

# South Dakota Application for Vital Records County Addendum

CUSTER COUNTY ROD  
420 MT RUSHMORE RD  
CUSTER SD 57730  
605-673-8171

BIRTH RECORD	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"/> Child <input type="checkbox"/> Grandparent, grandchild over 18 or sibling only <input type="checkbox"/> Current Spouse <input type="checkbox"/> Guardian <input type="checkbox"/> Designated Agent (Please complete section 4) <input type="checkbox"/> Parent <input type="checkbox"/> Funeral Director, Attorney or Physician <input type="checkbox"/> Personal or Property Right <input type="checkbox"/> Record over 100 years		

MARRIAGE RECORD	GROOM'S FIRST NAME		MIDDLE NAME	LAST NAME
	BRIDE'S FIRST NAME		MIDDLE NAME	LAST NAME PRIOR TO MARRIAGE
	# OF COPIES (\$15 per copy)	DATE OF MARRIAGE	CITY AND/OR COUNTY OF MARRIAGE	
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"/> Child <input type="checkbox"/> Grandparent, grandchild over 18 or sibling only <input type="checkbox"/> Current Spouse <input type="checkbox"/> Guardian <input type="checkbox"/> Designated Agent (Please complete section 4) <input type="checkbox"/> Parent <input type="checkbox"/> Funeral Director, Attorney or Physician <input type="checkbox"/> Personal or Property Right		

DEATH RECORD	FIRST NAME		MIDDLE NAME	LAST NAME	STATE FILE NUMBER
	# OF COPIES (\$15 per copy)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF DEATH	CITY AND/OR COUNTY OF DEATH	
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"/> Current Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandparent, grandchild over 18 or sibling only <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Designated Agent (Please complete section 4) <input type="checkbox"/> Funeral Director, Attorney or Physician <input type="checkbox"/> Personal or Property Right			

CUSTOMER	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: \_\_\_\_\_

**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): \_\_\_\_\_ SEAL

Signature of Notary Public: \_\_\_\_\_

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 hereby 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: _____	