# DEPARTMENT OF HEALTH SERVICES

Division of Public Health F-00123 (Rev. 11/2016) Wis. Stat. § 69.21 Page 1 of 2

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WISCONSIN DECLARATION OF DOMESTIC PARTNERSHIP CERTIFICATE APPLICATION	1
	TYPE or PRINT.
(for Mail or In Porson Poquesta)	ITPE OF PRINT.

(for Mail or In-Person Requests)

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)].

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	CURRENT NAME – First	Last		MAIL TO NAME - First	(if different)	Last		
ANT IN	YOUR <b>STREET</b> ADDRESS ( <i>CANNOT</i> 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 PHOT (See item 3 on page 2.)	TO ID PHOTO ID N	IUMBER		STATE OF	SSUANCE	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	CHECK ONE box which indicates YOUR RELATIONSHIP to one of the PERSONS NAMED on the declaration of domestic partnership certificate.         A.       I am one of the persons named on the declaration of domestic partnership certificate.         B.       I am a member of the immediate family of one of the persons named on the declaration of domestic partnership certificate.         I am a member of the immediate family of one of the persons named on the declaration of domestic partnership certificate.         I am a member of the immediate family of one of the persons named on the declaration of domestic partnership certificate.         I am a member of the immediate family of one of the persons named on the declaration of domestic partnership certificate.         I am a representative authorized by any person in categories A - C, including an attorney.         Specify the person you represent:         E.       I can demonstrate the declaration of domestic partnership certificate is necessary for the determination or protection of a personal or property right.         Specify your interest							
III. FEES	First Copy Fee       \$ 20.00       20.00         Additional copies of the same certificate issued at the same time as the first copy      X \$ 3.00							
Submit your application materials and fee to: Be sure to include:  Completed form,  Cacceptable identification,  Payment,  Any additional proof or authorization required								
IV. DECLARATION OF DOMESTIC PARTNERSHIP INFORMATION	PARTNER "A" BIRTH NAME – Fi	irst	Middle	Last				
	PARTNER "B" BIRTH NAME – Fi	rst	Middle		Last			
	COUNTY (where the declaration of domestic partnership was filed)			DATE OF THE OFFICIAL DECLARATION (MM/DD/YYYY)				
	y attest that the information provi uested declaration of domestic p					f and that I am	entitled to copies of	
	<b>FURE</b> (Applicant)				Date Signed	d (MM/DD/YYY	Y)	
					1			

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

# 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?

# APPLYING IN PERSON

APPLYING BY MAIL

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

Requests for certified copies require proof of identification. Applicant's original ID is required for in-person applications. A **photocopy** of the applicant's ID is required for mail applications.

#### At least one form of ID must show your name and address. Expired cards or documents will not be accepted.

Examples of acceptable forms of identification include:

#### One of these:

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

<u> OR</u>

#### Two of these:

- 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 or visit our website at