

WISCONSIN TERMINATION OF DOMESTIC PARTNERSHIP APPLICATION
 (for Mail or In-Person Requests)

TYPE or PRINT.

PENALTIES: Any person who willfully and knowingly makes a false application for a termination of domestic partnership shall be fined not more than \$1,000 or imprisoned not more than 90 days, or both, per s. 69.24(2), Wis. Stats. Any person who willfully and knowingly obtains a termination of domestic partnership for fraudulent purposes 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 s. 69.24(1), Wis. Stats.].

I. APPLICANT INFORMATION	The information in Section I is about the person completing this application.					
	YOUR CURRENT NAME - First			Middle	Last	
	YOUR STREET ADDRESS (<i>CANNOT be a P.O. Box address</i>)			Apt. No.	MAIL TO ADDRESS (<i>if different</i>)	
	City, Village, or Township			State	ZIP Code	City
			State	ZIP Code	Apt. No.	
			State	ZIP Code	City	
			State	ZIP Code	Apt. No.	
TYPE OF CURRENT VALID PHOTO ID (<i>See item 3 on page 2.</i>)			PHOTO ID NUMBER	STATE OF ISSUANCE	EXPIRATION DATE	

II. APPLICANT'S RELATIONSHIP TO PERSON(S) NAMED ON THE RECORD	<p>According to Wisconsin Statute, a CERTIFIED copy of a termination of domestic partnership is only available to those with a "direct and tangible interest" (<i>categories A – E below.</i>) You may select to receive an uncertified copy if you just need a copy for informational purposes OR if you do not meet the criteria for categories A – E. In that case, you may check category F below. (<i>See item 1 on page 2 for more details.</i>)</p>					
	<p>Check one box which indicates YOUR RELATIONSHIP to one of the PERSONS NAMED on termination of domestic partnership.</p> <p><input type="checkbox"/> A. I am one of the persons named on the termination of domestic partnership.</p> <p><input type="checkbox"/> B. I am a member of the immediate family of one of the partners named on the termination. (<i>Only those listed below qualify as immediate family.</i>) NOTE: Grandchildren, step-parents, step-children, step-brothers/step-sisters may only obtain certified copies as Section II, categories C – E. CHECK ONE. <input type="checkbox"/> Parent (whose name is on one of the partners' birth certificates and whose parental rights have <u>not</u> been terminated) <input type="checkbox"/> Brother / Sister <input type="checkbox"/> Grandparent <input type="checkbox"/> Child</p> <p><input type="checkbox"/> C. I am the legal guardian of one of the partners named on the termination. (<i>Legal proof is required. See item 1 on page 2</i>)</p> <p><input type="checkbox"/> D. I am a representative, authorized in writing, by any of the above checkboxes (categories A - C). (<i>The written and notarized authorization must be attached to this application.</i>) Specify the person you represent: _____</p> <p><input type="checkbox"/> E. I can demonstrate that the information from the termination is necessary for the determination or protection of a personal or property right for myself/my client/my agency. (<i>Proof is required.</i>) Specify your interest: _____</p> <p><input type="checkbox"/> F. None of the above. I am requesting an uncertified copy. Copy will not be valid for legal identity or benefit purposes. See Item 1 and 2 on page 2.</p>					
	<p>PURPOSE FOR WHICH DOCUMENT IS REQUESTED (<i>Specify. This information will assist us in processing your request.</i>)</p>					

III. FEES	FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATIONS ARE NOT ACCEPTED.					
	<p><input checked="" type="checkbox"/> Search Fee (includes one copy, if found) \$ 20.00 <u>20.00</u></p> <p><input type="checkbox"/> Additional copies of the same record issued at the same time as the first copy _____ X \$ 3.00 _____ Number of Additional Copies</p>					
	TOTAL _____					

Make check or money order payable to: **STATE OF WIS. VITAL RECORDS**

Be sure to include: (1) completed form; (2) acceptable identification; (3) any additional proof or authorization required; (4) self-addressed, stamped, business-size envelope, and; (5) check or money order.

Mail your application materials and fee to: **STATE VITAL RECORDS OFFICE / PO BOX 309 / MADISON, WI 53701-0309**

IV. TERMINATION OF DOMESTIC PARTNERSHIP	PARTNER "A" BIRTH NAME- First			Middle	Last Name	
	PARTNER "B" BIRTH NAME First			Middle	Last Name	
	COUNTY (where the termination of domestic partnership was filed)			DATE OF THE OFFICIAL TERMINATION (Month/Day/Year)		

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 (person named in Part I who is completing this application) _____ Date Signed (Month / Day / Year) _____

Important: If you do not sign and date this form above ↑, your request cannot be processed

VITAL RECORDS OFFICE USE ONLY	Record Number _____
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1. What is difference between a “certified” and an “uncertified” copy of a termination of domestic partnership?

A **certified** copy of a termination of domestic partnership issued by the State Vital Records Office will have a raised seal, will show the signature of the State Registrar, and will be printed on security paper. A certified copy may be required to enter into another domestic partnership.

State law restricts who may obtain a **certified** copy of a termination of domestic partnership. A **certified** copy can only be issued to those people with a “direct and tangible interest” (section II, categories A – E) which means the following people:

- One of the partners named on the termination of domestic partnership (section II, category A).
- An immediate family member defined as a parent (whose name is on one of the partner’s birth certificate and whose parental rights have not been terminated), brother, sister, grandparent, or child of the subject of the record (section II, category B).
- NOTE: Grandchildren, step-parents, step-children, step-brothers and step-sisters can only obtain certified copies as section II, categories C – E..
- The legal guardian of a partner named on the termination of domestic partnership. Legal proof, e.g., a court order of guardianship, is required. (section II, category C).
- A person authorized in writing by one of the above. A written and notarized authorization must be attached to this application and the authorization must clearly state the relationship of the authorizing party to the subject of the record (section II, category D).
- A person who can demonstrate that the termination of domestic partnership is required to determine or to protect a personal or property right (section II, category E). Proof is required.

If you do not meet one of the above criteria, you cannot receive a **certified** copy of a termination of domestic partnership.

An **uncertified** copy will contain the same information as a certified copy but it is **not** acceptable for legal purposes. (section II, category F)

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

Copies of termination of domestic partnerships are available from the State Vital Records Office no less than 3 weeks from the date of the event.

- **Applying in Person**
 - Requests for **certified** copies of termination of domestic partnerships are usually completed within 2 business hours of application, if the termination of domestic partnership is on file.
 - Requests for **uncertified** copies of termination of domestic partnerships 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 partnerships may take up to 2 weeks plus mail time to complete.
 - Requests for **uncertified** copies of termination of domestic partnerships 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 certified or uncertified copy of a termination of domestic partnership?

A photocopy of the applicant’s current ID as listed below must be submitted with **all** mail applications. A current ID as listed below is required when applying in-person.

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

The acceptable forms of identification are:

One of these:	OR	Two of these:
Wisconsin driver’s license		Government-issued employee
Wisconsin photo ID		ID card or badge with photo
Out-of-state driver’s license or photo ID card		US Passport
		Check or bank book
		Major Credit Card
		Health Insurance Card
		Recent dated, signed lease
		Recent utility bill or traffic ticket

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