REPORT OF COURT ORDER TO AMEND A WISCONSIN DEATH RECORD

- Type or print in black ink. No cross-outs, write-overs, erasures, or correction fluid allowed.
- This form is used when information on a death 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 death record which was true and accurate at the time the record was filed.
- See additional instructions on the reverse side.

PART I CURRENT DEATH RECORD INFORMATION

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

First Name	Middle Name	Last Name	Suffix (e.g., Jr.)

Date of Death (MM/DD/YYYY)	City of Death	County of Death

PART II SUPPORTING EVIDENCE PROVIDED TO THE COURT FOR THE CORRECTION

1. _____ 3. _____

2. _____ 4. _____

PART III CORRECTION OF INFORMATION

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)
_____ (other - specify)	_____ (other - specify)
_____ (other - specify)	_____ (other - specify)
_____ (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 death record be corrected to accurately reflect the facts at the time of death.

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

PART V USE OF THIS FORM, FEE AND MAILING INFOMATION

1. **Contact the Circuit Court in the county where the death occurred.**
   Select one
2. Gather evidence supporting the corrections along with a current certified copy of the death record.
3. If the court grants the petition, return this completed, signed, and sealed form, along with the required fee.
4. **Part IV must be completed by the court before you return this form to the State Vital Records Office.**

Fee to file Report of Court Order to Amend a Wisconsin Death Record ..... $ 10.00 10.00

One certified copy of the amended death record: ☐ Fact of Death **OR** ☐ Extended Fact of Death $ 20.00 _____

Each additional certified copy of the amended death record:

☐ Fact of Death _____ X $ 3.00 _____
Number of Copies

☐ Extended Fact of Death _____ X $ 3.00 _____
Number of Copies

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

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 death 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.

If you have questions regarding this form, call the State Vital Records Office at 608-266-1373 or email DHSVitalRecords@wi.gov.

I attest that the information provided on this form is correct to the best of my knowledge and belief and that I am entitiled to copies of the requested death record.

SIGNATURE (Applicant) ➢	Date Signed (MM/DD/YYYY)

SEND CERTIFIED COPY OF AMENDED DEATH RECORD TO:

Name	Relationship to the Subject of the Record		
Mailing Address	City	State	ZIP Code
Telephone Number ( )	Email Address		

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 death 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).

Clear / Reset Form