DEPARTMENT OF HEALTH SERVICES

Division of Public Health F-05214 (07/2022)

STATE OF WISCONSIN

Wis. Stat. § 69.20

VITAL RECORDS OFFICE APPLICATION FOR IN-PERSON SEARCH

SECTION I – APPLICANT INFORMATION (Please print)						
NAME - First	Middle		Last			Check if first visit
STREET ADDRESS						
CITY		STATE		ZIP CODE		
		017.112				
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	l				
TVDE OF OURDENET VALUE RUOTO IR		07475	25.1001.141.105	EVENDATION DATE		
TYPE OF CURRENT VALID PHOTO ID PHOTO ID NUMBER				STATE OF ISSUANCE EXPIRATIO		EXPIRATION DATE
SECTION II – PURPOSE OF THIS SEARCH						
Professional Genealogy Resea	Medical Study Research					
Personal Genealogy Research	Other (Provide explanation)					
SECTION III - VITAL RECORD INFORMATION						
Type of Records to be Searched		BIRTH	DEATH	<u> </u>	MARRIAGE DIVORCE	
FAMILY SURNAME APPROXIM			ATE DATES	COUNTIES		
I have read the Administrative Rule DHS 142 "Access to Vital Records" and the Vital Records Office Policy for In-Person Searching and agree to abide by them. I understand that failure to comply with those regulations and rules may result in the application of penalties prescribed in the Administrative Rule.						
I agree to check any items not permitted into the records area with the Vital Records staff. The Vital Records Office will not be liable for any lost or stolen items.						
SIGNATURE					DATE SIGNED	(MM/DD/YYYY)