

REPORT OF LEGAL NAME CHANGE

- 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 _____

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. 			
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II CURRENT BIRTH INFORMATION	First Name	Middle Name	Last Name	Suffix (e.g., Jr, I, II)
	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	City of Birth	County of Birth
	Parent's First Name		Parent's Birth Last Name	
	Parent's First Name		Parent's Birth Last Name	

III NEW NAME	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 MARRIAGE RECORD CHANGE	This court has ordered that the State Vital Records Office change the names recorded on the Wisconsin marriage record for the person named in Part II as indicated below:			
	Date of Marriage (MM/DD/YYYY)	City of Marriage	County of Marriage	
	Birth Name on Marriage Record - First	Birth Middle	Birth Last Name	
	Current Name on Marriage Record - First	Current Middle	Current Last Name	

V CERTIFICATION OF CLERK OF COURT/TRIBAL CLERK OF COURT	I hereby certify that an order for the name change recorded in Part III has been granted for the person named in Part II.			
	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	Relationship to the Subject of the Record			
	Applicant Name	Email Address	Daytime Telephone Number ()	
	Mailing Address	City	State	ZIP Code

VITAL RECORDS FEES

- Change of birth record \$ 10.00 _____
- Change of marriage record \$ 10.00 _____
- One certified copy of the amended birth record \$ 20.00 _____
- Each additional copy of the amended birth record issued at the same time as the first copy X \$ 3.00 _____
Number of Copies
- One certified copy of the amended marriage record \$ 20.00 _____
- Each additional copy of the amended marriage record issued at the same time as the first copy X \$ 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 payment to: **State Vital Records Office / ATTN: PSSU / PO Box 309 / Madison, WI 53701-0309**