

South Dakota Application for a Birth Record

SPINK COUNTY ROD
210 E 7TH AVE
REDFIELD SD 57469
605-472-4588

To receive a birth record you must:

- Choose an ordering method (see **Ordering Methods** in the instructions).
- Choose the type of identification that you need (see **Identification** in the instructions).
- Determine what fees apply to your request (see **Fees** in the instructions).
- Determine if you meet the eligibility requirements (see **Eligibility** in the instructions).

NOTE: If you want to order more than one type of Vital Record (e.g., a birth and marriage record) you need to complete Sections 1 and 2 (and Sections 3 or 4 if applicable) on this form and the **Application for Vital Records Addendum**.

Section 1

C U S T O M E R	CUSTOMER'S FULL NAME			
	STREET ADDRESS (if your mailing address is a PO Box, please include your street address of residence)			
	CITY	STATE	ZIP	PHONE NUMBER ()

I understand that by signing this application, the information that I provide is accurate to the best of my knowledge.

Customer's Signature: _____ **Today's Date:** _____

Section 2

B I R T H R E C O R D	FIRST NAME		MIDDLE NAME	LAST NAME
	# OF COPIES (\$15 per copy)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	CITY AND/OR COUNTY OF BIRTH
	MOTHER'S FIRST NAME		MIDDLE NAME	MAIDEN NAME/NAME PRIOR TO FIRST MARRIAGE
	FATHER'S FIRST NAME		MIDDLE NAME	LAST NAME

TYPE OF COPY	RELATIONSHIP - This area must be completed to receive a certified copy		
<input type="checkbox"/> Certified <input type="checkbox"/> Certified Photostatic <input type="checkbox"/> Informational <input type="checkbox"/> Informational Photostatic -See Eligibility in the instructions	<input type="checkbox"/> Self <input type="checkbox"/> Current Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Child <input type="checkbox"/> Guardian	<input type="checkbox"/> Grandparent, grandchild over 18 or sibling only <input type="checkbox"/> Designated Agent (Please complete section 4) <input type="checkbox"/> Funeral Director, Attorney or Physician <input type="checkbox"/> Personal or Property Right <input type="checkbox"/> Record over 100 years

Section 3

MAIL APPLICANTS ONLY - Applicants who are applying by mail must submit **EITHER** a clear copy of a government issued photo ID that contains the applicant's signature **OR** submit a notarized application.

Subscribed to and sworn before me this (date): _____

Signature of Notary Public: _____ **SEAL**

My commission expires: _____

Section 4

DESIGNATED AGENTS ONLY - The individual who is designating an agent to collect their record must complete this section and have their signature notarized.

I, _____ after being duly sworn upon oath, **SEAL**

do here by authorize _____ to act as my designated agent to obtain certified copies of vital records.

Signature of person designating an agent: _____

Subscribed to and sworn before me this (date): _____	FOR OFFICE USE ONLY
Signature of Notary Public: _____	
My commission expires: _____	