FALL RIVER/OGLALA LAKOTA COUNTY ROD
906 N RIVER STREET
HOT SPRINGS SD 57747
605-745-5139

SOUTH DAKOTA BIRTH REQUEST ADDENDUM

vitalrecords.sd.gov

The SD Vital Records Request Form is required to accompany this addendum.

SOUTH DAKOTA DEPARTMENT OF HEALTH

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

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