

South Dakota Application for a Marriage Record

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

To receive a marriage 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

M R A E R C O R I R A D G E	GROOM'S FIRST NAME	MIDDLE NAME	LAST NAME
	BRIDE'S FIRST NAME	MIDDLE NAME	LAST NAME PRIOR TO MARRIAGE
	# OF COPIES (\$15 per copy)	DATE OF MARRIAGE	CITY AND/OR COUNTY OF

TYPE OF COPY

RELATIONSHIP - This area must be completed to receive a certified copy

<input type="checkbox"/> Certified	<input type="checkbox"/> Informational	<input type="checkbox"/> Self	<input type="checkbox"/> Child	<input type="checkbox"/> Grandparent, grandchild over 18 or sibling only
<input type="checkbox"/> Certified Photostatic	<input type="checkbox"/> Informational Photostatic	<input type="checkbox"/> Current Spouse	<input type="checkbox"/> Guardian	<input type="checkbox"/> Designated Agent (Please complete section 4)
-See Eligibility in the instructions		<input type="checkbox"/> Parent	<input type="checkbox"/> Funeral Director, Attorney or Physician	
<input type="checkbox"/> Personal or Property Right				

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): _____

Signature of Notary Public: _____

SEAL

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,

do here by authorize _____ to act as my designated agent to obtain certified copies of vital records.

SEAL

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: _____