

**REPORT OF ORDER TO CHANGE NAME & SEX
 ON BIRTH CERTIFICATE DUE TO SURGICAL SEX-CHANGE PROCEDURE**

- Type or print in **BLACK INK**.
- Do NOT use erasures, cross-outs, correction fluid, or correction tape. If a mistake is made, **prepare another form**.
- For additional information regarding this form, please call **(608) 266-1373**.

STATE VITAL RECORDS OFFICE USE ONLY	
Number _____	
New Name _____	

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 birth 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.].

A PERSON REQUIRED TO REGISTER AS A SEX OFFENDER MAY NOT CHANGE HIS OR HER NAME. [s. 301.45, Wis. Stats. (Class H felony)]

PART I BIRTH INFORMATION NEEDED TO LOCATE THE ORIGINAL BIRTH CERTIFICATE CURRENTLY ON FILE.
Registrant's Full Birth Name (If the name was legally changed prior to this action, list the name that currently appears on the birth certificate.)

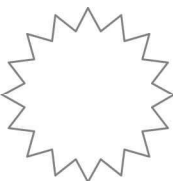
REGISTRANT	FIRST NAME	MIDDLE NAME	LAST NAME
	BIRTHDATE (MM/DD/YYYY)	BIRTHPLACE (City, Village, or Township)	BIRTHPLACE (County)
	FATHER'S FULL NAME (First, Middle, Last Name)		
	MOTHER'S FULL NAME (First, Middle, Last Name)		MOTHER'S MAIDEN LAST NAME

PART II THE COURT FINDS THAT:

COURT FINDINGS	The facts of birth for the registrant named in Part I have changed due to a surgical sex-change procedure performed on _____ (MM/DD/YYYY of procedure). The court orders that the birth certificate for the person named in Part I be changed as directed below.
	IF APPLICABLE, the name recorded on the birth certificate of the registrant shall be changed to:
	FIRST NAME MIDDLE NAME LAST NAME
	The registrant's sex designation shall be changed FROM (male or female) _____ TO (male or female) _____.

FOR COURT USE ONLY

I hereby certify that an order has been granted for change in sex designation (and name change, if applicable) on the birth certificate for the person named in Part I.

<p align="center">COURT SEAL</p>  <p align="center">Court Seal Must Be Present</p>	Case Number (MANDATORY)	Effective Date (MM/DD/YYYY)	Branch Number
	City	County	State
	SIGNATURE – Clerk of Court or Deputy		DATE SIGNED
	NAME (typed or printed) – Clerk of Court or Deputy		

FEE AND MAILING INFORMATION

<input checked="" type="checkbox"/> Filing fee (Does not include a certified copy of the new certificate.)	\$ 20.00	\$ 20.00
<input type="checkbox"/> One certified copy of the new birth certificate	\$ 20.00	
<input type="checkbox"/> Each additional copy of the new birth certificate issued at the same time as the first copy	_____ X \$ 3.00	\$ 0.00
Number of Copies		
TOTAL		

Make check or money order payable to: **State of Wis. Vital Records**
 Send this properly completed, signed, sealed form and your check or money order to:
State Vital Records Office / Special Services Lead / P.O. Box 309 / Madison, WI 53701-0309

SEND CERTIFIED COPY OF NEW BIRTH CERTIFICATE TO:	
NAME	DAYTIME TELEPHONE NUMBER ()
STREET ADDRESS or P.O. BOX	CITY STATE ZIP CODE

Clear / Reset Form