

# SD Application for a Certificate of Birth Resulting in Stillbirth

VITAL RECORDS  
 207 E MISSOURI AVE, STE #1A  
 PIERRE SD 57501  
 605-773-4961

Please complete this form, include a check or money order made out to Vital Records for \$10 and return both to the address listed above.

<b>Section 1 CUSTOMER INFORMATION</b>			
Customer's Full Name			
Mailing Address			
City	State	Zip	Contact Phone
<b>Relationship -</b> Only the mother or father listed on the record is eligible to receive a Certificate of Birth Resulting in Stillbirth <input type="checkbox"/> I am the MOTHER <input type="checkbox"/> I am the FATHER			
<i>I understand that by signing this application, the information that I provide is accurate to the best of my knowledge.</i>			
Customer's Signature:		Today's Date:	
<b>Section 2 CUSTOMER IDENTIFICATION</b>			
<b>Applicants must:</b> <ul style="list-style-type: none"> <li>● Complete Box A by photocopying a government issued ID that contains their signature</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>● Complete Box B by having their application notarized</li> </ul>		<b>Box A</b>  PHOTOCOPY YOUR GOVERNMENT ISSUED PHOTO IDENTIFICATION HERE  IF YOU INCLUDE YOUR ID, DO NOT COMPLETE BOX B	
<b>Box B - Notarize signature on Section 1 above if you are not submitting ID in Box A</b> Subscribed and sworn before me this (date):			SEAL
Signature of Notary Public:			
My commission expires:			
<b>Section 3 NAME OF STILLBORN CHILD</b>			
<b>The law allows you as a parent to provide a name for your stillborn child when requesting a Certificate of Birth Resulting in a Stillbirth. If a name is not provided below and no name is listed on the record, the certificate will have Baby Boy or Baby Girl with the last name of the father, or if no father is listed, the last name of the mother.</b> <b>I wish to give my Stillborn Child the following name:</b>			
<b>Section 4 INFORMATION TO LOCATE YOUR STILLBORN CHILD'S RECORD</b>			
Stillborn Child's Name Currently on the Record			
Stillborn Child's Date of Birth	Hospital and/or City of Delivery		
Mother's First Name	Mother's Middle	Mother's Last Name	
Father's First Name	Father's Middle	Father's Last Name	