

MARRIAGE RECORD AMENDMENT REQUEST OFFICIANT AFFIDAVIT

PENALTIES: Any person who willfully and knowingly supplies any false information with the intent that the information be used in the preparation or amendment of a marriage certificate shall be fined not more than \$1,000 or imprisoned not more than 90 days, or both, per s. 69.24(2), Wis. Stats.

Personally identifiable information on this form is collected to assist in the amendment of a marriage record and will be used only for this purpose.

MARRIAGE INFORMATION	I, the officiant of the ceremony, would like to request that an amendment be made to the marriage record for the couple named below.		
	Full Name of Groom / Spouse		Full Name of Bride / Spouse
	Date of Marriage		County of Marriage

AMENDMENT INFORMATION	TITLE OF ITEM(S) OR ITEM NUMBER(S) TO BE AMENDED	INCORRECT ENTRY	CORRECT ENTRY

OFFICIANT INFORMATION	I, the undersigned, under penalty of perjury, declare that the above statements are true and correct to the best of my knowledge and belief.		
	NAME (typed or printed)		Telephone Number ()
	Street Address	City	State Zip Code
	SIGNATURE – Officiant		Date Signed

Please submit the completed form within 365 days after the date of marriage using one of the following methods:

MAIL: Wisconsin Vital Records Office
 Attn: Internal
 PO Box 309
 Madison, WI 53701-0309

FAX: (608) 261-4972

EMAIL: DHSVitalRecordsOperationsFax@wi.gov