REPORT OF COURT ORDER TO CORRECT FACTS MISREPRESENTED BY INFORMANT FOR A WISCONSIN BIRTH RECORD

Do not post this form on any website or alter it in any way.

- Type or print in black ink.
- No cross-outs, write-overs, erasures, or correction fluid allowed. If a mistake is made, prepare another form.
- This form is used when information on a birth record does not represent the actual facts in effect at the time the record was filed because the information was misrepresented by the informant during the preparation of the birth record.
- See additional instructions on the reverse side.

PART I CURRENT BIRTH RECORD INFORMATION

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

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

Sex ☐ Male ☐ Female	Date of Birth (MM/DD/YYYY)	City of Birth	County of Birth

Parent's First Name	Parent's Birth Last Name
Parent's First Name	Parent's Birth Last Name

PART II SUPPORTING EVIDENCE PROVIDED TO THE COURT FOR THE CORRECTION(S)

The following must be presented to the court and must accompany this report when submitted to the State Vital Records Office:

1. A petition for correction filed by a person with direct and tangible interest in the birth record
2. A certified copy of the current birth record
3. If the birth occurred in a hospital, a copy of the hospital birth worksheet and the hospital admission form OR if the birth did not occur in a hospital, a statement from the birth attendant.
4. If relevant to the correction: a certified copy of a marriage document, a certified copy of a divorce or annulment or a final divorce decree that indicates that the parent giving birth was not married to the person listed as her spouse at any time during the pregnancy, a legal name change court order, or any other legal document that clarifies the disputed information.
5. A statement signed by the informant for the birth record or the petitioner acknowledging that the disputed information was misrepresented. The informant or petitioner must be the parent who is listed as and who signed as the parent on the birth worksheet.

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)
_____ (Spelling of parent's birth name) (First, Middle, LAST NAME IN CAPITAL LETTERS)	_____ (Spelling of parent's birth name) (First, Middle, LAST NAME IN CAPITAL LETTERS)
_____ (Spelling of parent's birth name) (First, Middle, LAST NAME IN CAPITAL LETTERS)	_____ (Spelling of parent's birth name) (First, Middle, LAST NAME IN CAPITAL LETTERS)
_____ (other - specify)	_____ (other - specify)

PART IV CERTIFICATION OF CLERK OF COURT OR DEPUTY

I hereby certify that an order has been granted to make the above corrections to the identified birth record to accurately reflect the facts at the time of birth.

COURT SEAL	Case Number	Effective Date of Order (MM/DD/YYYY)	Branch Number
	Name of Judge Who Granted 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 FEE AND MAILING INFORMATION

☐ **Fee to file this Report of Court Order ..... $ 20.00**

☐ One certified copy of the amended birth record ..... $ 20.00 _____

☐ Each additional certified copy of the amended birth record ..... _____ X $ 3.00 _____
Number of Additional Copies

TOTAL _____

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

Mail this properly completed, signed, sealed form, your supporting evidence provided to the courts, 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 birth 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. Any certified copy of the birth record obtained from a Register of Deeds office cannot be exchanged at the State Vital Records Office.

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 birth record.

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

SEND CERTIFIED COPY OF BIRTH RECORD TO:

Name	Email Address	Daytime Telephone Number	
		( )	
Mailing Address	City	State	ZIP Code

USE OF THIS FORM

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 birth 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).

- This form must be completed by the courts in the county where the birth occurred.
  - To petition the Clerk of Circuit Court in the county where the birth occurred contact:

    Select one

  - Gather evidence supporting the corrections along with a current certified copy of the birth record.
  - If the court grants the petition, return this completed, signed, and sealed form, along with supporting evidence as listed in Part II, and the required fee. Part IV must be completed by the court.
- This is a two page form and must be printed back to back.
- If you have questions regarding this form, call the State Vital Records Office at (608) 266-1373.

Clear / Reset Form