. No. | | | MAIL TO ADDRESS (if different than street address) Apt. No. | | | |
| | City | State | ZIP Code | City | | State | ZIP Code |
| | DAYTIME TELEPHONE NUMBER () | | | EMAIL ADDRESS | | | |
| | TYPE OF CURRENT VALID PHOTO ID (See item 3 on page 2.) | | | | STATE OF ISSUANCE | | EXPIRATION DATE |
| | Per Wis. Stat. § 69.20(1), a CERTIFIED copy of a declaration of domestic partnership certificate is only available to those with a "direct and tangible interest." (A–E) | | | | | | |
| II. APPLICANT'S RELATIONSHIP TO PERSON(S) NAMED ON THE CERTIFICATE | Maternal Grandparent Paternal Grandparent C. I am the legal custodian or guardian of one of the persons named on the declaration of domestic partnership certificate. D. I am a representative authorized by any person in categories A - C, including an attorney. | | | | | | |
| III. FEES | First Copy Fee | | | | | | |
| | vour application materials | and fee to: Winn | ehago Count | v Register of Deeds I | P O Box 280 | S OSHKOSH | WI 54903-2806 |
| Submit your application materials and fee to: Winnebago County Register of Deeds P.O. Box 2806 OSHKOSH, WI 54903-2806 Be sure to include: completed form, acceptable identification, payment, self-addressed, stamped, business-size envelope, and any additional proof or authorization required Make check or money order payable to: REGISTER OF DEEDS | | | | | | | |
| IV. DECLARATION OF DOMESTIC PARTNERSHIP INFORMATION | PARTNER "A" BIRTH NAME – First Middle | | Middle | | Last | | |
| | PARTNER "B" BIRTH NAME – First | ı | Middle | | Last | | |
| | COUNTY (where the declaration of domestic partnership was filed) | | | DATE OF THE OFFICIAL DECLARATION (MM/DD/YYYY) | | | |
| 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) | | | | | Date Signed (M | MM/DD/YYYY) | |
| | | | | | | | |

1. What is the difference between a "certified" and an "uncertified" copy of a declaration of domestic partnership certificate?

A CERTIFIED COPY:

- Is printed on security paper, has a raised seal, and shows the signature of the State Registrar or Local Registrar.
- Can be used for legal purposes.
- Can only be obtained with a direct and tangible interest as defined in Wis. Stat. § 69.20(1).

AN UNCERTIFIED COPY:

- Is printed on plain paper and marked "uncertified."
- Is for information purposes only and cannot be used for identity or legal purposes.
- Contains the same information as a certified copy.

2. How long will it take to process my request?

Requests for certified and uncertified copies of declaration of domestic partnership certificates may take up to 2 weeks plus mail time to complete.

3. What identification is required when applying for a declaration of domestic partnership certificate?

Requests for certified copies require proof of identification. A **photocopy** of the applicant's ID is required.

Expired cards or documents will not be accepted.

Examples of acceptable forms of identification include:

One of these: OR Two of these:

- State issued driver's license or ID card
- US Government issued photo ID
- US or Foreign passport
- Tribal or Military ID card

- Bank/Earnings statement
 - Current, dated, signed lease
 - · Health insurance card
 - Utility bill or traffic ticket
 - · Vehicle registration/title

If you have questions regarding this form, please call 608-266-1373 or visit our website at http://www.dhs.wisconsin.gov/vitalrecords