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.

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YOUR FULL NAME	Section	on 1: Complete with yo				
FOOR FULL IVAIVIE		ADDRESS (IF PO BOX, INCLUDE STREET ADDRESS OF		ET ADDRESS OF RESIDENCE)		
CITY		STATE ZIP		PHONE N	PHONE NUMBER	
YOUR SIGNATURE				DATE		
	Sec	tion 2: For applicants of	applying	by mail only	and the second second	
MAIL APPLICANTS ONLY: If	copy of ID is not p	provided this application	n must b	e signed in front of a no	otary. Notary Seal	
Signature of Notary Public:	······································	***************************************				
Subscribed to and sworn be	fore me this (date	e):				
My commission expires:	***************************************	Principal Control of Control of Control				
Section 3: Pro	viae tne informa	tion for the record you BIRTH	are requ	esting. <u>All copies are \$</u>	<u>15.00 each</u>	
FIRST NAME	MIDDLE NAM	=	LAST NAME		Male Female	
DATE OF BIRTH CITY AND/OR CO		COUNTY OF BIRTH	F BIRTH		# OF COPIES REQUESTED	
PARENT A/MOTHER FIRST NAME MIDDLE NAI		MAIDEN NAME (REC		NAME (DECHIDED)	LAST NAME	
PARENT AJMOTHER FIRST NAME		TL IV		WANTE (NEQUINED)	LAST IVAIVIL	
ARENT B FIRST NAME MIDDLE NAME			MAIDEN NAME (IF APPLICABLE)		LAST NAME (REQUIRED)	
Your Relationship: ☐ Child ☐ ☐ Self ☐ Guardian ☐		Current Spouse		Funeral Director, Att		
Type of Copy: Certified	Informational	Certified Photostati	C	☐ Informational Photo	static	
	-	DEATH	<u> </u>			
FIRST NAME	MIDDLE NAME	:	LAST NAI	ME	☐ Male ☐ Female	
DATE OF DEATH	CITY AND/OR	COUNTY OF DEATH	# OF COP	PIES REQUESTED	STATE FILE NUMBER	
<u>Your</u> <u>Relationship:</u> ☐ Child ☐ ☐ Guardian ☐	Parent Designated Agent	Current Spouse	y Right	Grandparent, grando	hild over 18, or sibling only orney, or Physician	
Type of Copy: Certified	Informational	Certified Photostati	c	☐ Informational Photo	static	
		MARRIA	CE			
NAMES FIR	ST PERSON ON R	ECORD/SPOUSE A		SECOND PERSON ON R	ECORD/SPOUSE B	
	T, MIDDLE, MAIDEN I	NAME Male Fe	emale	FIRST, MIDDLE, MAIDEN NAN	ME Male Female	
	AND/OR COUNTY OF	EVENT		DATE OF EVENT (MM,DD,YY)	# OF COPIES REQUESTE	
(COMPLETE BOTH)						
Relationship: Child	Parent	Current Spouse			child over 18, or sibling only	
Self Guardian	Designated Agent	Personal or Propert	y Right	Funeral Director, Att	orney, or Physician	
Type of Copy: Certified	Informational	Certified Photostati	С	Informational Photos	static	