BROOKINGS COUNTY ROD 520 3RD STREET STE 120 BROOKINGS SD 57006 605-696-8240

SOUTH DAKOTA VITAL RECORDS REQUEST vitalrecords.sd.gov



Instructions for completing this form are located on the back of this document.

Failure to follow these instructions may result in a significant delay in processing your request. Please read carefully.

Section 1: Complete with your own information.			
YOUR FULL NAME ADDRESS (IF PO BOX, INCLUDE STREET ADDRESS OF RESIDENCE)			
CITY	STATE	ZIP PH	ONE NUMBER
YOUR SIGNATURE		DA	TE
▶ All			
Section 2: For applicants applying by mail only			
MAIL APPLICANTS ONLY: If copy of ID is not provided this application must be signed in front of a notary. Notary Seal			
Signature of Notary Public:			
Subscribed to and sworn before me this (date):			
My commission expires:			
Section 3: Provide the information for the record you are requesting. <u>All copies are \$15.00 each</u> BIRTH			
FIRST NAME	MIDDLE NAME	LAST NAME	Male Female
DATE OF BIRTH	CITY AND/OR COUNTY OF BIRTH	<u> </u>	# OF COPIES REQUESTED
			# OF COPIES REQUESTED
PARENT A/MOTHER FIRST NAME	MIDDLE NAME	MAIDEN NAME (REQUIRED)	LAST NAME
PARENT B FIRST NAME	MIDDLE NAME	MAIDEN NAME (IF APPLICABLE)	LAST NAME (REQUIRED)
Your Relationship: □ Child □ Parent □ Current Spouse □ Grandparent, grandchild over 18, or sibling only □ Self □ Guardian □ Designated Agent □ Personal or Property Right □ Funeral Director, Attorney, or Physician			
Type of Copy: Certified Informational Certified Photostatic Informational Photostatic			
DEATH			
FIRST NAME	MIDDLE NAME	LAST NAME	Male Female
DATE OF DEATH	CITY AND/OR COUNTY OF DEATH	# OF COPIES REQUESTED	STATE FILE NUMBER
Your Relationship: Child Parent Current Spouse Grandparent, grandchild over 18, or sibling only Guardian Designated Agent Personal or Property Right Funeral Director, Attorney, or Physician			
Type of Copy: Certified Informational Certified Photostatic Informational Photostatic			hotostatic
MARRIAGE			
NAMES FIRST PERSON ON RECORD/SPOUSE A FIRST, MIDDLE, MAIDEN NAME			
(COMPLETE BOTH)	OR COUNTY OF EVENT	DATE OF EVENT (MM,DI	D,YY) # OF COPIES REQUESTED
<u>Your</u> <u>Relationship:</u> ☐ Child ☐ Pare ☐ Self ☐ Guardian ☐ Des	ent Current Spouse ignated Agent Personal or Property		randchild over 18, or sibling only r, Attorney, or Physician
Type of Copy: Certified Info	rmational Certified Photostation	Informational Pl	notostatic

SOUTH DAKOTA VITAL RECORD APPLICATION INSTRUCTIONS



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.

- Self
- Current Spouse
- Parent
- Child
- Guardian must submit documentation of legal guardianship
- Personal or Property Right a right to the record not included in the categories above. Must submit documentation of the right with application.
- Funeral Directors, Attorneys, or Physicians acting on behalf of the family.
- Designated Agent Must be given the authority by an individual to obtain a vital record on his or her behalf.
- Next of Kin grandparents, grandchildren over 18, and siblings only.

Not qualified to receive a certified copy of a vital record?

Any person who submits an application, identification and the applicable fee can obtain aninformational copy.

TYPE OF COPY

- Certified Copy The copy is computer generated, issued on security paper with a raised seal, and has the signature
 of the issuing agent.
- Informational Copy The copy is issued on plain paper and contains the statement 'For informational Purposes Only. Not for Legal Proof of Identification.' The copy does not contain a raised seal or signature of the issuing agent.
- Photostatic Copy (Certified or Informational) The copy is a photocopy of the original record. This copy may be requested if the computer generated copy does not contain the information needed. Generally, this copy is intended for geneology purposes.

ORDERING METHODS

Vital Records requests can be made using the following methods:

- Mail or in-person Requests can be processed at any South Dakota County Register of Deeds office or at the State Vital Records office.
 - A fee of \$15.00 per record copy applies.

Brookings County Register of Deeds accepts Cashiers Checks or Money orders for the fee.

Sent to:

BROOKINGS COUNTY ROD 520 3RD STREET STE 120 BROOKINGS SD 57006

- Applicants applying in-person must submit a clear copy of a current government issued photo ID that contains the applicant's signature and expiration date.
- No government ID? Send a clear copy of any two of the following:
 - Social Security Card

- •Car registration or title with current address
- •Utility bill with current address
- Pay stub (must include your name, social security number and the address of the business)
- Bank statement with current address
- Applicants applying by mail can have a notary public notarize their signature in SECTION 2 of the application.
- Internet
 - Orders at www.vitalchek.com with a credit card in your name.
 - A fee of \$11.50 for expedited processing applies in addition to \$15.00 per record copy.
- Telephone
 - Orders at (605) 773-4961 with a credit card in your name.
 - A fee of \$11.50 for expedited processing applies in addition to \$15.00 per record copy.