

**COUNTY CLERKS
STATE VITAL RECORDS OFFICE (SVRO) FORMS REQUISITION**

- Before you complete this order form, download or make a photocopy of this form for future use.
- Do not order more than a six-month supply.
- Electronic masters are sent as email attachments. For fraud control reasons, do not post the electronic files to a publicly accessible area on your computer system or network.
- You may fax, email, or mail your order to the number or address listed below.

FORM NUMBER	FORM TITLE	CURRENT REVISION DATE	ORDER (Check appropriate box or enter your requested quantity)
F-00121	Domestic Partnership Application	12/13	Electronic only <input type="checkbox"/>
F-00122	Original Certificate of Declaration of Domestic Partnership	12/13	Electronic only <input type="checkbox"/>
F-00125	Original Certificate of Termination of Domestic Partnership	03/14	Electronic only <input type="checkbox"/>
F-00128	Notice of Termination of Domestic Partnership	01/14	Electronic only <input type="checkbox"/>
F-00129	Affidavit of Notification of Intent to Terminate a Domestic Partnership	12/13	Electronic only <input type="checkbox"/>
F-05061	Marriage License Application	05/15	Electronic only <input type="checkbox"/>
F-05063	Consent of Parent(s) / Guardian(s) / Custodian(s) to Marriage of a Minor/Adult	05/15	Electronic only <input type="checkbox"/>
P-01060	Information for Marriage Applicants & Officiant	05/19	Electronic only <input type="checkbox"/>
County Clerk Vital Records Handbook for Marriages		07/19	Electronic only <input type="checkbox"/>
County Clerk Vital Records Handbook for Declarations and Terminations of Domestic Partnerships		11/13	Electronic only <input type="checkbox"/>
"Healthy Baby Brochure" (aka Fetal Alcohol/Tobacco/Drug pamphlet) is available at: http://dhs.wisconsin.gov/subst Abuse/WomensPrograms/index.htm			

Telephone Number (including area code and extension) – Contact Person		
Name of Office including County Name		
Name of Person to receive forms	Attn:	
Delivery Address (PO Box is acceptable for orders under 50) (Include any site delivery information such as department name, street address, floor, room number, mail stop)		
City, State, and ZIP Code		
Email Address		
Mail to:	STATE VITAL RECORDS OFFICE - FORMS PO BOX 309 MADISON WI 53701-0309	Fax Number: 608-261-4971 Email: DHSVitalRecordsFormOrders@wi.gov Telephone: 608-266-1939 (forms ordering questions only)