

# SOUTH DAKOTA BIRTH REQUEST ADDENDUM

vitalrecords.sd.gov

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



## 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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