

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                                                     |              |  |

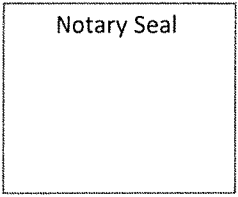
## Section 2: For applicants applying by mail only

**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: \_\_\_\_\_



## 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<br>CURRENTLY ON<br>RECORD:<br>(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