DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-05214 (Rev. 03/2016)

STATE OF WISCONSIN
Wis. Stat. ch. 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
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
TYPE OF CURRENT VALID PHOTO ID	PHOTO ID NUMBER	STATE OF ISSUANCE	EXPIRATION DATE

SECTION II – PURPOSE OF THIS SEARCH

☐ Professional Genealogy Research ☐ Medical Study Research

☐ Personal Genealogy Research ☐ Other (Provide explanation)

SECTION III – VITAL RECORD INFORMATION

Type of Records to be Searched ☐ BIRTH ☐ DEATH ☐ MARRIAGE ☐ DIVORCE

FAMILY SURNAME	APPROXIMATE 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)