

**COURT ORDER TO AMEND A WISCONSIN DEATH CERTIFICATE  
(Except Medical Certification of Cause and Manner of Death)**

- **THIS IS A TWO-PAGE FORM AND MUST BE PRINTED BACK-TO-BACK.**
- TYPE OR PRINT IN **BLACK INK ONLY**.
- **NO erasures, cross-outs, correction fluid, or correction tape on this form. If a mistake is made, prepare another form.**
- When using this form to modify a name, it can only be used (1) to complete a name when part of that name has been omitted, and/or (2) to amend the spelling of a name on a birth certificate. This form can **not** be used to change a name.
- This form can **not** be used to establish paternity.

STATE OF  
WISCONSIN

CIRCUIT COURT OF \_\_\_\_\_ COUNTY, BRANCH \_\_\_\_\_

IN RE: **CORRECTION OF DEATH CERTIFICATE  
PURSUANT TO CHAPTER 69.12, WISCONSIN STATUTES**

CONCERNING: \_\_\_\_\_  
(Name of the Subject of the Death Certificate as it Currently Appears on the Death Certificate)

COURT CASE: \_\_\_\_\_ (Court Case Number is **MANDATORY**.)

**Upon the records, files, and any proceedings in the above-named matter and based upon the petition of**

\_\_\_\_\_, **who is the** \_\_\_\_\_  
(Name of Petitioner) (Relationship of Petitioner to the Subject of the Record)

**of the Subject of the Record, dated** \_\_\_\_\_, **and which includes supporting**  
(Month / Day / Year of Petition)

**evidence presented to the court as follows:**

(List the evidence used to support the petition.)

1. A CURRENT CERTIFIED COPY OF THE ORIGINAL DEATH CERTIFICATE FILED WITH THE STATE REGISTRAR
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**IT IS ORDERED that the State Registrar amend the death certificate of**

(**NOTICE:** In the following, enter all items as they read on the death certificate **PRIOR** to this court order for amendment.)

\_\_\_\_\_, **who died on** \_\_\_\_\_  
(Name on Death Certificate) (Date of Death on Death Certificate)

**in the county of** \_\_\_\_\_ **so as to correctly reflect the facts at death as**  
(County of Death Listed on Death Certificate)

**indicated on the second page of this form.**

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THE **INCORRECT** INFORMATION BELOW **SHALL BE AMENDED TO** THE **CORRECT** INFORMATION BELOW

\_\_\_\_\_  
 (Name of Subject on Certificate)  
 (First, Middle, SURNAME IN CAPITAL LETTERS)

\_\_\_\_\_  
 (Other - Specify)

\_\_\_\_\_  
 (Other - Specify)

\_\_\_\_\_  
 (Other - Specify)

\_\_\_\_\_  
 Other - Specify)

\_\_\_\_\_  
 (Other - Specify)

\_\_\_\_\_  
 (Other - Specify)

\_\_\_\_\_  
 (Other - Specify)

\_\_\_\_\_  
 (Name of Subject on Certificate)  
 (First, Middle, SURNAME IN CAPITAL LETTERS)

\_\_\_\_\_  
 (Other - Specify)

\_\_\_\_\_  
 (Other - Specify)

\_\_\_\_\_  
 (Other - Specify)

\_\_\_\_\_  
 (Other - Specify)

\_\_\_\_\_  
 (Other - Specify)

\_\_\_\_\_  
 (Other - Specify)

\_\_\_\_\_  
 (Other - Specify)

**FOR COURT USE ONLY**



Dated at \_\_\_\_\_, Wisconsin, this \_\_\_\_\_ day of \_\_\_\_\_ by the court.  
 (City, Village, or Township) (Month)

**SIGNATURE** – Circuit Court Judge \_\_\_\_\_

NAME (Typed or Printed) – Circuit Court Judge \_\_\_\_\_

**FEE AND MAILING INFORMATION**

- Fee to amend the death certificate** ..... \$ 10.00 10.00
- One certified copy of the amended death certificate ..... \$ 20.00 \_\_\_\_\_
- Each additional copy of the amended death 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 / Special Records Unit / PO Box 309 / Madison, WI 53701-0309**

**SEND CERTIFIED COPY(IES) OF THE AMENDED DEATH CERTIFICATE TO:**

NAME		DAYTIME TELEPHONE NUMBER	
STREET ADDRESS or P.O. BOX		CITY, VILLAGE, OR TOWNSHIP	STATE ZIP CODE