

**REQUEST TO STATE VITAL RECORDS OFFICE/PETITION FOR COURT ORDER TO AMEND**

**A WISCONSIN CERTIFICATE**

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

Oconto County Court Case Number: \_\_\_\_\_

Case Classification Code: 30703

**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**

I have attached the supporting evidence:

- ☐ Certified copy of vital record (Birth, Marriage, or Death Certificate)
- ☐ Testament of Marriage
- ☐ Certified copy of the marriage license application form showing the correct information given to the Court Clerk
- ☐ 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