



Application for Adoption Information Adult Adoptee

Vital Records
221 W Capitol Ave
Pierre SD 57501
(605)773.4961

This form is intended for use by adoptees who have reached the age of 18 requesting to obtain their original certificate of birth prior to adoption. If you are not the adoptee and are not 18 years or older, contact Vital Records for further instruction at (605)773.4691 or vitalrecords@state.sd.us.

To obtain your original birth certificate prior to adoption, complete all sections of this application.

APPLICANT INFORMATION			
Applicant Full Current Name (First, Middle, Last)		Street Address	
City	State	Zip Code	Phone Number
Relationship to Individual on Record <input type="checkbox"/> Self <input type="checkbox"/> Other – Contact Vital Records	Signature:		Date
INFORMATION TO LOCATE ORIGINAL BIRTH CERTIFICATE PRIOR TO ADOPTION			
Full Name on Original Birth Certificate (First, Middle, Last)		Date of Birth (MM/DD/YYYY)	
Place of Birth (City, County, State)		Sex (Select One) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name of Parent A/Mother (First, Middle, Last)		Name of Parent B/Father (First, Middle, Last)	
County of Adoption (If known)		Date of Adoption (if known)	
INFORMATION ON BIRTH CERTIFICATE FOLLOWING ADOPTION			
Full Name on Birth Certificate (First, Middle Last)		Date of Birth (MM/DD/YYYY)	
Place of Birth (City, County, State)		Sex (Select One) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name of Parent A/Mother Prior to First Marriage (First, Middle, Last)		Name of Parent B/Father (First, Middle, Last)	
IDENTIFICATION REQUIREMENTS			
You must either submit a clear copy of your government issued photo ID that contains your signature OR sign this application in front of a notary public.			
I understand that by signing this application, the information that I provided is accurate to the best of my knowledge.			
Signature of Applicant: _____			
Subscribed to and sworn before me this _____ day of _____, 20_____.			NOTARY SEAL
Signature of Notary Public: _____ My commission expires: _____			
FEES – Make checks and money orders payable to South Dakota Vital Records			
Total # of Copies Requested (\$15/copy)	Total Remitted: \$	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order	