

LETTER OF NON-MARRIAGE APPLICATION

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.

- If you require proof that a Certificate of Marriage has **NOT** been filed with the Wisconsin State Vital Records Office, a search for a Certificate of Marriage must be conducted for those years that you were a resident of Wisconsin from (1) the time you were 16 years of age until the present OR from (2) the date your last marriage ended in annulment, divorce, or death.
- The Wisconsin State Vital Records Office provides a Letter of Non-Marriage solely as a requirement for marriage in another country.
- **If you had two or more names during the period to be searched, you must indicate each name used and the years that each name was used.**
- If no Certificate of Marriage can be found using the information from this application, you will receive a Letter of Non-Marriage as proof.
- If you are submitting this application by FAX, your credit card number and expiration date are required. The credit card number and expiration date will only be used for payment for the fees specified in SECTION III – FEES below on this Letter of Non-Marriage 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)].

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. 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. No.
4. CITY	5. STATE	6. ZIP CODE	7. EMAIL ADDRESS

SECTION II – APPLICANT’S RELATIONSHIP TO THE PERSON NAMED ON THE LETTER OF NON-MARRIAGE (CHECK ONE)

I am requesting a Letter of Non-Marriage for **MYSELF**.

I am a **member of the immediate family** of the person named in Section V.

Check one: Parent Child Brother / Sister Maternal Grandparent Paternal Grandparent

I am a **representative, authorized** by any person indicated in one of the above checkboxes, including an attorney.

Specify the person you represent: _____

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 Letter of Non-Marriage in accordance with the categories listed above.

SIGNATURE (Applicant)	Date Signed (MM/DD/YYYY)
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SECTION III – FEES FEES ARE NOT REFUNDABLE. CANCELLATIONS ARE NOT ACCEPTED.

Mandatory fees are already filled in. Please fill in additional fees for extra copies or UPS delivery, if applicable.

SEARCH FEE (includes one copy)	\$ 20.00	<u>20.00</u>
ADDITIONAL COPIES of the same letter issued at the same time as the first copy _____	X \$ 3.00	_____
Number of additional copies		
<input type="checkbox"/> I AM MAILING IN THIS APPLICATION WITH A CHECK OR MONEY ORDER	TOTAL _____	
(Make payable to: State of Wis. Vital Records. Mail to: State Vital Records Office, PO BOX 309, Madison, WI, 53701-0309)		
OR		
<input type="checkbox"/> I AM FAXING IN THIS APPLICATION WITH A CREDIT CARD NUMBER TO (608) 226-5460		
(Fax fees are in addition to those listed above. Additional mandatory fax fees are already filled in.)		
FAX EXPEDITED SERVICE FEE	\$ 20.00	<u>20.00</u>
FAX CREDIT CARD PROCESSING FEE	\$ 10.00	<u>10.00</u>
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. Complete **ONLY if request is sent by FAX.**

CREDIT CARD NUMBER _____	EXPIRATION DATE _____
SIGNATURE - Credit Card Holder _____	DATE SIGNED _____

SECTION V – BIRTH INFORMATION FOR THE PERSON NEEDING THE LETTER OF NON-MARRIAGE

BIRTH NAME – First	Middle	BIRTH Last	CURRENT NAME – First	Middle	Last
SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (MM/DD/YYYY)		PLACE OF BIRTH – City, County & State OR City & Country (if not U.S.A.)		
PARENT’S BIRTH NAME – First		Middle	BIRTH Last Name		
PARENT’S BIRTH NAME – First		Middle	BIRTH Last Name		

Have You Ever Been Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," Date Your Last Marriage Ended (by divorce, annulment, or death):	Enter the years you have lived in Wisconsin (ex: 1995-2005):
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1. How long will it take to process my request?

• **Applying in Person**

In-person requests for a letter of non-marriage are usually completed within 2 business hours of application.

• **Applying by Mail**

Requests for a letter of non-marriage may take up to 2 weeks plus mail time to complete.

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

Requests for a letter of a non-marriage may take up to 5 business days plus mail time to complete.

• **Applying by Fax requesting UPS Shipping**

Requests for a letter of a non-marriage are usually completed and shipped within two business days.

2. What identification is required when applying for a letter of non-marriage?

Applicant's original ID is required for in-person applications. A **photocopy** of the applicant's ID is required for fax and mail applications.

At least one form of ID must show your name and address. 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>**