

**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 on this form. If a mistake is made, prepare another form.**
- When using this form to modify a name, it can only be used (1) to complete a name when part of that name has been omitted, and/or (2) to amend the spelling of a name on a birth certificate. This form can **not** be used to change a name.
- This form can **not** be used to establish paternity.

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)

COURT CASE: _____ (Court Case Number is **MANDATORY**.)

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:

(List the evidence used to support the petition.)

1. A CURRENT CERTIFIED COPY OF THE ORIGINAL DEATH CERTIFICATE FILED WITH THE STATE REGISTRAR
2. _____
3. _____
4. _____

IT IS ORDERED that the State Registrar amend the death certificate of

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

_____, **who died on** _____
(Name on Death Certificate) (Date of Death on Death Certificate)

in the county of _____ **so as to correctly reflect the facts at death as**
(County of Death Listed on Death Certificate)

indicated on the second page of this form.

TYPE OR PRINT IN **BLACK INK ONLY**.

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

 (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)

 (Name of Subject on Certificate)
 (First, Middle, LAST NAME IN CAPITAL LETTERS)

 (Other - Specify)

FOR COURT USE ONLY



Dated at _____, Wisconsin, this _____ day of _____ by the court.
 (City, Village, or Township) (Month/Year)

SIGNATURE – Circuit Court Judge _____

NAME (Typed or Printed) – Circuit Court Judge _____

FEE AND MAILING INFORMATION

- Fee to amend the death certificate** \$ 10.00 10.00
- One certified copy of the amended death certificate \$ 20.00 _____
- Each additional copy of the amended death certificate issued at the same time as the first copy X \$ 3.00 _____
No. of 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 / Special Records Unit / PO Box 309 / Madison, WI 53701-0309

SEND CERTIFIED COPY(IES) OF THE AMENDED DEATH CERTIFICATE TO:

NAME		DAYTIME TELEPHONE NUMBER	
STREET ADDRESS or P.O. BOX		CITY	STATE
			ZIP CODE