

**WISCONSIN TERMINATION OF DOMESTIC PARTNERSHIP CERTIFICATE APPLICATION****(for Mail or In-Person Requests)****TYPE or PRINT.**

**PENALTIES:** Any person who illegally possesses any vital record with knowledge that the vital record has been illegally obtained is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than 3 years and 6 months, or both, per Wis. Stat. § 69.24(1)].

<b>I. APPLICANT INFORMATION</b>	CURRENT NAME - First	Last	MAIL TO NAME - First (if different)	Last		
	YOUR STREET ADDRESS ( <b>CANNOT</b> be a P.O. Box address) Apt. No.		MAIL TO ADDRESS (if different) Apt. No.			
	City	State	ZIP Code	City	State	ZIP Code
	DAYTIME TELEPHONE NUMBER (       )			EMAIL ADDRESS		
	TYPE OF CURRENT VALID PHOTO ID (See item 3 on page 2.)	PHOTO ID NUMBER	STATE OF ISSUANCE	EXPIRATION DATE		
<b>II. APPLICANT'S RELATIONSHIP TO PERSON(S) NAMED ON THE CERTIFICATE</b>	Per Wis. Stat. § 69.20(1), a <b>CERTIFIED</b> copy of a termination of domestic partnership certificate is only available to those with a "direct and tangible interest." (A-E)					
	CHECK ONE box which indicates YOUR RELATIONSHIP to one of the PERSONS NAMED on the termination of domestic partnership certificate.					
	A. <input type="checkbox"/> I am <b>one of the persons named</b> on the termination of domestic partnership certificate. B. I am a <b>member of the immediate family</b> of one of the persons named on the termination of domestic partnership certificate. <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother / Sister <input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent C. <input type="checkbox"/> I am the <b>legal custodian or guardian</b> of one of the persons named on the termination of domestic partnership certificate. D. <input type="checkbox"/> I am a <b>representative authorized</b> by any person in categories A - C, including an attorney. Specify the person you represent: _____ E. <input type="checkbox"/> I can demonstrate the divorce certificate is necessary for the <b>determination or protection of a personal or property right</b> . Specify your interest _____ F. <input type="checkbox"/> None of the above. I am requesting an <b>uncertified</b> copy. (Copy will not be valid for identity or legal purposes.)					
	NOTE: Grandchildren, stepparents, stepchildren, stepbrothers / stepsisters may only obtain certified copies as categories C – E.					
	<b>PURPOSE FOR WHICH DOCUMENT IS REQUESTED:</b>					
<b>III. FEES</b>	First Copy Fee ..... \$ 20.00 <u>20.00</u> Additional copies of the same record issued at the same time as the first copy ... X \$ 3.00 _____ <div style="text-align: right; margin-right: 50px;">Number of Additional Copies</div>					
	<b>FEES IS NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATIONS ARE NOT ACCEPTED. TOTAL _____</b>					
<b>Submit your application materials and fee to: STATE VITAL RECORDS OFFICE / PO BOX 309 / MADISON, WI 53701-0309</b> <b>Be sure to include:</b> <input type="checkbox"/> completed form, <input type="checkbox"/> acceptable identification, <input type="checkbox"/> payment, <input type="checkbox"/> self-addressed, stamped, business-size envelope, and <input type="checkbox"/> any additional proof or authorization required <b>Make check or money order payable to: STATE OF WIS. VITAL RECORDS</b>						
<b>IV. TERMINATION OF DOMESTIC PARTNERSHIP INFORMATION</b>	PARTNER "A" BIRTH NAME – First		Middle	Last		
	PARTNER "B" BIRTH NAME – First		Middle	Last		
	COUNTY (where the termination of domestic partnership was filed)		DATE OF THE OFFICIAL TERMINATION (MM/DD/YYYY)			
I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to copies of the requested termination of domestic partnership in accordance with the categories listed above.						
SIGNATURE (Applicant)			Date Signed (MM/DD/YYYY)			

**Important: Signature and payment are required for processing.**

**1. What is the difference between a “certified” and an “uncertified” copy of a termination of domestic partnership certificate?**

**A CERTIFIED COPY:**

- Is printed on security paper, has a raised seal, and shows the signature of the State Registrar or Local Registrar.
- Can be used for legal purposes.
- Can only be obtained with a direct and tangible interest as defined in Wis. Stat. § 69.20(1).

**AN UNCERTIFIED COPY:**

- Is printed on plain paper and marked “uncertified.”
- Is for information purposes only and cannot be used for identity or legal purposes.
- Contains the same information as a certified copy.

**2. How long will it take to process my request?**

**APPLYING IN PERSON**

- Requests for **certified** copies of termination of domestic partnership certificates are usually completed within 2 business hours of application, if the termination of domestic partnership certificate is on file.
- Requests for **uncertified** copies of termination of domestic partnership certificates are not completed on the same schedule as requests for certified copies. In-person requests for uncertified copies may take up to 1 month to complete.

**APPLYING BY MAIL**

- Requests for **certified** copies of termination of domestic partnership certificates may take up to 2 weeks plus mail time to complete.
- Requests for **uncertified** copies of termination of domestic partnership certificates are not completed on the same schedule as certified copies. Mail requests for uncertified copies may take up to 1 month plus mail time.

**3. What identification is required when applying for a termination of domestic partnership certificate?**

Requests for certified copies require proof of identification. Applicant's original ID is required for in-person applications. A **photocopy** of the applicant's ID is required for mail applications.

**At least one form of ID must show your name and address. Expired cards or documents will not be accepted.**

Examples of acceptable forms of identification include:

- |  |                         |  |
|--|-------------------------|--|
| <p><b>One of these:</b></p> <ul style="list-style-type: none"><li>• State issued driver's license or ID card</li><li>• US Government issued photo ID</li><li>• US or Foreign passport</li><li>• Tribal or Military ID card</li></ul> | <p><b><u>OR</u></b></p> | <p><b>Two of these:</b></p> <ul style="list-style-type: none"><li>• Bank/Earnings statement</li><li>• Current, dated, signed lease</li><li>• Health insurance card</li><li>• Utility bill or traffic ticket</li><li>• Vehicle registration/title</li></ul> |
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**If you have questions regarding this form, please call 608-266-1373  
or visit our website at <http://www.dhs.wisconsin.gov/vitalrecords>**