Report of Court Order to Amend a Wisconsin Birth 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 birth 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 birth record which was true and accurate at the time the record was filed.
- See additional instructions on the reverse side.

Part I – Current birth record information

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

Name – First: _____ Middle: _____ Last: _____

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

Parent's birth name: _____

Second parent's birth name: _____

Part II – Correction of information

This form should not be used to report a legal name change court order or to add or remove a parent per Wis. Stat. § 69.12(5).

Incorrect information to be changed:	**Correct information:**

Part III – Certification of Clerk of Court or Deputy

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

Court Seal
(must be present)

Case number (**mandatory**): _____

Effective date (MM/DD/YYYY): _____

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 IV – Use of this form, fee and order information

1. Contact the circuit court in the county where the birth occurred.
   _____ County Phone number: _____
2. Gather evidence supporting the corrections along with a current certified copy of the birth record.
3. If the court grants the petition, return this completed, signed, and sealed form, along with the required fee.
4. **Part III 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
Fee to file Report of Court Order to Amend a Wisconsin Birth Record	1	x $10.00=	$10.00
One long-form copy of the amended birth record **or** check to request a ☐ short form	1	x $20.00=	
Number of additional long form certificates		x $3.00=	
Number of additional short form certificates		x $3.00=	
Total			

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 birth record from the State Vital Records Office in the last 60 days, you can enclose it with your amendment request and $10 filing fee and we will exchange it at no additional charge.

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 birth record.

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

Part V– Address where certified copy of amended birth 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 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).