REPORT OF LEGAL NAME CHANGE

Division of Public Health F-05021 (Rev. 10/2019)

Wis. Stat. § 69.15 (4)

Type or print in BLACK INK.

Do **NOT** use cross-outs, erasures, write-overs, correction fluid, or correction tape.

If a mistake is made, prepare a new form.

If you have questions regarding this form, call (608) 266-1373.

STATE VITAL RECORDS OFFICE USE ONLY
Certificate Number
New Name
New Name

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 birth 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)]. Is the name given at birth (the one currently listed on the birth certificate) to be changed by this court order? GENERAL If "NO", do not use this form. Do not send a name change notice to the State Vital Records Office. If the legal change of name order involves a change of last name for an entire family (husband, wife and children), only the birth certificate of the husband and children are affected and separate forms and fees are to be submitted for each person. A PERSON REQUIRED TO REGISTER AS A SEX OFFENDER MAY NOT CHANGE HIS OR HER NAME, per Wis. Stat. § 301.45, (Class H felony). Complete the following section about the person whose birth certificate is to be changed by this court-ordered name change. Enter the facts that are currently recorded on the birth certificate on file in the State Vital Records Office. If the information does not match the certificate currently on file, the form will be returned for re-processing. MIDDLE NAME FIRST NAME LAST NAME SUFFIX (e.g., Jr, I, II) CURRENT BIRTH INFORMATION DATE OF BIRTH (MM/DD/YYYY) COUNTY OF BIRTH SEX CITY OF BIRTH Male Female MOTHER'S FIRST NAME MOTHER'S BIRTH LAST NAME FATHER'S FIRST NAME FATHER'S BIRTH LAST NAME This court orders the State Vital Records Office to change the birth name recorded on the birth certificate for the person named in Part II to NEW NAME FIRST NAME MIDDLE NAME LAST NAME SUFFIX (e.g., Jr, I, II) This court orders that the State Vital Records Office change the birth name recorded on the Wisconsin marriage certificate* for the person named in Part II to the name listed in Part III. MARRIAGE RECORD CHANGE *The court order must state that the Wisconsin marriage certificate is to be amended. The State Vital Records Office only changes the name recorded on the marriage certificate of the person named in Part III if Part IV is completed. NOTE: Do not use this form for last name changes that occur from marriage or from resuming use of a maiden name or former married last name. DATE OF MARRIAGE (MM/DD/YYYY) COUNTY OF MARRIAGE CITY OF MARRIAGE NAME AT TIME OF MARRIAGE - GROOM (First / Middle / Birth last name) NAME AT TIME OF MARRIAGE - BRIDE (First / Middle / Birth last name) CURRENT NAME - GROOM (First / Middle / Last name) CURRENT NAME - BRIDE (First / Middle /Last name) **COURT SEAL MUST** CERTIFICATION OF CLERK OF COURT OR DEPUTY BE PRESENT I hereby certify to the following: The name change recorded in Part III for the person named in Part II is granted in Branch # County Court of the state of ___ (Name of County) (Name of State) The effective date of this order is _ . Court Case Number (MM/DD/YYYY) (Court Case Number is MANDATORY.) SIGNATURE Date _ COURT SEAL (Signature of Clerk of Court or Deputy) (MM/DD/YYYY) NAME (Typed or Printed) - Clerk of Court or Deputy_ SEND CERTIFIED COPY OF AMENDED CERTIFICATE(S) TO: (Name) DAYTIME TELEPHONE NUMBER City MAILING ADDRESS - Street Address **ZIP Code** VITAL RECORDS FEES Change of birth certificate \$10.00 L Change of marriage certificate \$10.00 One certified copy of the amended marriage certificate \$20.00 Each additional copy of the amended birth certificate issued at the same time as the first copy 3.00 Number of Copies Each additional copy of the amended marriage certificate issued at the same time as the first copy 3.00 Number of Copies Make check or money order payable to: State of Wis. Vital Records **TOTAL**

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