

## Parent's Worksheet for Completing the Birth Certificate

**This worksheet MUST be complete before you leave the hospital and signed by one of the parents. Please print clearly as the information on this sheet will be used to complete the birth certificate.**

Before completing this worksheet, **please read the information below carefully.**

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship and parentage. This document will be used by your child throughout his or her life.

In addition to information used for legal purposes, other information from the birth certificate is used by health and medical researchers to study and improve the health of mothers and newborn infants. Items such as parent's education, race and Hispanic origin and other data on health practices will be used for health studies but will not appear on copies of the birth certificate issued to you or your child. It is very important that you provide complete and accurate information to all of the questions.

### Signature

According to SDCL 34-25-8 & 9.2, "The birth of every child born in this state shall be registered... within seven days after the date of each live birth. Either of the parents of the child shall sign a document attesting to the accuracy of the personal data entered on it. If the parents are unable to sign, the document shall be signed by the informant."

I hereby certify that I have read the above-cited statute and that the personal information provided on this worksheet is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent or Informant

\_\_\_\_\_  
Date

### Child's Information

1. What is the legal name you are giving this child? (If the mother was unmarried between conception and birth, the child must have the mother's current legal surname unless a paternity affidavit is signed (SDCL 34-25-13.3).)

#### Baby 1/A

\_\_\_\_\_  
First Middle Last Suffix (Jr, III, Etc.)

#### Baby 2/B (if applicable for twin births)

\_\_\_\_\_  
First Middle Last Suffix (Jr, III, Etc.)

2. Would you like a **SOCIAL SECURITY NUMBER** for your child? If you answer 'yes' to this question, you will receive your child's social security card directly from Social Security Administration about 6 weeks after the record is filed at the Department of Health.

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

### Mother's Information

1. What is the **Mother's current legal name**?

\_\_\_\_\_  
First Middle Last Suffix (Jr, III, Etc.)

2. What is the **Mother's name prior to first marriage**?

\_\_\_\_\_  
First Middle Last Suffix (Jr, III, Etc.)

3. What is the **Mother's date of birth**?

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

4. In what Country, State or US Territory was the Mother born?

Country \_\_\_\_\_ State (or Province) \_\_\_\_\_ (only US and Canada display)

US Territory \_\_\_\_\_ (Puerto Rico, US Virgin Islands, Guam, American Samoa or Northern Marianas)

5. What is the **Mother's** phone number? ( \_\_\_\_\_ ) \_\_\_\_\_ — \_\_\_\_\_ Ext. \_\_\_\_\_

6. Where does the **Mother** usually live - (where the mother's house is located)?

Street Address \_\_\_\_\_ Apt \_\_\_\_\_

Zip \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ City/Town \_\_\_\_\_

If not in the United States, Country \_\_\_\_\_

Is this address located inside city limits?  Yes  No

7. Is the **Mother's** mailing address the same as the residence address?  Yes  No

If No, please state mailing address below

Street Address \_\_\_\_\_ Apt \_\_\_\_\_

Zip \_\_\_\_\_ State \_\_\_\_\_

City/Town \_\_\_\_\_

If not in the United States, Country \_\_\_\_\_

8. What is the highest level of schooling that the **Mother** will have completed **at the time of delivery**? (Check the box that describes your education. If you are currently enrolled, check the box that indicates the previous grade or highest degree received).

- |  |  |
|--|--|
| <input type="checkbox"/> 8th grade or less                     | <input type="checkbox"/> Associate degree (e.g. AA, AS)  |
| <input type="checkbox"/> 9th - 12th grade, no diploma          | <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS)   |
| <input type="checkbox"/> High school graduate or GED completed | <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, Med, MSW, MBA)                            |
| <input type="checkbox"/> Some college credit, but no degree    | <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD) |
| <input type="checkbox"/> Votech                                |  |

9. What is the **Mother's** Social Security

Disclosure of the social security number is mandatory pursuant to SDCL 25-7A-56.2 and Social Security Act § 205(c)(2), 42 U.S.C. § 405(c)(2) (1998). The social security number will be used by the Department of Social Services to facilitate collecting child support and locating child support obligors, and by the Internal Revenue Service for determining tax benefits based on support or residence of children.

\_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_

10. Is the **Mother** Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the 'No' box. If Spanish/Hispanic/Latina, check the appropriate box.

- No, not Spanish/Hispanic/Latina  
 Yes, Mexican, Mexican American, Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Columbian)  
(specify) \_\_\_\_\_

11. What is the **Mother's** race? (Please check one or more races to indicate what you consider yourself to be).

- White
- Black or African American
- Asian Indian
- Chinese
- Filipino
- Vietnamese
- Japanese
- Korean
- Native Hawaiian
- Samoan
- Guamanian or Chamorro

- American Indian or Alaska Native
  - Cheyenne River Sioux
  - Crow Creek Sioux
  - Lower Brule Sioux
  - Oglala Sioux
  - Rosebud Sioux
  - Santee Sioux
  - Sisseton-Wahpeton Sioux
  - Yankton Sioux
  - Standing Rock Sioux
  - Other

**Specify Tribe** \_\_\_\_\_

- Other Asian  
(Specify) \_\_\_\_\_
- Other Pacific Islander  
(Specify) \_\_\_\_\_
- Other  
(Specify) \_\_\_\_\_

12. Has the **Mother** ever been married?

- Yes, Go to Question 13
- No, Go to Question 15

13. Was the **Mother** married at the time of conception or birth or anytime in between?

(SDCL 34-25-16.3 assumes that the husband is the father if the mother was married at the time of conception, birth or any time in between.)

- Yes, go to Question 14
- No, skip to Question 15

14. If married, is husband the father?

- Yes, skip to Question 16
- No

If husband is not the father, will father **and** husband sign the affidavit?

- Yes
- No

15. If not married, will the father sign a paternity affidavit?

- Yes
- No

16. How many cigarettes OR packs of cigarettes did the **Mother** smoke on an average day during each of the following time periods? If the **Mother** NEVER smoked, enter zero for # per day.

	# per day		Circle Type	
Three months before pregnancy	_____	Cigarettes	OR	Packs
First three months of pregnancy	_____	Cigarettes	OR	Packs
Second three months of pregnancy	_____	Cigarettes	OR	Packs
Third trimester of pregnancy	_____	Cigarettes	OR	Packs

17. Did the **Mother** receive WIC (Women, Infants & Children) food for herself because she was pregnant with this child?

- Yes
- No
- Don't Know

18. What is the **Mother's** height? \_\_\_\_\_ Feet \_\_\_\_\_ Inches

19. What was the **Mother's** pre-pregnancy weight, that is, the **Mother's** weight immediately before she became pregnant with this child? \_\_\_\_\_ lbs

20. Did any member of the mother's or father's family permanently lose their hearing as a child?

- Yes
- No
- Don't Know

**Father's Information**

1. What is the **Father's** current legal name?

\_\_\_\_\_ (Jr, III, Etc)  
First Middle Last Suffix

2. What is the **Father's** date of birth?

\_\_\_\_\_  Don't Know  
Month Day Year

3. In what Country, State or US Territory was the Father born?

Country \_\_\_\_\_ State (or Province) \_\_\_\_\_ (only US and Canada display)  
US Territory \_\_\_\_\_ (Puerto Rico, US Virgin Islands, Guam, American Samoa or Northern Marianas)

4. Is the **Father's** residence address the same as the **Mother's** residence address?  Yes  No

If No, where does the **Father** usually live - where is his house located?

Street Address \_\_\_\_\_ Apt \_\_\_\_\_  
Zip \_\_\_\_\_ State \_\_\_\_\_  
County \_\_\_\_\_ City/Town \_\_\_\_\_

If not in the United States, Country \_\_\_\_\_

Is this address located inside city limits?  Yes  No

5. Is the **Father's** mailing address the same as the residence address?  Yes  No

If No, please state mailing address below

Street Address \_\_\_\_\_ Apt \_\_\_\_\_  
Zip \_\_\_\_\_ State \_\_\_\_\_  
City/Town \_\_\_\_\_

If not in the United States, Country \_\_\_\_\_

6. What is the highest level of schooling that the **Father** will have completed at the time of delivery? (Check the box that best describes his education. If he is currently enrolled, check the box that indicates the previous grade or highest degree received.)

- |  |  |
|--|--|
| <input type="checkbox"/> 8th grade or less                     | <input type="checkbox"/> Associate degree (e.g. AA, AS)  |
| <input type="checkbox"/> 9th - 12th grade, no diploma          | <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS)   |
| <input type="checkbox"/> High school graduate or GED completed | <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, Med, MSW, MBA)                            |
| <input type="checkbox"/> Some college credit, but no degree    | <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD) |
| <input type="checkbox"/> Votech                                |  |

7. What is the **Father's** Social Security Number?

Disclosure of the social security number is mandatory pursuant to SDCL 25-7A-56.2 and Social Security Act § 205(c)(2), 42 U.S.C. § 405(c)(2) (1998). The social security number will be used by the Department of Social Services to facilitate collecting child support and locating child support obligors, and by the Internal Revenue Service for determining tax benefits based on support or residence of children.

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

8. Is the **Father** Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the 'No' box. If Spanish/Hispanic/Latino, check the appropriate box.

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino (e.g. Spaniard, Salvadoran, Dominican, Columbian)

(Specify) \_\_\_\_\_

9. What is the **Father's** race? (Please check one or more races to indicate what you consider yourself to be).

- |  |   |
|--|---|
| <input type="checkbox"/> White                     | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Cheyenne River Sioux             |
| <input type="checkbox"/> Asian Indian              | <input type="checkbox"/> Crow Creek Sioux                 |
| <input type="checkbox"/> Chinese                   | <input type="checkbox"/> Lower Brule Sioux                |
| <input type="checkbox"/> Filipino                  | <input type="checkbox"/> Oglala Sioux                     |
| <input type="checkbox"/> Vietnamese                | <input type="checkbox"/> Rosebud Sioux                    |
| <input type="checkbox"/> Japanese                  | <input type="checkbox"/> Santee Sioux                     |
| <input type="checkbox"/> Korean                    | <input type="checkbox"/> Sisseton-Wahpeton Sioux          |
| <input type="checkbox"/> Native Hawaiian           | <input type="checkbox"/> Yankton Sioux                    |
| <input type="checkbox"/> Samoan                    | <input type="checkbox"/> Standing Rock Sioux              |
| <input type="checkbox"/> Guamanian or Chamorro     | <input type="checkbox"/> Other                            |

**Specify Tribe** \_\_\_\_\_

- Other Asian  
(Specify) \_\_\_\_\_
- Other Pacific Islander  
(Specify) \_\_\_\_\_
- Other  
(Specify) \_\_\_\_\_

# South Dakota Application for a Birth Record

## To receive a birth record, you must complete this form and:

**Mail To:**  
 Vital Records  
 207 E Missouri Ave, Ste #1-A  
 Pierre, SD 57501  
 (605) 773-4961

- Include a photocopy of a government issued ID that contains your signature, or have Section 3 of this form notarized.
- Include \$15 per each copy of the birth record.

### Section 1

C U S T O M E R	CUSTOMER'S FULL NAME			
	STREET ADDRESS (if your mailing address is a PO Box, please include your street address of residence)			
	CITY	STATE	ZIP	PHONE NUMBER (      )
I understand that by signing this application, the information that I provide is accurate to the best of my knowledge.				
* Customer's Signature:			Today's Date:	

### Section 2

B I R T H  R E C O R D	FIRST NAME		MIDDLE NAME	LAST NAME
	# OF COPIES (\$15 per copy)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	CITY AND/OR COUNTY OF BIRTH
	MOTHER'S FIRST NAME		MIDDLE NAME	MAIDEN NAME/NAME PRIOR TO FIRST MARRIAGE
	FATHER'S FIRST NAME		MIDDLE NAME	LAST NAME
TYPE OF COPY		RELATIONSHIP - This area must be completed to receive a certified copy		
<input type="checkbox"/> Certified <input type="checkbox"/> Informational		<input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Grandparent, grandchild over 18 or sibling only <input type="checkbox"/> Current Spouse <input type="checkbox"/> Guardian <input type="checkbox"/> Designated Agent (Please complete section 4) <input type="checkbox"/> Parent <input type="checkbox"/> Funeral Director, Attorney or Physician <input type="checkbox"/> Personal or Property Right <input type="checkbox"/> Record over 100 years		

### Section 3

**MAIL APPLICANTS ONLY** - Applicants who are applying by mail must submit **EITHER** a clear copy of a government issued photo ID that contains the applicant's signature **OR** submit a notarized application.

Subscribed to and sworn before me this (date): \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ SEAL

My commission expires: \_\_\_\_\_

### Section 4

**DESIGNATED AGENTS ONLY** - The individual who is designating an agent to collect their record must complete this section and have their signature notarized.

I, \_\_\_\_\_ after being duly sworn upon oath,  
 do here by authorize \_\_\_\_\_ to act as my SEAL  
 designated agent to obtain certified copies of vital records.

Signature of person designating an agent: \_\_\_\_\_

Subscribed to and sworn before me this (date): _____	FOR OFFICE USE ONLY
Signature of Notary Public: _____	
My commission expires: _____	