

REQUEST TO STATE VITAL RECORDS OFFICE TO AMEND A WISCONSIN CERTIFICATE

(used in conjunction with Dept. of Health Services Form F-05091, F-05092, F-05093, or F-05054)

PETITIONING PARTY INFORMATION:

Name: _____
Address: _____
City/State/ZIP: _____
Phone No.: _____

Petition is hereby being made to correct a certificate pursuant to Chapter 69.12, Wis. Stats.
The correction(s) being requested to the original certificate are as follows:

1. Describe correction required: _____ and specify:
INCORRECT INFORMATION **CORRECT INFORMATION**

2. Describe correction required: _____ and specify:
INCORRECT INFORMATION **CORRECT INFORMATION**

3. Describe correction required: _____ and specify:
INCORRECT INFORMATION **CORRECT INFORMATION**

I have attached the supporting evidence:

- Certified copy of vital record (Birth, Marriage, or Death Certificate)
- Testament of Marriage
- Affidavit from Church, Courthouse, or Other Marriage Site/Facility
- Affidavit of Marriage Ceremony Witness
- Hospital Announcement
- Baptism or First Communion Register
- Funeral Director’s Report
- Medical Examiner’s Final Diagnoses
- Other: _____.

Date: _____

Signature of Petitioning Party

Printed Name of Petitioning Party