

TURNER COUNTY ROD
PO BOX 485
PARKER SD 57053
605-297-3443

SOUTH DAKOTA BIRTH REQUEST ADDENDUM

vitalrecords.sd.gov

The SD Vital Records Request Form is required to accompany this addendum.



SOUTH DAKOTA
DEPARTMENT OF HEALTH

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

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