

CHARLES MIX COUNTY ROD  
PO BOX 206  
LAKE ANDES SD 57356  
605-487-7141

# 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

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|----------------------------|-----------------------------|-----------------------------|---|
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| PARENT B FIRST NAME        | MIDDLE NAME                 | MAIDEN NAME (IF APPLICABLE) | LAST NAME (REQUIRED)  |

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