

**VETERAN'S AND VETERAN'S DEPENDENT'S REQUEST FOR
CERTIFIED COPY OF A WISCONSIN VITAL RECORD**
(This is a two-page form and must be printed back-to-back.)

Wis. Stat. § 59.535(1)(b). For veterans and their dependents [as defined in Wis. Stat. §§ 45.01(12), 45.51(2)(a) 2, and 45.04(5)]: "No fee shall be charged by any register of deeds, clerk of circuit court or any other public officer, either state, county or local, having custody of statistical records, for the making and certifying of copies, or examining proofs of any public record or instrument, required for or in connection with, the filing of any claim or application with the U.S. Department of Veterans Affairs or any other federal agency, or to any state agency, or to the regularly established agency of any state, for benefits under federal or state laws..."

PENALTIES: Any person who willfully and knowingly makes false application for a birth or death certificate is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than three years and six months, or both, per Wis. Stat. § 69.24(1)]. Any person who willfully and knowingly makes false application for a marriage or divorce certificate shall be fined not more than \$1,000 or imprisoned not more than 90 days, or both, per Wis. Stat. § 69.24(2).

Is the vital record that is being requested needed to apply for State or Federal benefits? ☐ YES ☐ NO
If the answer is "yes," the veteran must qualify as a veteran under Wis. Stat. §§ 45.01(12), 45.51(2)(a)2, or 45.04(5).

OBTAIN A FREE COPY OF A WISCONSIN VITAL RECORD

If the veteran or dependent qualifies for and wants to obtain a free certified copy of a vital record, this form must be completed and returned through the **County Veteran Service Office (CVSO)** in which application for benefits have been made.

Send this complete application and a self-addressed, stamped, business-size envelope to:

State Vital Records Office / P.O. Box 309 / Madison, WI 53701-0309

CVSO INFORMATION	CVSO NAME				
	MAILING ADDRESS				
	CITY		STATE	ZIP CODE	
	TELEPHONE NUMBER		EMAIL ADDRESS		
	SIGNATURE (CVSO) ➤			Date Signed (MM/DD/YYYY)	
VETERAN OR DEPENDENT INFORMATION	VETERAN OR DEPENDENT NAME				
	MAILING ADDRESS				
	CITY		STATE	ZIP CODE	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
BIRTH RECORD INFORMATION	BIRTH NAME - First		Middle	Last Name <i>as it appears on the birth certificate</i>	
	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE (MM/DD/YYYY)	PLACE OF BIRTH - County		PLACE OF BIRTH - City, Village, or Township
	PARENT'S BIRTH NAME - First		Middle	Last	
	PARENT'S BIRTH NAME - First		Middle	Last	
	NUMBER OF COPIES REQUESTED				

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DEATH RECORD INFORMATION	NAME OF DECEDENT - First	Middle	Last	DATE OF DEATH (MM/DD/YYYY)
	PLACE OF DEATH - County	PLACE OF DEATH – City, Village, or Township		DECEDENT'S SOCIAL SECURITY NUMBER
	DECEDENT'S AGE / BIRTHDATE	NAME OF DECEDENT'S SPOUSE		
	IS PROOF AND CAUSE OF DEATH REQUIRED	NUMBER OF COPIES REQUESTED		
MARRIAGE RECORD INFORMATION	SPOUSE 1 BIRTH NAME – First	Middle	BIRTH Last Name	
	SPOUSE 2 BIRTH NAME – First	Middle	BIRTH Last Name	
	DATE OF MARRIAGE (MM/DD/YYYY)	LOCATION OF MARRIAGE - County	LOCATION OF MARRIAGE – City, Village, or Township	
	NUMBER OF COPIES REQUESTED			
DIVORCE RECORD INFORMATION	PARTY "A" BIRTH NAME - First	Middle	BIRTH Last Name	
	PARTY "B" BIRTH NAME - First	Middle	BIRTH Last Name	
	DATE OF DIVORCE (MM/DD/YYYY)	LOCATION OF DIVORCE - County	LOCATION OF DIVORCE – City, Village, or Township	
	NUMBER OF COPIES REQUESTED			
DOMESTIC PARTNERSHIP RECORD INFORMATION	PARTNER "A" BIRTH NAME – First	Middle	BIRTH Last Name	
	PARTNER "B" BIRTH NAME – First	Middle	BIRTH Last Name	
	DATE OF THE OFFICIAL DECLARATION (MM/DD/YYYY)	COUNTY (where the declaration of domestic partnership was filed)	CITY, VILLAGE, TOWNSHIP (where the declaration of domestic partnership was filed)	
	NUMBER OF COPIES REQUESTED			
TERMINATION OF DOMESTIC PARTNERSHIP RECORD INFORMATION	PARTNER "A" BIRTH NAME - First	Middle	BIRTH Last Name	
	PARTNER "B" BIRTH NAME - First	Middle	BIRTH Last Name	
	DATE OF THE OFFICIAL TERMINATION (MM/DD/YYYY)	COUNTY (where the termination of domestic partnership was filed)	CITY, VILLAGE, TOWNSHIP (where the termination of domestic partnership was filed)	
	NUMBER OF COPIES REQUESTED			