

**WISCONSIN TERMINATION OF DOMESTIC PARTNERSHIP CERTIFICATE APPLICATION**

**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 (CANNOT 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)								
	<p><b>CHECK ONE</b> box which indicates YOUR RELATIONSHIP to one of the PERSONS NAMED on the termination of domestic partnership certificate.</p> <p>A. <input type="checkbox"/> I am <b>one of the persons named</b> on the termination of domestic partnership certificate.</p> <p>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</p> <p>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.</p> <p>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: _____</p> <p>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: _____</p> <p>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.)</p> <p>NOTE: Grandchildren, stepparents, stepchildren, stepbrothers / stepsisters may only obtain certified copies as categories C – E.</p>								
<b>III. FEES</b>	PURPOSE FOR WHICH DOCUMENT IS REQUESTED:								
	First Copy Fee ..... \$ 20.00 _____ Additional copies of the same record issued at the same time as the first copy ... X \$ 3.00 _____ Number of Additional Copies <b>FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATIONS ARE NOT ACCEPTED. TOTAL</b> _____								
<p><b>Submit your application materials and fee to: STATE VITAL RECORDS OFFICE / PO BOX 309 / MADISON, WI 53701-0309</b></p> <p><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</p> <p><b>Make check or money order payable to: STATE OF WIS. VITAL RECORDS</b></p>									
<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)				
<p>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.</p>									
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?**

Requests for certified and uncertified copies of termination of domestic partnership certificates may take up to 2 weeks plus mail time to complete.

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

Requests for certified copies require proof of identification. A **photocopy** of the applicant's ID is required.

**Expired cards or documents will not be accepted.**

Examples of acceptable forms of identification include:

**One of these:**

- State issued driver's license or ID card
- US government issued photo ID
- US or Foreign passport
- Tribal or Military ID card

**OR**

**Two of these:**

- Bank/Earnings statement
- Current, dated, signed lease
- Health insurance card
- Utility bill or traffic ticket
- Vehicle registration/title

**If you have questions regarding this form, please call 608-266-1373  
or visit our website at <http://www.dhs.wisconsin.gov/vitalrecords>**