

REPORT OF COURT ORDER TO AMEND A WISCONSIN BIRTH RECORD

- Type or print in black ink. No cross-outs, write-overs, erasures, or correction fluid allowed. If a mistake is made, obtain another form from the State Vital Records Office.
- This form is used when information on a birth record does not represent the actual facts in effect at the time the record was filed per Wis. Stat. § 69.12. This form may not be used to amend a birth record which was true and accurate at the time the record was filed.
- See additional instructions on the reverse side.

PART I CURRENT BIRTH RECORD INFORMATION

Complete the following section about the person whose birth record is to be changed. Enter the facts as they are currently recorded on the birth record on file in the State Vital Records Office.

First Name	Middle Name	Last Name	Suffix (e.g., Jr.)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	City of Birth	County of Birth
Parent's First Name	Parent's Birth Last Name		
Parent's First Name	Parent's Birth Last Name		

PART II SUPPORTING EVIDENCE PROVIDED TO THE COURTS FOR THE CORRECTION

1. _____	3. _____
2. _____	4. _____

PART III CORRECTION OF INFORMATION

This form cannot not be used to report a legal name change court order or to add or remove a parent per Wis. Stat. § 69.12(5).

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

_____ (Name of subject on record) (First, Middle, LAST NAME IN CAPITAL LETTERS)	_____ (Name of subject on record) (First, Middle, LAST NAME IN CAPITAL LETTERS)
_____ (Spelling of parent's birth name) (First, Middle, LAST NAME IN CAPITAL LETTERS)	_____ (Spelling of parent's birth name) (First, Middle, LAST NAME IN CAPITAL LETTERS)
_____ (Spelling of parent's birth name) (First, Middle, LAST NAME IN CAPITAL LETTERS)	_____ (Spelling of parent's birth name) (First, Middle, LAST NAME IN CAPITAL LETTERS)
_____ (other - specify)	_____ (other - specify)
_____ (other - specify)	_____ (other - specify)
_____ (other - specify)	_____ (other - specify)

PART IV CERTIFICATION OF CLERK OF COURT OR DEPUTY

I hereby certify that an order has been granted that the above identified birth record be corrected to accurately reflect the facts at the time of birth.

COURT SEAL	Case Number (MANDATORY)	Effective Date (MM/DD/YYYY)	Branch Number
	Name of Judge Who Granted the Order	County	State Wisconsin
Court Seal Must Be Present	SIGNATURE – Clerk of Court or Deputy		Date Signed (MM/DD/YYYY)
	NAME (typed or printed) – Clerk of Court or Deputy		

PART V FEE AND MAILING INFORMATION

<input type="checkbox"/> Fee to file this Report of Court Order to Amend a Wisconsin Birth Record	\$ 10.00
<input type="checkbox"/> One certified copy of the amended birth record	\$ 20.00
<input type="checkbox"/> Each additional certified copy of the amended birth record	X \$ 3.00
Number of Additional Copies	
TOTAL	

Make check or money order payable to: **State of Wis. Vital Records**

Mail this properly completed, signed, sealed form and your check or money order to:

State Vital Records Office / ATTN: PSSU / PO Box 309 / Madison, WI 53701-0309

If you purchased a certified copy of the birth record from the State Vital Records Office in the last 60 days, you can enclose it with your amendment request and we will exchange it at no additional cost. Any certified copy of the birth record obtained from a Register of Deeds office cannot be exchanged at the State Vital Records Office.

I attest that the information provided on this form is correct to the best of my knowledge and belief and that I am entitled to copies of the requested birth certificate.

SIGNATURE (Applicant)

Date Signed (MM/DD/YYYY)



SEND CERTIFIED COPY OF AMENDED BIRTH RECORD TO:

Name	Email Address	Daytime Telephone Number ()	
Street Address or P.O. Box	City	State	ZIP Code

USE OF THIS FORM

PENALTIES: Any person who willfully and knowingly supplies false information with the intent that the information be used in the preparation or amendment of a birth record is guilty of a Class I felony and shall be fined not more than \$10,000 or imprisoned not more than three years and six months, or both, per Wis. Stat. § 69.24(1).

- This form must be completed by the courts in the county where the birth occurred.
- To petition the Clerk of Circuit Court in the county where the birth occurred for a court ordered amendment contact:
 - Gather evidence supporting the corrections along with a current certified copy of the birth record.
 - If the court grants the petition, return this completed, signed, and sealed form, along with the required fee. Part IV must be completed by the court.
 - This is a two page form and it is recommended that it be printed back to back.
 - If you have questions regarding this form, call the State Vital Records Office at 608-266-1373.