

**WISCONSIN TERMINATION OF DOMESTIC PARTNERSHIP APPLICATION**  
**(for Mail or In-Person Requests)**

**TYPE or PRINT.**

**PENALTIES:** Any person who willfully and knowingly makes a false application for a 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 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.]

<b>I. APPLICANT INFORMATION</b>	YOUR CURRENT NAME - First			Middle			Last			
	YOUR STREET ADDRESS (CANNOT be a P.O. Box address) Apt. No.						MAIL TO ADDRESS (if different) Apt. No.			
	City			State	ZIP Code		City		State	ZIP Code
	YOUR DAYTIME TELEPHONE NUMBER (       )						EMAIL ADDRESS			
	TYPE OF CURRENT VALID PHOTO ID (See item 3 on page 2.)			PHOTO ID NUMBER			STATE OF ISSUANCE		EXPIRATION DATE	
<b>II. APPLICANT'S RELATIONSHIP TO PERSON(S) NAMED ON THE RECORD</b>	<p>According to Wisconsin Statute, a <b>CERTIFIED</b> copy of a termination of domestic partnership is only available to those with a "direct and tangible interest." (See item 1 on page 2.)</p> <p>Check one box which indicates YOUR RELATIONSHIP to one of the PERSONS NAMED on the termination of domestic partnership.</p> <p><input type="checkbox"/> A. I am one of the persons named on the termination of domestic partnership.</p> <p><input type="checkbox"/> B. I am a member of the immediate family of one of the partners named on the termination. CHECK ONE of the following:  <input type="checkbox"/> Parent (My name is on one of the partners' birth certificates and my parental rights have <u>not</u> been terminated)  <input type="checkbox"/> Brother / Sister    <input type="checkbox"/> Grandparent    <input type="checkbox"/> Child          NOTE: Grandchildren, step-parents, step-children, step-brothers/step-sisters may only obtain certified copies as categories C – E.</p> <p><input type="checkbox"/> C. I am the legal guardian of one of the partners named on the termination. (Legal proof is required.)</p> <p><input type="checkbox"/> D. I am a representative, authorized in writing, by any of the aforementioned (categories A - C). (The written and notarized authorization must accompany this application.)          Specify the person you represent: _____</p> <p><input type="checkbox"/> E. I can demonstrate that the information from the termination is necessary for the determination or protection of a personal or property right for myself/my client/my agency. (Proof is required.)          Specify your interest: _____</p> <p><input type="checkbox"/> F. None of the above. I am requesting an uncertified copy. (Copy will not be valid for legal purposes.)</p>									
	PURPOSE FOR WHICH DOCUMENT IS REQUESTED:									
<b>III. FEES</b>	Required Search Fee (includes one copy, if found) ..... \$ 20.00 <u>20.00</u>									
	Additional copies of the same record issued at the same time as the first copy ... X \$ 3.00 _____ Number of Additional Copies									
FEE IS <b>NOT REFUNDABLE</b> IF NO RECORD IS FOUND. CANCELLATIONS ARE <b>NOT</b> ACCEPTED. TOTAL _____										
<p>Mail your application materials and fee to: <b>Oneida County Register of Deeds, PO Box 400, Rhinelander WI 54501</b></p> <p>Be sure to include: <input type="checkbox"/> completed form, <input type="checkbox"/> acceptable identification, <input type="checkbox"/> payment,  <input type="checkbox"/> self-addressed, stamped, business-size envelope, and <input type="checkbox"/> any additional proof or authorization required</p>										
<b>IV. TERMINATION OF DOMESTIC PARTNERSHIP INFORMATION</b>	PARTNER "A" BIRTH NAME – First			Middle			Last			
	PARTNER "B" BIRTH NAME – First			Middle			Last			
	COUNTY (where the termination of domestic partnership was filed)						DATE OF THE OFFICIAL TERMINATION (MM/DD/YYYY)			
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 termination of domestic partnership in accordance with the categories listed above.										
SIGNATURE (Applicant)						Date Signed (MM/DD/YYYY)				

**Important: Signature and payment are required for processing.**

**1. What is difference between a “certified” and an “uncertified” copy of a termination of domestic partnership?**

A **certified** copy of a termination of domestic partnership issued by a Wisconsin Vital Records Office will have a raised seal, will show the signature of the State or Local Registrar, and will be printed on security paper. A certified copy may be required to enter into another domestic partnership.

State law restricts who may obtain a **certified** copy of a termination of domestic partnership. A **certified** copy can only be issued to those people with a “direct and tangible interest” (section II, categories A – E) which means the following people:

- One of the partners named on the termination of domestic partnership (section II, category A).
- An immediate family member defined as a parent (whose name is on one of the partner’s birth certificate and whose parental rights have not been terminated), brother, sister, grandparent, or child of the subject of the record (section II, category B).
- NOTE: Grandchildren, step-parents, step-children, step-brothers and step-sisters can only obtain certified copies as section II, categories C – E.
- The legal guardian of a partner named on the termination of domestic partnership. Legal proof, *e.g.*, a court order of guardianship, is required. (section II, category C).
- A person authorized in writing by one of the above. A written and notarized authorization must be attached to this application and the authorization must clearly state the relationship of the authorizing party to the subject of the record (section II, category D).
- A person who can demonstrate that the termination of domestic partnership is required to determine or to protect a personal or property right (section II, category E). Proof is required.

If you do not meet one of the above criteria, you cannot receive a **certified** copy of a termination of domestic partnership.

An **uncertified** copy will contain the same information as a certified copy but it is **not** acceptable for legal purposes. (section II, category F)

**2. How long will it take to process my request?**

Copies of termination of domestic partnerships are available from the State Vital Records Office no less than 3 weeks from the date of the event.

- **Applying in Person**
  - Requests for **certified** copies of termination of domestic partnerships are usually completed within 2 business hours of application, if the termination of domestic partnership is on file.
  - Requests for **uncertified** copies of termination of domestic partnerships are not completed on the same schedule as requests for certified copies. In-person requests for uncertified copies may take up to 1 month to complete.
- **Applying by Mail**
  - Requests for **certified** copies of termination of domestic partnerships may take up to 2 weeks plus mail time to complete.
  - Requests for **uncertified** copies of termination of domestic partnerships are not completed on the same schedule as certified copies. Mail requests for uncertified copies may take up to 1 month plus mail time.

**3. What identification is required when applying for a termination of domestic partnership?**

A **photocopy** of the applicant’s ID as listed below must be submitted with **all** mail applications. ID as listed below is required when applying in-person.

**At least one form of ID must show your name and address. Expired cards or documents will not be accepted.**

Acceptable forms of identification are:

- |  |           |  |
|--|-----------|--|
| <b>One of these:</b> <ul style="list-style-type: none"><li>▪ Wisconsin driver’s license</li><li>▪ Wisconsin ID card</li><li>▪ Out-of-state driver’s license or ID card</li></ul> | <b>OR</b> | <b>Two of these:</b> <ul style="list-style-type: none"><li>▪ US government issued photo ID</li><li>▪ Passport</li><li>▪ Check book/bank statement</li><li>▪ Health insurance card</li><li>▪ Current, dated, signed lease</li><li>▪ Utility bill or traffic ticket</li><li>▪ Paycheck or earnings statement</li></ul> |
|--|-----------|--|

**If you have questions regarding this form, please call 715-369-6150  
or visit our website at [www.co.oneida.wi.gov](http://www.co.oneida.wi.gov)**