

BROWN COUNTY ROD  
25 MARKET STREET  
ABERDEEN SD 57401  
605-626-7140

# 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	PHONE NUMBER	
YOUR SIGNATURE		DATE		

### 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.

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

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

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

Notary Seal

### Section 3: Provide the information for the record you are requesting. All copies are \$15.00 each

#### BIRTH

FIRST NAME	MIDDLE NAME	LAST NAME	<input type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF BIRTH	CITY AND/OR COUNTY OF BIRTH	# 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	<input type="checkbox"/> Male <input type="checkbox"/> 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

#### MARRIAGE

NAMES CURRENTLY ON RECORD: (COMPLETE BOTH)	FIRST PERSON ON RECORD/SPOUSE A	SECOND PERSON ON RECORD/SPOUSE B		
	FIRST, MIDDLE, MAIDEN NAME <input type="checkbox"/> Male <input type="checkbox"/> Female	FIRST, MIDDLE, MAIDEN NAME <input type="checkbox"/> Male <input type="checkbox"/> Female		
	CITY AND/OR COUNTY OF EVENT	DATE OF EVENT (MM,DD,YY)	# OF COPIES REQUESTED	

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

## DESIGNATED AGENTS

The individual who is designating an agent to collect their record must complete this section in addition to the application and have their signature notarized.

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

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

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

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

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

Notary Seal

## SOUTH DAKOTA VITAL RECORD APPLICATION INSTRUCTIONS



SOUTH DAKOTA  
DEPARTMENT OF HEALTH

### 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 an **informational 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 genealogy

### 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.
  - Checks may be made out and sent to  
BROWN COUNTY ROD  
25 MARKET STREET  
ABERDEEN SD 57401
  - 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
    - Utility bill with current address
    - Bank statement with current address
    - Car registration or title with current address
    - Pay stub (must include your name, social security number and the address of the business)
  - Applicants applying by mail can have a notary public notarize their signature in **SECTION 2** of the application.
- **Internet**
  - Orders at [www.vitalchek.com](http://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.