STATE OF WISCONSIN Wis. Stat. § 69.15(4)

Division of Public Health F-05021 (08/2024)

REPORT OF LEGAL NAME CHANGE

- Type or print in black ink. No cross-outs, write-overs, erasures, or correction fluid allowed.
- If you have questions regarding this form, call (608) 266-1373 or email DHSVitalRecords@wi.gov.

I GENERAL	 Complete the following section about the person whose birth record is to be changed by a court-ordered name change. Enter the facts that are <u>currently</u> recorded on the birth record on file in the State Vital Records Office. A person required to register as a sex offender may not change his or her name, per Wis. Stat. § 301.47. PENALTIES: Any person who willfully and knowingly supplies false information in the amendment of a birth record is guilty of a Class I felony and shall be fined not more than \$10,000 or imprisoned for not more than 3 years and six months, or both per Wis. Stat. § 69.24. 								
II CURRENT BIRTH INFORMATION	First Name	Middle	Middle Name		Last Name				Suffix (e.g., Jr, I, II)
	Date of Birth (MM/DD/YYY	Y) City of	City of Birth		County of Birth				
	Parent's Birth Name				Parent's Birth Name				
BIRTH RECORD CHANGE	This court has ordered the State Vital Rec First Name Middle N		Name	ame		Last Name			Suffix (e.g., Jr, I, II)
IV MARRIAGE RECORD CHANGE	This court has ordered that the State Vital Records Office change the name(s) recorded on the Wisconsin marriage record for the person named in Part II as indicated below:								
	Date of Marriage (MM/DD/YYYY)		City of Marriage			County of Marriage			
	Birth Name on Marriage Record - First		Birth Middle			Birth Las	th Last Name		
	Current Name on Marriage Record - First		Current Middle			Current Last Name			
V CERTIFICATION OF CLERK OF COURT/TRIBAL CLERK OF COURT	I hereby certify that an order for name change has been g				anted for the person named in Part II. Branch Number Effective Date of Order (MM/DI				V)
	COURT SEAL	Case Number		Bianon		Linding Bale of C		5.43. (<i>,</i> 2.2) ,	
		County/Tribal Court			State				
	·	Name (Typed or Pri	ırt or Depu	or Deputy /Tribal Clerk of Court or Deputy					
	Court Seal Must be Present				Tribal Clerk of Court or Deputy Date Signed (MM/DD/YYYY)				
VI MAILING INFORMATION					telationship to the Subject of the Record				
	Mailing Address			City	City			State	ZIP Code
	Telephone Number ()				Email Address				
VITAL RECORDS FEES Change of birth record									
_	9			\$ 10.00					
	One certified copy of the amended birth record							\$ 20.00	
	Each additional copy of the amended birth record issued at the same time as the first copy								
	Number of Copies One certified copy of the amended marriage record								
	Each additional copy of the amended marriage record issued at the same time as the first copy								
								TOTAL	