Chapter 69.21 Wis.Stats.

WISCONSIN DECLARATION OF DOMESTIC PARTNERSHIP APPLICATION

Please complete this form and return to the following address. Include stamped envelope and appropriate fee.

ALL PAYMENTS MUST BE CASHIERS CHECK OR MONEY ORDER PAYABLE TO:
REGISTER OF DEEDS, 500 FOREST ST., WAUSAU, WI 54403 5568
ENCLOSE WITH A COPY OF YOUR DRIVERS LICENSE OR ANOTHER PICTURE ID.
ADDITIONAL INFORMATION AT WEBSITE: www.co.marathon.wi.us

PENALTIES: Any person who willfully and knowingly makes a false application for a declaration of domestic partnership shall be fined not more than $1,000 or imprisoned not more than 90 days, or both, per s. 69.24(2), Wis. Stats. Any person who willfully and knowingly obtains a declaration of domestic partnership for fraudulent purposes is guilty of a Class I felony [a fine of not more than $10,000 or imprisonment of not more than 3 years and 6 months, or both, per s. 69.24(1), Wis. Stats.].

I. APPLICANT INFORMATION

The information in Section I is about the person completing this application.

YOUR **CURRENT** NAME - First	Middle	Last	YOUR DAYTIME TELEPHONE NUMBER ( )

YOUR **STREET** ADDRESS *(**CANNOT** be a P.O. Box address)* Apt. No.			**MAIL TO** ADDRESS *(if different)* No.		Apt.
City, Village, or Township	State	Zip Code	City or Village	State	Zip Code

TYPE OF CURRENT VALID PHOTO ID	PHOTO ID NUMBER	STATE OF ISSUANCE *(Indicate country, if not issued in U.S.A.)*	EXPIRATION DATE

II. APPLICANT'S RELATIONSHIP TO PERSON(S) NAMED ON THE DECLARATION

According to Wisconsin Statute, a CERTIFIED copy of a declaration of domestic partnership is only available to those with a "direct and tangible interest" *(categories A – E below.)* You may select to receive an uncertified copy if you just need a copy for informational purposes OR if you do not meet the criteria for categories A – E. In that case, you may check category F below.

Check one box which indicates YOUR RELATIONSHIP to one of the PERSONS NAMED on the declaration of domestic partnership.

☐ A. I **am** one of the PERSONS NAMED on the declaration of domestic partnership.

☐ B. I am a **member of the immediate family** of one of the PERSONS NAMED on the declaration of domestic partnership. *(Only those listed below qualify as immediate family. NOTE: Grandchildren, step-parents, and step-children may only obtain certified copies as C – E.)*

CHECK ONE. ☐ Parent (whose name is on either domestic partner's birth certificate and whose parental rights have not been terminated)

☐ Current Domestic Partner ☐ Current Spouse ☐ Child ☐ Brother / Sister ☐ Grandparent

☐ C. I am the **legal guardian** of one of the PERSONS NAMED on the declaration of domestic partnership. *(Legal proof is required.)*

☐ D. I am a **representative authorized**, in writing, by any of the aforementioned (categories A - C). *(The written, **NOTARIZED** authorization must accompany this application.)*

Specify whom you represent. _____

☐ E. I can demonstrate that the information from the declaration of domestic partnership is necessary for the **determination or protection of a personal or property right** for myself/my client/my agency. *(Proof is required.)*

Specify interest. _____

☐ F. Uncertified copy (information purposes only; not valid for legal purposes) – Persons not in categories A – E above OR who do not need a copy for legal purposes.

PURPOSE FOR WHICH DECLARATION IS REQUESTED *(Specify. This information will assist us in processing your request.)*

III. FEES

First copy is $20.00. Each additional copy of the same record issued at the same time is $3.00
The fee is for a search of the record and the cost of the first copy. The fee is NON-REFUNDABLE, even if no record is found

Number of copies requested _____ Total $ _____

IV. DECLARATION OF DOMESTIC PARTNERSHIP INFORMATION

PARTNER A NAME (as listed on declaration of domestic partnership) - First	Middle	Last Name
PARTNER B NAME (as listed on declaration of domestic partnership) - First	Middle	Last Name

COUNTY (where the declaration of domestic partnership was filed)	DATE FILED (Month/Day/Year the declaration was filed at the Register of Deeds Office)

I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to copies of the requested declaration of domestic partnership in accordance with the categories listed above.

SIGNATURE - Applicant (Person Completing Application) ➢	Date Signed (Month / Day / Year)

MICHAEL J SYDOW, REGISTER OF DEEDS