NOTICE OF DEPUTY APPOINTMENT

KNOW ALL PERSONS BY THESE PRESENTS, that I, **Register’s Name,**

Register of Deeds in and for the County of COUNTY’S NAME and the

State of Wisconsin, in accordance with s.59.43(3) of Wisconsin Statutes,

do hereby constitute and appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

with full power and authority to do and perform all the duties in accordance

with s.69.07 and s.69.08 of Wisconsin Statutes, according to law, and until

the appointment terminates or is revoked.

**RETURN TO:**

REGISTER OF DEEDS

ADDRESS

CITY STATE ZIP

***69.07 Duties of register of deeds.*** *The county register of deeds shall:* ***(1) Accept for filing, electronically sign and assign a date of acceptance to vital records presented in his or her office under this chapter.***

***69.08 Requirements for registration.*** *The state registrar may not register a vital record unless the record: (1) Is prepared in the method prescribed by the state registrar. (2) Is prepared in the method prescribed or is printed legibly in permanent ink applied directly to the paper. (3) Supplies all items of information required or gives a reason approved by the state registrar for the omission of any item. (4) Contains proper and consistent data. (5) Contains electronic signatures required or signatures written in permanent ink applied directly to the paper****. (7) Contains the dated electronic signature of the local registrar.*** *(8) Is prepared under rules promulgated by the department.*

IN WITNESS WHEREOF, I have set hereunto my hand and affixed my official

seal this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Register of Deeds in and for COUNTY’S NAME COUNTY, Wisconsin.

**STATE OF WISCONSIN**

**COUNTY OF COUNTY’S NAME**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do solemnly swear that I will support the Constitution of the United States of America and the Constitution of the State of Wisconsin, and I will faithfully discharge the duties of the Register of Deeds of the County of COUNTY NAME and the State of Wisconsin to the best of my ability.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Deputy

Subscribed and sworn to, before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_.

Signature of notary or other person authorized

to administer an oath (as per s.706.06, 706.07) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRAFTED BY Register’s Name.