

**COURT ORDER TO AMEND A WISCONSIN DEATH CERTIFICATE
(Except Medical Certification of Cause and Manner of Death)**

- This is a two page form and must be printed back to back.
- Type or print in black ink only.
- No erasures, cross-outs, correction fluid, or correction tape are allowed on this form. If a mistake is made, prepare another form.
- This form cannot be used to change a name. It can only be used to: (1) complete a name when part of that name has been omitted, and/or (2) amend the spelling of a name on a death certificate.
- For additional information regarding this form, please call (608) 266-1373.

PENALTIES: Any person who willfully and knowingly supplies any false information with the intent that the information be used in the preparation or amendment of a death certificate is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than three years and six months, or both, per s. 69.24(1), Wis. Stats.].

STATE OF
WISCONSIN

CIRCUIT COURT OF _____ COUNTY, BRANCH _____

IN RE: **CORRECTION OF DEATH CERTIFICATE
PURSUANT TO CHAPTER 69.12, WISCONSIN STATUTES**

CONCERNING: _____
(Name of the subject of the death certificate as it currently appears on the death certificate)

Upon the records, files, and any proceedings in the above-named matter and based upon the petition of _____, who is the _____
(name of petitioner) (relationship of petitioner to the subject of the record)
of the Subject of the Record, dated _____, and which includes supporting
(month / day / year of petition)
evidence presented to the court as follows:

(In items 1-3, list the evidence used to support the petition. Completion of this portion is mandatory.)

1. **A CURRENT CERTIFIED COPY OF THE ORIGINAL DEATH CERTIFICATE FILED WITH THE STATE REGISTRAR showing the following information:**

NOTICE: In the following, enter all items as they read on the death certificate **PRIOR** to this court order for amendment.

Decedent's Name on Death Certificate: _____

Date of Death (MM/DD/YYYY): _____

Wisconsin County of Death: _____

2. **List other evidence:** _____

3. **List other evidence:** _____

IT IS ORDERED that the State Registrar amend the above-identified death certificate so as to correctly reflect the facts at the time of the death as indicated on the second page of this form.

THE **INCORRECT** INFORMATION BELOW SHALL BE AMENDED TO THE **CORRECT** INFORMATION BELOW

(Name of subject on certificate)
(First, Middle, LAST NAME IN CAPITAL LETTERS)

(Name of subject on certificate)
(First, Middle, LAST NAME IN CAPITAL LETTERS)

(other – specify)

(other – specify)

(other – specify)

(other – specify)

(other - specify)

(other - specify)

(other - specify)

(other - specify)


(other - specify)

(other - specify)

(other - specify)

(other - specify)

FOR COURT USE ONLY

 Court Seal Must Be Present	Case Number (MANDATORY)	Effective Date (MM/DD/YYYY)	County	State Wisconsin
	SIGNATURE – Circuit Court Judge			Date Signed
	NAME (typed or printed) – Circuit Court Judge			

FEE AND MAILING INFORMATION

<input checked="" type="checkbox"/> Mandatory fee to amend the death certificate	\$ 10.00	<u>10.00</u>
<input type="checkbox"/> One certified copy of the amended death certificate	\$ 20.00	_____
<input type="checkbox"/> Each additional copy of the amended death certificate..... X	\$ 3.00	_____
		Number of Additional Copies
Make check or money order payable to: State of Wis. Vital Records		
TOTAL _____		
Send this properly completed, signed, sealed form and your check or money order to: State Vital Records Office / ATTN: Amendment / PO Box 309 / Madison, WI 53701-0309		
SEND CERTIFIED COPY OF THE AMENDED DEATH CERTIFICATE TO:		
NAME		DAYTIME TELEPHONE NUMBER
		()
STREET ADDRESS or P.O. BOX	CITY	STATE ZIP CODE