

FAX APPLICATION FOR A WISCONSIN TERMINATION OF DOMESTIC PARTNERSHIP

Personally identifying information requested on this form, including credit card information and your signature, will be used to process your application and payment for the requested copies. Failure to supply this information may result in denial of your request for copies of any Wisconsin Termination of Domestic Partnership.

Your credit card number and expiration date are required. The credit card number and expiration date will only be used to process payment for the fees specified in SECTION III – FEES below on this FAX Application for a Wisconsin Termination of Domestic Partnership.

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.].

INSTRUCTIONS: Please complete this form and **FAX to 608-255-2035**. *All FAX applications are charged an expedited service fee. See Page 2 of this form for valid photo ID requirements for processing this application.*

SECTION I - SHIP TO INFORMATION (Print or type.) (You must complete this section for application to be processed.)

1. FULL NAME (First , Middle , Last)		2. DAYTIME TELEPHONE NUMBER ()	
3. STREET ADDRESS OR P.O. BOX (You must provide a street address if you are requesting shipping by UPS.)			APT. NUMBER
4. CITY	5. STATE	6. ZIP CODE	

SECTION II - APPLICANT'S RELATIONSHIP TO ONE OF THE PERSONS NAMED ON THE TERMINATION OF DOMESTIC PARTNERSHIP (CHECK ONE)

A. I am **one of the persons named** on the termination of domestic partnership.

B. I am a **member of the immediate family** of one of the persons named on the termination. *(Only those listed below qualify as immediate family.)*
NOTE: Grandchildren, step-parents, step-children and step-brothers/step-sisters may only obtain certified copies as section II, categories C – E.

CHECK ONE. Parent (whose name is on one of the partner's birth certificate and whose parental rights have not been terminated)
 Brother / Sister Grandparent Child

C. I am the **legal custodian or guardian** of one of the persons named on the termination. *(Legal proof is required. See item 1 on page 2.)*

D. I am a **representative, authorized** in writing, by any of the above checkboxes (categories A - C). *(The written and notarized authorization must be attached to this application. See item 1 on page 2.)*
 Specify the person you represent: _____

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. *(Proof is required.)*
 Specify your interest: _____

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 on page 2.

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 section I, who is completing this application)	Date Signed (Month / Day / Year)
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SECTION III - FEES FEES ARE NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATIONS ARE NOT ACCEPTED.
 Mandatory fees are already filled in. Please fill in additional fees for extra copies or UPS delivery, if applicable.

1. Search Fee (includes one copy if found)	\$ 20.00	20.00
2. Additional copies of the same record issued at the same time as the first copy _____ X	\$ 3.00	
Number of Additional Copies		
3. Expedited Service Fee	\$ 20.00	20.00
4. Credit Card Processing Fee	\$ 6.00	6.00
5. Shipping <input type="checkbox"/> Regular Mail - No additional cost; mailed within five business days	\$ 0.00	
<input type="checkbox"/> UPS Next Day - \$19.00 in the continental U.S.A.; shipped within two business days	\$ 19.00	
UPS packages require a signature for delivery.		
NOTE: If no shipping box is checked, the copy will be sent by regular mail.		TOTAL _____

SECTION IV - CREDIT CARD INFORMATION We accept Visa, MasterCard, American Express, or Discover.

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

➤ **SIGNATURE** - Credit Card Holder _____ DATE SIGNED _____

SECTION V - TERMINATION OF DOMESTIC PARTNERSHIP INFORMATION

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 TERMINATION (Month/Day/Year)

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 under 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 action.

▪ **Applying by Fax requesting Regular Mail Shipping**

Requests for copies of termination of domestic partnership may take up to 5 business days plus mail time to complete.

▪ **Applying by Fax requesting UPS Shipping**

Requests for copies of termination of domestic partnerships are usually completed and shipped within two business days.

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 fax applications

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:

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| One of these: <ul style="list-style-type: none">▪ Wisconsin driver’s license▪ Wisconsin photo ID▪ Out-of-state driver’s license or photo ID card | OR | Two of these: <ul style="list-style-type: none">▪ Government-issued employee ID card or badge with photo▪ US Passport▪ Check or bank book▪ Major Credit Card▪ Health Insurance Card▪ Recent dated, signed lease▪ Recent utility bill or traffic ticket |
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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>