DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-05032 (Rev. 05/2021)

Clear / Reset Form

STATE OF WISCONSIN
Wis. Stat. § 69.14(1)(h)

REPORT OF ORDER FOR BIRTH RECORD CHANGES FOLLOWING SURROGATE BIRTH

- This is a two page form and it is recommended that it be printed back to back.
- Type or print in **black ink**. Do **not** cross-out, write-over, erase, use correction fluid, or correction tape. If a mistake is made, prepare a new form.
- The clerk of court or deputy will send the completed, signed and sealed report to the State Vital Records Office.
- **If you have questions regarding this form, call 608-266-1373.**

PART I BIRTH INFORMATION NEEDED TO LOCATE THE CURRENT BIRTH RECORD ON FILE

CHILD'S PERSONAL DATA

Child's Full Birth Name - First	Middle Name	Birth Last Name	Suffix (*e.g.*, Jr., I, II)

Date of Birth (MM/DD/YYYY)	Sex (Check one) ☐ Male ☐ Female	Place of Birth - City, Village, or Town	Place of Birth - County	State
				WISCONSIN

SURROGATE'S DATA

SURROGATE'S FULL CURRENT NAME

First Name	Middle Name	Current Last Name	Date of Birth (MM/DD/YYYY)

SURROGATE'S FULL BIRTH NAME (As it appears on surrogate's birth record)

First Name	Middle Name	Birth Last Name	State of Birth (If not in U.S.A., name of country)

PART II STATUS OF CHILD'S PARENT(S) ON NEW BIRTH RECORD (Check one) ☐ Single Parent ☐ Two Parent ☐ Other

PART III CHILD'S NAME AS ORDERED BY THE COURT ☐ Check this box if the name should not be changed.

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

PART IV INFORMATION ABOUT THE LEGAL PARENTS OF THE CHILD

PARENT

FULL CURRENT NAME

First Name	Middle Name	**Current** Last Name	Suffix (*e.g.*, Jr., I, II)

FULL BIRTH NAME (As it appears on birth record)

First Name	Middle Name	**Birth** Last Name	Suffix (*e.g.*, Jr., I, II)

Date of Birth (MM/DD/YYYY)	State of Birth (If not in USA, name of Country)

PARENT

FULL CURRENT NAME

First Name	Middle Name	**Current** Last Name	Suffix (*e.g.*, Jr., I, II)

FULL BIRTH NAME (As it appears on birth record)

First Name	Middle Name	**Birth** Last Name	Suffix (*e.g.*, Jr., I, II)

Date of Birth (MM/DD/YYYY)	State of Birth (If not in USA, name of Country)

PARENT'S RESIDENCE AT THE TIME OF THE CHILD'S BIRTH

State	County	City, Village, or Town	Check one ☐ City ☐ Village ☐ Town

SIGNATURE – Parent Verifying Above Data	**Signature** – Parent Verifying Above Data

Mailing Address (Street Address / City / State / Zip Code)	Daytime Telephone Number

PART V AMENDMENT (Complete this section only if an Amendment to the previous Report of Order for Birth Record Changes Following Surrogate Birth is needed.)

☐ **See Part _____ of this form.**

☐ **The following item has been amended from the previous Report of Order for Birth Record Changes following Surrogate Birth (must list the same Court Case Number).**

Name of Item	**New Amended Information**

PART VI CERTIFICATION OF CLERK OF COURT OR DEPUTY

I hereby certify that an order for birth record changes following a surrogate birth has been granted for the child identified in Part II as described above.

Court Seal Must Be Present	Case Number	Effective Date of Order (MM/DD/YYYY)	Amendment Order ☐ Adoption has been Amended	Effective Date of Amendment (MM/DD/YYYY)
	Branch Number	County	City	State
	SIGNATURE - Clerk of Court or Deputy			Date Signed
COURT SEAL	Name (typed or printed) – Clerk of Court or Deputy			

PART VII FEE AND MAILING INFORMATION

☐ **Fee to File Report of Order for Birth Record Changes Following Surrogate Birth ..... $ 20.00**

☐ **Fee to file an Amendment to the Report of Order for Birth Record Changes Following Surrogate Birth ..... $ 10.00**

☐ One certified copy of the new birth record ..... $ 20.00

☐ Each additional copy of the new birth record issued at the same time as the first copy ....._____ X $ 3.00 _____
Number of Copies

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

Send this properly completed, signed, sealed form and a check or money order to:

State Vital Records Office / Attn: PSSU / PO Box 309 / Madison, WI 53701-0309

SEND CERTIFIED COPY OF NEW BIRTH CERTIFICATE TO:

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