Report of Court Order to Amend Cause of Death on 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 cause of death 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 cause of death on a death record which was true and accurate at the time the record was filed.
- See additional instructions on Page 3.

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.

Name – First: _____ Middle: _____ Last: _____

Date of death (MM/DD/YYYY): _____ County of death: _____

Part II – Correction of information

Incorrect information to be changed:

Cause **Interval**

_____

_____

_____

_____

Other significant conditions

_____

Manner
☐ Natural ☐ Suicide ☐ Undetermined
☐ Accident ☐ Homicide ☐ Pending

Autopsy performed? ☐ Yes ☐ No

Date of death: _____ ☐ Actual ☐ Estimated

Time of death (0000-2359): _____
☐ Actual ☐ Estimated

Date of injury: _____ ☐ Actual ☐ Estimated

Time of injury (0000-2359): _____
☐ Actual ☐ Estimated

Place of injury: _____
At work? ☐ Yes ☐ No ☐ Unknown

Street address of injury: _____

City, village, town of injury: _____
☐ City ☐ Village ☐ Town

County of injury: _____

State of injury: _____ **ZIP code**: _____

Describe how injury occurred:

_____

Correct information:

Cause **Interval**

_____

_____

_____

_____

Other significant conditions

_____

Manner
☐ Natural ☐ Suicide ☐ Undetermined
☐ Accident ☐ Homicide ☐ Pending

Autopsy performed? ☐ Yes ☐ No

Date of death: _____ ☐ Actual ☐ Estimated

Time of death (0000-2359): _____
☐ Actual ☐ Estimated

Date of injury: _____ ☐ Actual ☐ Estimated

Time of injury (0000-2359): _____
☐ Actual ☐ Estimated

Place of injury: _____
At work? ☐ Yes ☐ No ☐ Unknown

Street address of injury: _____

City, village, town of injury: _____
☐ City ☐ Village ☐ Town

County of injury: _____

State of injury: _____ **ZIP code**: _____

Describe how injury occurred:

_____

Current death record information

Name – First: _____ Middle: _____ Last: _____

Date of death (MM/DD/YYYY): _____ County of death: _____

Part III – Court directive

Check one of the boxes below.

☐ The court orders that the existing death record shall be amended as ordered in Part II.

☐ The court orders that the existing death record shall be impounded and a new death record created, showing the information in Part II. This means the judge who issued this court order will be identified as the medical certifier on the new death record.

Part IV – Certification of Clerk of Court or Deputy

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

Court Seal
(must be present)

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): _____

Name (typed or printed) – Clerk of Court or Deputy: _____

Part V – Use of this form, fee and order information

1. **Contact the circuit court in the county where the death occurred.**
   _____ County Phone number: _____
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 III and Part IV must be completed by the court before you return this form to the State Vital Records Office.**
5. If you have questions regarding this form, call the State Vital Records Office at 608-266-1373 or email DHSVitalRecords@wi.gov.

	Quantity	Price	Subtotal
Filing fee to ☐ amend existing death record ($10.00) **or** ☐ create a new death record ($20.00). See Part III – Court Directive	1		
First certificate copy fee ☐ fact of death ☐ extended fact of death	1	x $20.00=	$20.00
Additional fact of death certificates		x $3.00=	
Additional extended fact of death certificates		x $3.00=	
Total			

Fact of death certificate does not include cause of death, manner of death and final disposition (sufficient for most financial transactions)
Extended fact of death certificate includes cause of death, manner of death and final disposition (for insurance claim benefits)

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 death record from the State Vital Records Office in the last 60 days, you can enclose it with your amendment request and filing fee and we will exchange it at no additional cost.

Sign below to confirm your agreement to the following statement:

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 death record.

Signature – Applicant: _____ Date signed (MM/DD/YYYY): _____

Part VI– Address where certified copy of amended death record should be sent:

Name: _____ Relationship to the subject of the record: _____

Mailing address: _____

City: _____ State: _____ ZIP code: _____

Phone 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 per Wis. Stat. § 69.24(1).