

SOUTH DAKOTA APPLICATION FOR A VITAL RECORD

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



Military Fee Waiver Request

This application must be completed and signed in order to be accepted. Incomplete applications will be returned. Eligible applicants can use the Military Fee Waiver to obtain a record at no charge when the record is being used for a claim against the government. See Instructions.

SECTION 1 - APPLICANT INFORMATION - This is the name of the person applying for the vital record. Please Print Clearly.

Full Name

Street Address

City, State, Zip

Phone Number

I understand that by signing this application, that the information below is accurate to the best of my knowledge.

Signature

Today's Date

SECTION 2 - FOR MAIL IN APPLICANTS ONLY - Applicants who are applying for a Vital Record by Mail must either submit a clear copy of a government issued photo id which contains the applicant's signature or submit a notarized application.

Subscribed to and sworn before me this _____ day of _____, _____.

(SEAL)

Notary Public Signature

My commission expires: _____

SECTION 3: REQUEST INFORMATION - Must be completed by all applicants for the records being requested.

Name of Veteran or Serviceman		Rank	Serial Number
B I R T H	Relationship to Registrant	Name on the record, date of birth and mother's maiden name or enough information to locate the record is required.	
	<input type="checkbox"/> Serviceman	FULL NAME CURRENTLY ON THE BIRTH RECORD _____	
	<input type="checkbox"/> Veteran	HAS THE NAME ON THE RECORD EVER BEEN CHANGED BY A LEGAL PROCEDURE? (not marriage) YES _____ NO _____ UNKNOWN _____	
	<input type="checkbox"/> Spouse	IF YES, TYPE OF LEGAL PROCEDURE? ADOPTION _____ PATERNITY ACTION _____ LEGAL NAME CHANGE _____	
	<input type="checkbox"/> Widow/er	IF YES, PREVIOUS NAME, ON RECORD IF KNOWN _____	
	<input type="checkbox"/> Children	_____ (First) (Middle) (Last)	
	<input type="checkbox"/> Other Dependent	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> MVA	DATE OF BIRTH (Month, Day & Year) _____	
	<input type="checkbox"/> Red Cross	PLACE OF BIRTH (City & County) _____	
	<input type="checkbox"/> Power of Attorney	FATHER'S FULL NAME _____	
# of Copies _____	MOTHER'S FULL MAIDEN NAME _____		
	STATE FILE NUMBER (IF KNOWN) _____		
	REQUEST PURPOSE _____		

D E A T H	Relationship to Registrant	Please provide as much information as possible. Request purpose required.
	<input type="checkbox"/> Serviceman	FULL NAME AT TIME OF DEATH _____
	<input type="checkbox"/> Veteran	
	<input type="checkbox"/> Spouse	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
	<input type="checkbox"/> Widow/er	
	<input type="checkbox"/> Children	APPROXIMATE DATE OF DEATH (Month, Day & Year) _____
	<input type="checkbox"/> Other Dependent	
	<input type="checkbox"/> MVA	PLACE OF DEATH (City & County) _____
	<input type="checkbox"/> Red Cross	STATE FILE NUMBER (IF KNOWN) _____
	<input type="checkbox"/> Power of Attorney # of Copies _____	REQUEST PURPOSE _____

M A R R I A G E	Relationship to Registrant	Please provide as much information as possible. Request purpose required.
	<input type="checkbox"/> Serviceman	FULL NAME OF GROOM _____
	<input type="checkbox"/> Veteran	
	<input type="checkbox"/> Spouse	FULL NAME OF BRIDE PRIOR TO THE MARRIAGE _____
	<input type="checkbox"/> Widow/er	
	<input type="checkbox"/> Children	APPROXIMATE DATE OF MARRIAGE (Month, Day & Year) _____
	<input type="checkbox"/> Other Dependent	
	<input type="checkbox"/> MVA	WHERE LICENSE WAS OBTAINED (City & County) _____
	<input type="checkbox"/> Red Cross	STATE FILE NUMBER (IF KNOWN) _____
	<input type="checkbox"/> Power of Attorney # of Copies _____	REQUEST PURPOSE _____

D I V O R C E	Relationship to Registrant	Please provide as much information as possible. Request purpose required.
	<input type="checkbox"/> Serviceman	FULL NAME OF HUSBAND _____
	<input type="checkbox"/> Veteran	
	<input type="checkbox"/> Spouse	FULL MARRIED NAME OF WIFE _____
	<input type="checkbox"/> Widow/er	
	<input type="checkbox"/> Children	APPROXIMATE DATE OF DIVORCE (Month, Day & Year) _____
	<input type="checkbox"/> Other Dependent	
	<input type="checkbox"/> MVA	PLACE OF DIVORCE FILING (City & County) _____
	<input type="checkbox"/> Red Cross	STATE FILE NUMBER (IF KNOWN) _____
	<input type="checkbox"/> Power of Attorney # of Copies _____	REQUEST PURPOSE _____

ORDERING INSTRUCTIONS

MILITARY FEE WAIVER ELIGIBILITY

Eligible applicants can use the Military Fee Waiver to obtain a record at no charge when the **record is to be used for a claim against the government.**

ORDERING METHODS

1. Requests can be made in person at any South Dakota county Register of Deeds office or at the State Vital Records Office. In person requests require the applicant to complete and sign an application form and provide proof of identification outlined in the Identification Section;
2. Requests can be made by mail to any South Dakota county Register of Deeds office or at the State Vital Records Office. Mail requests require the applicant to complete and sign an application form and provide proof of identification outlined in the Identification Section.

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

ELIGIBILITY

By state law, vital records are not open for public inspection. Eligible individuals who submit an application can obtain a certified copy of a vital record using the military fee waiver. When possible, the record will be computer generated and issued on security paper with a raised seal and the signature of the issuing agent. Individuals eligible for a certified copy using the military fee waiver include the following:

- A Serviceman or Veteran
- The spouse, widow, widower, children or other dependents of a serviceman or veteran
- The South Dakota Department of Military and Veterans Affairs or a similar agency in any other state
- County Veterans Service Officers
- Representative of the American Red Cross or of a nationally chartered veteran's organization holding power of attorney for the applicant

