

COURT ORDER TO AMEND A WISCONSIN BIRTH CERTIFICATE

- 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 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 birth certificate.
- This form can not be used to add or remove a parent.
- 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 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.].

STATE OF
WISCONSIN

CIRCUIT COURT OF _____ COUNTY, BRANCH _____

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

CONCERNING: _____
[Name of the subject (child) of the birth certificate as it currently appears on the birth 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 BIRTH CERTIFICATE FILED WITH THE STATE REGISTRAR showing the following information:**

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

Child's Name on Birth Certificate: _____

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

Wisconsin County of Birth: _____

Name of Mother: _____

Name of Father: _____

2. **List other evidence:** _____

3. **List other evidence:** _____

IT IS ORDERED that the State Registrar amend the above-identified birth certificate so as to correctly reflect the facts at the time of the birth 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)

 (Spelling of mother's birth name)
 (First, Middle, LAST NAME IN CAPITAL LETTERS)

 (Spelling of mother's birth name)
 (First, Middle, LAST NAME IN CAPITAL LETTERS)

 (Spelling of father's birth name)
 (First, Middle, LAST NAME IN CAPITAL LETTERS)

 (Spelling of father's birth name)
 (First, Middle, LAST NAME IN CAPITAL LETTERS)

 (other - specify)

FOR COURT USE ONLY

<p>COURT SEAL</p>  <p>Court Seal Must Be Present</p>	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

Mandatory fee to amend the birth certificate \$ 10.00 10.00

One certified copy of the amended birth certificate \$ 20.00 _____

Each additional copy of the amended birth certificate _____ X \$ 3.00 _____
No. of Additional Copies

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

Mail this 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 BIRTH CERTIFICATE TO:

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