Chapter 69.21 Wis.Stats.

# WISCONSIN TERMINATION OF DOMESTIC PARTNERSHIP CERTIFICATE 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 certificate of termination 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 certificate of termination 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, Village, or Township | 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 RECORD

**According to Wisconsin Statute, a CERTIFIED copy of a certificate of termination 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 certificate of termination of domestic partnership.**

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

☐ B. I am a **member of the immediate family** of one of the partners named on the certificate of termination 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 one of the partner's birth document 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 partners named on the certificate of termination of domestic partnership. *(Documentation of guardianship 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 certificate of termination 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 DOCUMENT 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 or copies requested _____ Total $ _____

## IV. TERMINATION OF DOMESTIC PARTNERSHIP INFORMATION

| PARTNER A NAME (as listed on certificate of termination) - First | Middle | Last Name |
|---|---|---|
| PARTNER B NAME (as listed on certificate of termination) - First | Middle | Last Name |

| COUNTY (where the certificate of termination of domestic partnership was filed) | DATE OF OFFICIAL FILING OF THE CERTIFICATE OF TERMINATION (Month/Day/Year Certificate filed in 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 Certificate of Termination 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