

SOUTH DAKOTA APPLICATION FOR A VITAL RECORD

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

Fee Waiver Request for a Certified Copy of a Birth Record

This application must be completed and signed in order to be accepted. All incomplete applications will be returned. See instructions for Fee Waiver Requirements and Application Eligibility Information.

SECTION 1 - APPLICANT INFORMATION - This is the name of the person who is applying for the vital record.
Please print clearly.

Full Name _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____

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

Signature _____

Today's Date _____

SECTION 2 - FOR MAIL IN APPLICANTS ONLY. Applicants who are applying for a Vital Record by Mail must either submit a clear copy of a government issued photo id which contains the applicants signature or submit a notarized application.

Subscribed to and sworn before me this _____ day of _____, _____.

(SEAL)

My commission expires: _____

Notary Public

SECTION 3 - FOR DESIGNATED AGENTS ONLY. This section must be completed if the applicant is acting as the Designated Agent. A Designated Agent is someone given authority by another individual, who has the authority to obtain the vital record, to act on their behalf. The Eligible applicant must sign this section in front of a notary in order to allow a coach or head start organization to act as a designated agent.

I, _____, after being duly sworn upon oath, do hereby authorize _____
(Name Eligible Applicant) (Name of Designated Agent)

to act as my designated agent to obtain certified copies of vital records _____

(SEAL)

(Signature of Eligible Applicant)

Subscribed to and sworn before me this _____ day of _____, _____.

My commission expires: _____

Notary Public

SECTION 4 - REQUEST INFORMATION - Must be completed by all applicants for the record requested.

B I R T H	Relationship to Registrant	FULL NAME CURRENTLY ON THE BIRTH RECORD _____
	<input type="checkbox"/> Self	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
	<input type="checkbox"/> Current Spouse	DATE OF BIRTH (Month, Day & Year) _____
	<input type="checkbox"/> Child	PLACE OF BIRTH (City & County) _____
	<input type="checkbox"/> Parent	FATHER'S FULL NAME _____
	<input type="checkbox"/> Guardian	MOTHER'S FULL MAIDEN NAME _____
	<input type="checkbox"/> Next of Kin	WAIVER TYPE REQUESTED
	<input type="checkbox"/> Authorized Agent	<input type="checkbox"/> Baseball Post Legion Number _____
	<input type="checkbox"/> Designated Agent	<input type="checkbox"/> Welfare for School Enrollment TANF or Food Stamp Number _____
		<input type="checkbox"/> Head Start Must attach a completed Head Start application

FEE WAIVER APPLICATION INSTRUCTIONS

FEE WAIVER REQUIREMENTS

Baseball Waiver - Eligible applicants can use the Fee Waiver Request to obtain one certified copy of the birth record at no charge when the certificate is needed to participate in an organized sports program sponsored by a patriotic organization such as American Legion Baseball.

School Enrollment Waiver - Eligible applicants can use the Fee Waiver Request to obtain a certified copy of a birth record at no charge, if the certificate is being used for school enrollment purposes and the applicant is eligible to receive temporary assistance for needy families under chapter 28-7, food stamps under chapter 28-12, or county poor relief under chapter 28-13.

Head Start Waiver - Eligible applicants can use the Fee Waiver Request to obtain **one** certified copy of a birth record at no charge upon presentation of a copy of a valid Head Start enrollment form for that child.

ORDERING METHODS

1. Requests can be made in person at any county Register of Deeds or at the State Vital Records Office. In person requests require the applicant to complete and sign an application form and provide proof of identity outlined in the identification section;
2. Requests can be made by mail to any county Register of Deeds or to the State Vital Records Office. Mail requests require the applicant to submit a completed application signed in front of a notary OR a clear copy of a photo id outlined in the identification section.

IDENTIFICATION - ID IS REQUIRED OF A PERSON COMPLETING THE FORM; In order to apply for a record, you must provide a government (State, Tribal or Federal) issued photo id. This can be issued by the US or other country of residence.

Acceptable identification includes:

Photocopy of Driver's License
Photocopy of State ID Card
Photocopy of Tribal ID

Photocopy of Passport or Visa
Photocopy of Military ID

If you do not have a government issued photo id, you must send or present a photocopy of any two of the following:

Social Security Number
Utility Bill with Current Address
Bank Statement with Current Address

Pay Stub (must include your name, social security number plus name and address of business)
Car Registration or Title with Current Address

Eligibility

By state law, vital records filed in the State of South Dakota are not open for public inspection.

Eligible individuals who submit an application can obtain a certified copy of a vital record at no charge. When possible, the record will be computer generated and issued on security paper with a raised seal and the signature of the issuing agent. Individuals eligible for a certified copy using the fee waiver request:

Registrant (Individual listed on the record)

Current Spouse

Child

Parent

Guardian

Next of Kin - Grandparents and Siblings only

Authorized Agent (includes attorney, physician, funeral director, or other designated agent (defined next) acting on behalf of the family)

Designated Agent - Someone given authority by an individual who has authority to obtain the vital record to act on their behalf. Must complete designated agent form.

Personal or Property Right - A right to the record not included in the categories above. Individual will be asked to provide information about the right.