

South Dakota Application for a Birth Record

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



To receive a birth record you must:

- Choose an ordering method (see **Ordering Methods** in the instructions).
- Choose the type of identification that you need (see **Identification** in the instructions).
- Determine what fees apply to your request (see **Fees** in the instructions).
- Determine if you meet the eligibility requirements (see **Eligibility** in the instructions).

NOTE: If you want to order more than one type of Vital Record (e.g., a birth and marriage record) you need to complete Sections 1 and 2 (and Sections 3 or 4 if applicable) on this form and the **Application for Vital Records Addendum**.

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"/> Certified Photostatic <input type="checkbox"/> Informational <input type="checkbox"/> Informational Photostatic -See Eligibility in the instructions		<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): _____

SEAL

Signature of Notary Public: _____

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,

SEAL

do here by authorize _____ to act as my 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: _____

VITAL RECORD APPLICATION INSTRUCTIONS

To receive a birth record you must:

1. Choose an ordering method (see **Ordering Methods**).
2. Choose the type of identification that you need (see **Identification**).
3. Determine what fees apply to your request (see **Fees**).
4. Determine if you meet the eligibility requirements (see **Eligibility**).



NOTE: If you are ordering multiple types of vital record (e.g., a birth and marriage record) you need to complete Sections 1 and 2 (and Sections 3 or 4 if applicable) on this form and the **Application for Vital Records Addendum**.

ORDERING METHODS

Vital Records Requests can be made using the following methods:

- **Internet** orders at www.vitalchek.com with a credit card. An additional fee of \$11.50 for expedited processing applies if you choose this method.
- **Telephone** orders at (605) 773-4961. An additional fee of \$11.50 for expedited processing applies if you choose this method.
- **Mail** orders may be sent to VITAL RECORDS
Requests made via mail **must submit**: a completed application form, the appropriate fees and proof of identity as described below. Please mail requests to the address listed in the upper right portion of the South Dakota Application for a Birth Record.
- **In-Person** requests can be processed at any South Dakota county Register of Deeds office or at the State Vital Records Office. Please be ready to provide proof of your identity as outlined below in the Identification section, pay the appropriate fees and complete this application form.

IDENTIFICATION

Applicants who are applying by mail must **EITHER** submit a clear copy of a CURRENT government issued photo ID that contains the applicant's signature **OR** have a notary public notarize their signature on Section 3 of the application. **No government issued ID?** You must send a clear photocopy of any **two** of the following:

Social Security Card
Utility bill with current address
Bank statement with current address

Pay stub (must include your name, social security number and the name and address of the business)
Car registration or title with current address

FEES - Payment should be made in the form of a check or money order to : VITAL RECORDS

Certified or informational copy of a Birth Record or a certified or informational notification of a record searched.....\$15 per record
Expedited processing fee (phone or internet requests only).....\$11.50 in addition to \$15 per record

ELIGIBILITY

By state law, vital records are not open for public inspection. Vital records may be issued in the form of a certified or an informational copy. **Only certain individuals are eligible to obtain a certified copy of a vital record** (see below to determine if you qualify). **Not qualified to receive a certified copy of a vital record?** Any person who submits an application and the applicable fee can obtain an informational copy of a vital record.

Certified Copies

The record will be computer generated, issued on security paper with a raised seal and have the signature of the issuing agent. Individuals eligible for a certified copy are the following:

Self
Current Spouse, Child
Parent, Guardian - If guardian, please submit documentation of your legal guardianship.
Next of Kin - Grandparents, grandchildren over 18 and siblings only
Attorneys, Physicians or Funeral Directors acting on behalf of the family

Designated Agent - Someone given the authority by another individual to obtain a vital record on his or her behalf must complete Section 4.
Personal or Property Right - A right to the record not included in the categories above. Please submit documentation of the right with your application.

Informational Copies

These copies will be issued on plain paper and contain the statement "For Informational Purposes Only. Not for Legal Proof of Identification." An informational copy will not contain a raised seal or the signature of the issuing agent.

Photostatic Copies (Certified or Informational)

This record is a photo copy of the original. These records may be requested if the computer generated copy does not contain the information needed. Generally, these copies are intended for genealogy purposes. They can be issued certified for legal purposes or informational.