

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 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.**