

- 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

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)].

Form sections: I GENERAL, II CURRENT BIRTH INFORMATION, III NEW NAME, IV MARRIAGE RECORD CHANGE. Includes fields for names, dates, and marital status.

COURT SEAL MUST BE PRESENT

CERTIFICATION OF CLERK OF COURT OR DEPUTY

I hereby certify to the following: The name change recorded in Part III for the person named in Part II is granted

in Branch # of County Court of the state of

The effective date of this order is Court Case Number

SIGNATURE Date

NAME (Typed or Printed) - Clerk of Court or Deputy

SEND CERTIFIED COPY OF AMENDED CERTIFICATE(S) TO: (Name) DAYTIME TELEPHONE NUMBER
MAILING ADDRESS - Street Address City State ZIP Code

VITAL RECORDS FEES

Table with 3 columns: Fee description, Amount, and checkboxes. Includes fees for birth and marriage certificates and copies.

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

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

State Vital Records Office / Legal Name Change / PO Box 309 / Madison, WI 53701-0309

TOTAL