

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

- Type or print in **BLACK INK**.
- Do **NOT** use cross-outs, erasures, write-overs, correction fluid, or correction tape. If mistakes are made, prepare a new form.
- If you have questions regarding this form, call **(608) 267-7821**.

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 s. 69.24(1), Wis. Stats.].

I	GENERAL	<ul style="list-style-type: none"> Is the name given at birth (the one currently listed on the birth certificate) to be changed by this court order? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 other family members, 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 s. 301.45, Wis. Stats. (Class H felony).
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II	CURRENT BIRTH INFORMATION	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.			
		FIRST NAME	MIDDLE NAME	LAST NAME	TITLE (e.g., Jr.)
		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (Month / Day / Year)	CITY OF BIRTH	COUNTY OF BIRTH
		MOTHER'S FIRST NAME		MOTHER'S BIRTH LAST NAME	
		FATHER'S FIRST NAME		FATHER'S BIRTH LAST NAME	

III	NEW 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			
		FIRST NAME	MIDDLE NAME	LAST NAME	TITLE (e.g., Jr.)

Critical Information	<p>It's important that the individual requesting the confidential name change purchase at least one changed birth record (we recommend more) from within this order (see below). When this court order is applied, all records, including the new certificate will be impounded and only another court order will allow us to issue the record, including to the subject of the record.</p> <p>2011 Act 274 requires that the marriage certificate not be changed when the name change is confidential.</p> <p>Do not send this form or a copy to the County Register of Deeds; the information 2011 Act 274 requires the court to send to the County Register of Deeds is for real estate purposes (chapter 59) , not for vital records purposes. Please do not send this form to the County Register of Deeds.</p>
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COURT SEAL MUST
BE PRESENT

CERTIFICATION OF CLERK OF COURT OR DEPUTY

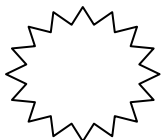
I hereby certify to the following: The name change recorded in Part III for the person named in Part II is granted

in Branch # _____ of _____ County Court of the state of _____.
(Name of County) (Name of State)

The effective date of this order is _____ Court Case Number _____
(Month/Day/Year) (Court Case Number is **MANDATORY**.)

SIGNATURE _____ Date _____
(Signature of Clerk of Court or Deputy) (Month/Day/Year)

NAME (Typed or Printed) – Clerk of Court or Deputy _____



COURT SEAL

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

VITAL RECORDS FEES

- Change of birth certificate \$ 10.00 _____
- One certified copy of the amended birth certificate \$ 20.00 _____
- Each additional copy of the amended birth certificate issued at the same time as the first copy X \$ 3.00 _____
No. 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:

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