

CODINGTON COUNTY ROD  
14 1ST AVE SE  
WATERTOWN SD 57201  
605-882-6278

# 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)
<b>Your Relationship:</b> <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Current Spouse <input type="checkbox"/> Grandparent, grandchild over 18, or sibling only <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Designated Agent <input type="checkbox"/> Personal or Property Right <input type="checkbox"/> Funeral Director, Attorney, or Physician			
<b>Type of Copy:</b> <input type="checkbox"/> Certified <input type="checkbox"/> Informational <input type="checkbox"/> Certified Photostatic <input type="checkbox"/> Informational Photostatic			

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