# Authorization to request birth records

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| Authorization for Release of Birth Records |
| [ ]  I authorize the agency named below to give information about my case to <birth state> Vital Statistics office, to the extent necessary to obtain the birth records for me, my immediate family members or my legal ward during the effective date of this release form and I authorize the <birth state> Vital Statistics office to give these birth records to said agency during the effective date of this release form. |
| Client / Applicant Information  |
| [ ]  I know that this information will be shared with staff in the agency named below, who will need it to determine eligibility for public assistance benefits.[ ]  I know that my records are protected by law and can only be given out if I authorize their release.[ ]  I know that this authorization is effective for one year from the date I sign this form.[ ]  I know that I may cancel this authorization at any time by giving a written cancellation to the county/tribal agency. Such cancellation will not apply to information shared after I have signed this form but before I submit my cancellation. |

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| **Note to Vital Statistics office:** An applicant/recipient can see certain information in their files. If the applicant/recipient requests to see the information you provided, we must show them, pursuant to this authorization. |
| **A copy or fax of this form may be used in place of the original.** |

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| I certify that all my answers are correct and complete to the best of my knowledge. I understand that my signature authorizes the local Wisconsin agency to obtain birth records/certifications or other necessary documentation for me, my immediate family members or my legal ward. |
| **SIGNATURE** – Client or Authorized Representative (Must be notarized. See below.) | Date Signed |
| Name at Birth (Please Print) | Current Name (Please Print) |

**NOTARY PUBLIC**

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|  Notary SealSubscribed and sworn to before me this       day of      , 20           (Signature Notary Public) My commission expires       County of       State of Wisconsin |

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| **County Agency Use Only**Date       Case Number      Worker Name       Worker Telephone Number      Agency Name       Fax Number      Agency Address             |

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**OVER**

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| [ ]  Please provide a certified copy of the birth record for the person listed below.[ ]  Please provide a certified informational copy of the birth record for the person listed below. |
| Name (Last, First, MI) | Date of Birth | [ ]  Male [ ]  Female |
| Place of Birth - City | State | County | Hospital |
| Mother’s Maiden Name (Last, First, MI) |
| Father’s Name (Last, First, MI) |

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| [ ]  Please provide a certified copy of the birth record for the person listed below.[ ]  Please provide a certified informational copy of the birth record for the person listed below. |
| Name (Last, First, MI) | Date of Birth | [ ]  Male [ ]  Female |
| Place of Birth - City | State | County | Hospital |
| Mother’s Maiden Name (Last, First, MI) |
| Father’s Name (Last, First, MI) |

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| Mother’s Maiden Name (Last, First, MI) |
| Father’s Name (Last, First, MI) |

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| [ ]  Please provide a certified copy of the birth record for the person listed below.[ ]  Please provide a certified informational copy of the birth record for the person listed below. |
| Name (Last, First, MI) | Date of Birth | [ ]  Male [ ]  Female |
| Place of Birth - City | State | County | Hospital |
| Mother’s Maiden Name (Last, First, MI) |
| Father’s Name (Last, First, MI) |

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| **Vital Statistics Office Use Only** |
| Documents Enclosed* Certified Copy of Birth Record Number of Records Enclosed
* Certified Informational Copy of Birth Record Number of Records Enclosed
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| **SIGNATURE –** Vital Statistics Officer | Please Print Name |
| ***Return this document and all correspondence to the agency printed on page 1.*** |

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