

HUGHES COUNTY ROD
104 E CAPITOL AVE
PIERRE SD 57501
605-773-7495

SOUTH DAKOTA VITAL RECORDS REQUEST

vitalrecords.sd.gov



Instructions for completing this form are located on the back of this document.
Failure to follow these instructions may result in a significant delay in processing your request. Please read carefully.

Section 1: Complete with your own information.

YOUR FULL NAME		ADDRESS (IF PO BOX, INCLUDE STREET ADDRESS OF RESIDENCE)		
CITY	STATE	ZIP	PHONE NUMBER	
YOUR SIGNATURE		DATE		

Section 2: For applicants applying by mail only

MAIL APPLICANTS ONLY: If copy of ID is not provided this application must be signed in front of a notary.

Signature of Notary Public: _____

Subscribed to and sworn before me this (date): _____

My commission expires: _____

Notary Seal

Section 3: Provide the information for the record you are requesting. All copies are \$15.00 each

BIRTH

FIRST NAME	MIDDLE NAME	LAST NAME	<input type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF BIRTH	CITY AND/OR COUNTY OF BIRTH		# OF COPIES REQUESTED
PARENT A/MOTHER FIRST NAME	MIDDLE NAME	MAIDEN NAME (REQUIRED)	LAST NAME
PARENT B FIRST NAME	MIDDLE NAME	MAIDEN NAME (IF APPLICABLE)	LAST NAME (REQUIRED)

Your Relationship: Child Parent Current Spouse Grandparent, grandchild over 18, or sibling only
 Self Guardian Designated Agent Personal or Property Right Funeral Director, Attorney, or Physician

Type of Copy: Certified Informational Certified Photostatic Informational Photostatic

DEATH

FIRST NAME	MIDDLE NAME	LAST NAME	<input type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF DEATH	CITY AND/OR COUNTY OF DEATH	# OF COPIES REQUESTED	STATE FILE NUMBER

Your Relationship: Child Parent Current Spouse Grandparent, grandchild over 18, or sibling only
 Guardian Designated Agent Personal or Property Right Funeral Director, Attorney, or Physician

Type of Copy: Certified Informational Certified Photostatic Informational Photostatic

MARRIAGE

NAMES CURRENTLY ON RECORD: (COMPLETE BOTH)	FIRST PERSON ON RECORD/SPOUSE A	SECOND PERSON ON RECORD/SPOUSE B	
	FIRST, MIDDLE, MAIDEN NAME <input type="checkbox"/> Male <input type="checkbox"/> Female	FIRST, MIDDLE, MAIDEN NAME <input type="checkbox"/> Male <input type="checkbox"/> Female	
CITY AND/OR COUNTY OF EVENT	DATE OF EVENT (MM,DD,YY)	# OF COPIES REQUESTED	

Your Relationship: Child Parent Current Spouse Grandparent, grandchild over 18, or sibling only
 Self Guardian Designated Agent Personal or Property Right Funeral Director, Attorney, or Physician

Type of Copy: Certified Informational Certified Photostatic Informational Photostatic