WINNEBAGO COUNTY, WISCONSIN VITAL RECORDS CONSENT FORM

I,	gi	ve				
(Print Name)		(Print Na	ame)			
Permission to obtain a copy/copies of My behalf:	of the following (birt	th, death, marriage	e, divorce) certificat	e from the Registo	er of Deeds office on	
Name(s) on record						
Date of event			·			
Place of event						
Parent's names						
	n named on the red	cord med on the recor lian of the person	d n named on the re		f required)	
Circle one:	Spouse	Child	Brother	Sister	Grandparent	
Dated this day of						
Signature PENALTIES: Any person who illegally	rpossesses any vital re	cord with knowledge	e that the vital record l	has been illevally ob	tained is guilty of a Class I fel	lony [a fine
of not more than \$10,000 or imprisonme						
	CONSE	ENT SIGNATURI	E MUST BE NOTA	RIZED		
State of S		AVI SIGIVILICIA	IMOSI BENOIM	IKIZED		
State of						
County of						
Signed and attested before me or	1	, 20	by			
	(N	ame of Person a	bove).			
		I - 4 - m - C' - m - 4 - m -				
	(P	Notary Signature)			
	(]	Notary Name Pr	inted)			
Notary Public, State of						
My Commission Expires	·····	, 20				

Please give this original form to the person who will be receiving permission from you to purchase a copy of the birth, death, marriage or divorce certificate. They must bring original form to the Winnebago county Register of Deeds office and will be asked to complete and sign a Wisconsin Vital Record Application to which this form will be attached. And they MUST show proper ID.