GRANT COUNTY ROD 210 E 5TH AVE MILBANK SD 57252 605-432-4752

SOUTH DAKOTA BIRTH REQUEST ADDENDUM vitalrecords.sd.gov The SD Vital Records Request Form is required to accompany this addendum.



	PROPERTY OF THE PROPERTY OF TH	BIRTH	
FIRST NAME	MIDDLE NAME	LAST NAME	Male 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 ☐ Self ☐ Guardian ☐	Parent Current Spo		grandchild over 18, or sibling only tor, Attorney, or Physician
Type of Copy: Certified Informational Certified Photostatic Informational Photos		Photostatic	
BIRTH			
FIRST NAME	MIDDLE NAME	LAST NAME	Male 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			
BIRTH			
FIRST NAME	MIDDLE NAME	LAST NAME	☐ Male ☐ 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 Guardian Type of Copy: Certified	Parent Current Spot Designated Agent Personal or I Informational Certified Pho	Property Right Funeral Direct	grandchild over 18, or sibling only or, Attorney, or Physician Photostatic
BIRTH			
FIRST NAME	MIDDLE NAME	LAST NAME	Male 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			