



CERTIFIED COPY OF REGISTRATION OF BIRTH

19	No.	DISTRICT OF
Date and Place of Birth	7-30-2011	
Christian Name(s)	MICHAEL Mendez	Sex M
FATHER— Name, Surname, Age and Birthplace Occupation	DARAY MARAMIS	
MOTHER— Name, Surname, Maiden Surname, Age, and Birthplace	JESSICA LEE	
Year of Present Marriage	2011	
Number of Previous Issue { Living Deceased	DARAY	
Signature, Description and Residence of Informant		
Signature of Registrar		
Date of Registration	7-30-2011	
(For official use only)		

Entered at the District Registry Office, this

District Registrar

I, _____, Deputy Registrar
of Births, Deaths, and Marriages for the Coast Province of Kenya, do
hereby certify that the above is a true copy of the entry recorded in
the Birth Register of this Province, Book _____, Page _____.
Given under my Hand and Seal of Office this _____

WISCONSIN DIVORCE CERTIFICATE APPLICATION

Please complete this form and return it to the following address with a self-addressed stamped envelope and appropriate fee. Please make check or money order payable to "VITAL RECORDS".

Division of Health
Vital Records
P.O. Box 309
Madison, WI 53701-0309

PENALTIES: Any person who willfully and knowingly makes false application for a divorce certificate shall be fined not more than \$10,000, or imprisoned not more than 90 days or both.

APPLICANT INFORMATION	THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION:		
	YOUR Name: (Please Print) JESSICA REE		
	YOUR Signature: [Signature]		TODAY'S DATE: _____
	YOUR Daytime Phone Number: (610) 402-1933		YOUR Address: _____
RELATIONSHIP TO PERSON NAMED ON CERTIFICATE	City: _____ State: _____ Zip: _____		
	Mail To: (If Different) DHHR		
	YOUR Address: FUCK YOU		
	City: _____ State: _____ Zip: _____		
FEES	According to Wisconsin State Statute, a CERTIFIED copy of a DIVORCE record is only available to persons with a "Direct and Tangible Interest"		
	Please complete the box which indicates YOUR RELATIONSHIP to either of the PERSONS NAMED on the record:		
	<input type="checkbox"/> A. I AM one of the people NAMED on the record.		
	<input checked="" type="checkbox"/> B. I AM the PARENT of one of the people NAMED on the record.		
	<input type="checkbox"/> C. I AM the Legal Custodian or Guardian of one of the people NAMED on the record.		
	<input type="checkbox"/> D. I AM a member of the immediate family of one of the people NAMED on the record. PLEASE CIRCLE ONE: (Only those listed below qualify as immediate Family) Spouse Child Brother Sister Grandparent		
	<input type="checkbox"/> E. I AM a representative authorized, in writing, by any of the aforementioned (A through D), including an attorney: Specify who you represent: _____		
DIVORCE INFORMATION	<input type="checkbox"/> F. I can demonstrate that the information from the record is necessary for the determination or protection of a personal or property right for myself/my agency/my client. Specify interest: _____		
	<input type="checkbox"/> G. Other: Non-Certified copy only.		
FULL NAME OF HUSBAND	<input type="checkbox"/> \$7.00 First Copy		COUNTY
	<input checked="" type="checkbox"/> \$2.00 Each additional copy of the same record issued at the same time.		
FULL MAIDEN NAME OF WIFE	NOTE: The fee is for a search and first copy. The fee is NOT REFUNDABLE if no record is found.		
	DATE OF DIVORCE: 7.29.2011		
PLACE OF DIVORCE	CITY, VILLAGE, TOWNSHIP		COUNTY
	USA		
DATE OF DIVORCE	DIVORCE GRANTED TO: (Check one)		
	<input type="checkbox"/> Husband <input checked="" type="checkbox"/> Wife		