

MINNEHAHA COUNTY ROD
415 N DAKOTA
SIOUX FALLS SD 57104
605-367-4223

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

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

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

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