

REPORT OF CONFIDENTIAL 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	<ul style="list-style-type: none"> • 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 currently 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 Name	Last Name	Suffix (e.g., Jr, I, II)	
		Date of Birth (MM/DD/YYYY)	City of Birth	County of Birth		
		Parent's Birth Name		Parent's Birth Name		
III	BIRTH RECORD CHANGE	This court has ordered the State Vital Records Office to change the birth name on the birth record to:				
		First Name	Middle Name	Last Name	Suffix (e.g., Jr, I, II)	
IV	CRITICAL INFORMATION	<p>When this confidential legal name change is applied, the birth record will be impounded, and only another court order will allow the record to be issued in the future, including to the subject of the record.</p> <p>For this reason, it is important that the individual requesting the confidential name change purchase at least one certified copy of the updated birth record at the time this form is submitted to the State Vital Records Office.</p>				
		<p>I hereby certify that an order for name change has been granted for the person named in Part II.</p>				
V	CERTIFICATION OF CLERK OF COURT/TRIBAL CLERK OF COURT	COURT SEAL	Case Number	Branch Number	Effective Date of Order (MM/DD/YYYY)	
		County/Tribal Court			State	
		Name (Typed or Printed) – Clerk of Court or Deputy /Tribal Clerk of Court or Deputy				
		Court Seal Must be Present	SIGNATURE – Clerk of Court or Deputy/Tribal Clerk of Court or Deputy		Date Signed (MM/DD/YYYY)	
VI	MAILING INFORMATION	Name		Relationship to the Subject of the Record		
		Mailing Address		City	State	ZIP Code
		Telephone Number ()		Email Address		

VITAL RECORDS FEES

<input type="checkbox"/> Change of birth record	\$ 10.00	
<input type="checkbox"/> One certified copy of the amended birth record	\$ 20.00	
<input type="checkbox"/> Each additional copy of the amended birth record issued at the same time as the first copy	X \$ 3.00	
Number of Copies		
TOTAL		

Make check or money order payable to: **State of Wis. Vital Records**

Send this properly completed, signed, sealed form and your payment to: **State Vital Records Office / ATTN: PSSU / PO Box 309 / Madison, WI 53701-0309**