

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Public Health

DPH 5021T (Rev. 04/05)

REPORT OF LEGAL NAME CHANGE

Tribal Court

STATE OF WISCONSIN

Chapter 69.15 (4), Wis. Stats.

STATE VITAL RECORDS OFFICE USE ONLY

Certificate Number _____

New Name _____

- Type or print in **BLACK INK**.
- If mistakes are made, obtain a new form
- Do **NOT** use erasures, correction fluid, or correction tape.

PENALTIES: Any person who willfully and knowingly supplies any false information with the intent that the information be used in the preparation or amendment of a birth certificate is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than three years and six months, or both, per Chapter 69.24(1), Wis. Stats.].

| | |
|----------------------|--|
| I GENERAL | • Is the name given at birth (the one currently listed on the birth certificate) to be changed by this Tribal Court order? Yes No |
| | • If "NO" , do not use this form. Do not send a name change notice to the State Vital Records Office. |
| | • If the legal change of name order involves a change of surname for an entire family (husband, wife and children), only the birth certificate of the husband and children are affected and separate forms and fees are to be submitted for each person. |
| | • A PERSON REQUIRED TO REGISTER AS A SEX OFFENDER MAY NOT CHANGE HIS OR HER NAME, per s. 301.45, Wis. Stats. (Class H felony). |

| | | | | |
|---|--|------------------------------------|------------------------|-------------------|
| II CURRENT BIRTH INFORMATION | Complete the following section about the person whose birth certificate is to be changed by this court-ordered name change. Enter the facts that are currently recorded on the birth certificate on file in the State Vital Records Office. If the information does not match the certificate currently on file, the form will be returned for re-processing. | | | |
| | FIRST NAME | MIDDLE NAME | SURNAME | TITLE (e.g., Jr.) |
| | SEX Male Female | DATE OF BIRTH (Month / Day / Year) | CITY OF BIRTH | COUNTY OF BIRTH |
| | MOTHER'S FIRST NAME | | MOTHER'S BIRTH SURNAME | |
| | FATHER'S FIRST NAME | | FATHER'S BIRTH SURNAME | |

| | | | | |
|-------------------------|--|-------------|---------|-------------------|
| III NEW NAME | This court orders the State Vital Records Office to change the birth name recorded on the birth certificate for the person named in Part II to | | | |
| | FIRST NAME | MIDDLE NAME | SURNAME | TITLE (e.g., Jr.) |

| | | | |
|---|---|---|---|
| IV MARRIAGE RECORD CHANGE | This Tribal Court orders that the State Vital Records Office change the birth name recorded on the Wisconsin marriage certificate* for the person named in Part II to the name listed in Part III. | | |
| | *The Tribal Court order must state that the Wisconsin marriage certificate is to be amended. The State Vital Records Office only changes the name recorded on the marriage certificate of the person named in Part III if Part IV is completed. | | |
| | NOTE: Do not use this form for surname changes that occur from marriage or from resuming use of a maiden name or former married surname. | | |
| | DATE OF MARRIAGE (Month / Day / Year) | COUNTY OF MARRIAGE | CITY OF MARRIAGE |
| | NAME AT TIME OF MARRIAGE - GROOM (First / Middle / Birth Surname) | | NAME AT TIME OF MARRIAGE - BRIDE (First / Middle / Birth Surname) |
| CURRENT NAME - GROOM (First / Middle / Surname) | | CURRENT NAME - BRIDE (First / Middle / Surname) | |

Tribal Court Seal
Must Be Present



COURT SEAL

CERTIFICATION OF TRIBAL COURT CLERK OR DEPUTY

I hereby certify to the following: The name change recorded in Part III for the person named in Part II is granted

by the _____ Tribal Court in Wisconsin.
(Name of Tribal Government)

The effective date of this order is _____ Court Case Number _____
(Month/Day/Year) (Court Case Number is **MANDATORY**.)

SIGNATURE _____ Date _____
(Signature of Tribal Court Clerk or Deputy) (Month/Day/Year)

NAME (Typed or Printed) – Tribal Court Clerk or Deputy _____

| | |
|--|---|
| SEND CERTIFIED COPY OF AMENDED CERTIFICATE(S) TO: (Name) | DAYTIME TELEPHONE NUMBER |
| MAILING ADDRESS - Street Address | City, Village, or Township State Zip Code |

VITAL RECORDS FEES

- | | | |
|---|---------------|-------|
| <input type="checkbox"/> Change of birth certificate | \$ 10.00 | _____ |
| <input type="checkbox"/> Change of marriage certificate | \$ 10.00 | _____ |
| <input type="checkbox"/> One certified copy of the amended birth certificate | \$ 12.00 | _____ |
| <input type="checkbox"/> One certified copy of the amended marriage certificate | \$ 7.00 | _____ |
| <input type="checkbox"/> Each additional copy of the amended birth certificate issued at the same time as the first copy | X \$ 3.00 | _____ |
| <input type="checkbox"/> Each additional copy of the amended marriage certificate issued at the same time as the first copy | X \$ 3.00 | _____ |
| | No. of Copies | |
| | No. of Copies | |

Make check or money order payable to: **State of Wis. Vital Records**

TOTAL _____