

REPORT OF COURT ORDER TO AMEND CAUSE OF DEATH ON A WISCONSIN DEATH RECORD

- Type or print in black ink. No cross-outs, write-overs, erasures, or correction fluid allowed. This is a two-page form and should be printed back to back.
- This form is used when cause of death information on a death record does not represent the actual facts in effect at the time the record was filed per Wis. Stat. § 69.12. This form may not be used to amend cause of death on a death record which was true and accurate at the time the record was filed.
- See additional instructions on the reverse side.

PART I CURRENT DEATH RECORD INFORMATION							
Complete the following section about the death record to be changed. Enter the facts as they are <u>currently</u> recorded on the death record on file in the State Vital Records Office.							
First Name		Middle Name		Last Name		Suffix (e.g., Jr.)	
Date of Death (MM/DD/YYYY)		City of Death		County of Death			
PART II SUPPORTING EVIDENCE PROVIDED TO THE COURT FOR THE CORRECTION							
1. _____		3. _____		2. _____		4. _____	
PART III CORRECTION OF INFORMATION							
From:				To:			
Cause		Interval		Cause		Interval	
Part II				Part II			
Manner			Autopsy Performed	Manner			Autopsy Performed
<input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Death	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated	Time of Death (0000-2359)	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated	Date of Death	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated	Time of Death (0000-2359)	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated
Date of Injury	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated	Time of Injury (0000-2359)	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated	Date of Injury	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated	Time of Injury (0000-2359)	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated
Place of Injury			At Work <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Place of Injury			At Work <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Street Address of Injury				Street Address of Injury			
City, Village, Town of Injury			<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	City, Village, Town of Injury			<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town
County of Injury		State of Injury	Zip Code	County of Injury		State of Injury	Zip Code
Describe How Injury Occurred				Describe How Injury Occurred			

PART IV COURT DIRECTIVE

Check one of the boxes below.

The court orders that the existing death record shall be amended as ordered above.

OR

The court orders that the existing death record shall be impounded and a new death record created, showing the above information. **This means the judge who issued this court order will be identified as the medical certifier on the new death record.**

PART V CERTIFICATION OF CLERK OF COURT OR DEPUTY

I hereby certify that an order has been granted that the above identified death record be corrected to accurately reflect the facts at the time of death.

COURT SEAL Court Seal Must Be Present	Case Number (MANDATORY)	Effective Date (MM/DD/YYYY)	Branch Number
	Name of Judge Who Granted the Order	County	State Wisconsin
	SIGNATURE – Clerk of Court or Deputy		Date Signed (MM/DD/YYYY)
	NAME (typed or printed) – Clerk of Court or Deputy		

PART VI USE OF THIS FORM, FEE AND MAILING INFORMATION

- Contact the Circuit Court in the county where the death occurred.**
- Gather evidence supporting the corrections along with a current certified copy of the death record.
- If the court grants the petition, return this completed, signed, and sealed form, along with the required fee.
- Part IV and Part V must be completed by the court before you return this form to the State Vital Records Office.**

Fee to file Report of Court Order to Amend Cause of Death on a Wisconsin Death Record \$ 10.00 _____

OR

Fee to file Report of Court Order to Amend Cause of Death on a Wisconsin Death Record and create a new death record \$ 20.00 _____

One certified copy of the amended death record \$ 20.00 _____

Fact of Death **OR** Extended Fact of Death

Each additional certified copy of the amended death record

Fact of Death _____ X \$ 3.00 _____
Number of Copies

Extended Fact of Death _____ X \$ 3.00 _____
Number of Copies

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

Mail this properly completed, signed, sealed form and your check or money order to:

State Vital Records Office / ATTN: PSSU / PO Box 309 / Madison, WI 53701-0309

If you purchased a certified copy of the death record from the State Vital Records Office in the last 60 days, you can enclose it with your amendment request and we will exchange it at no additional cost.

If you have questions regarding this form, call the State Vital Records Office at 608-266-1373 or email DHSVitalRecords@wi.gov.

I attest that the information provided on this form is correct to the best of my knowledge and belief and that I am entitled to copies of the requested death record.

SIGNATURE (Applicant)	Date Signed (MM/DD/YYYY)
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SEND CERTIFIED COPY OF AMENDED DEATH RECORD TO:

Name	Relationship to the Subject of the Record		
Mailing Address	City	State	ZIP Code
Telephone Number ()	Email Address		

PENALTIES: Any person who willfully and knowingly supplies false information with the intent that the information be used in the preparation or amendment of a death record is guilty of a Class I felony and shall be fined not more than \$10,000 or imprisoned not more than three years and six months, or both, per Wis. Stat. § 69.24(1).