



SOUTH DAKOTA APPLICATION FOR A VITAL RECORD Military Fee Waiver Request

FOR VETERANS SERVICE OFFICER USE ONLY

This application must be completed and signed in order to be accepted. Incomplete applications will be returned. Eligible applicants can use the Military Fee Waiver to obtain a record at no charge when the record is being used for a claim against the government. See Instructions.

SECTION 1 - APPLICANT INFORMATION - This is the name of the person 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 applicant's signature or submit a notarized application.

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

(SEAL)

Notary Public Signature

My commission expires: _____

SECTION 3: REQUEST INFORMATION - Must be completed by all applicants for the records being requested.

	Name of Veteran or Serviceman	Rank	Serial Number
B I R T H	Relationship to Registrant <input type="checkbox"/> SDDVA		
	Name on the record, date of birth and mother's maiden name or enough information to locate the record is required.		
	FULL NAME CURRENTLY ON THE BIRTH RECORD _____		
	HAS THE NAME ON THE RECORD EVER BEEN CHANGED BY A LEGAL PROCEDURE? (not marriage) YES _____ NO _____ UNKNOWN _____		
	IF YES, TYPE OF LEGAL PROCEDURE? ADOPTION _____ PATERNITY ACTION _____ LEGAL NAME CHANGE _____		
	IF YES, PREVIOUS NAME, ON RECORD IF KNOWN _____		
	_____ (First) (Middle) (Last)		
	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		
	DATE OF BIRTH (Month, Day & Year) _____		
	PLACE OF BIRTH (City & County) _____		
FATHER'S FULL NAME _____			
MOTHER'S FULL MAIDEN NAME _____			
STATE FILE NUMBER (IF KNOWN) _____			
REQUEST PURPOSE _____			
# of Copies _____			

D E A T H	Relationship to Registrant	Please provide as much information as possible. Request purpose required.
	<input type="checkbox"/> SDDVA	FULL NAME AT TIME OF DEATH _____
		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
		APPROXIMATE DATE OF DEATH (Month, Day & Year) _____
		PLACE OF DEATH (City & County) _____
		STATE FILE NUMBER (IF KNOWN) _____
	REQUEST PURPOSE _____	
	# of Copies _____	

M A R R I A G E	Relationship to Registrant	Please provide as much information as possible. Request purpose required.
	<input type="checkbox"/> SDDVA	FULL NAME OF GROOM _____
		FULL NAME OF BRIDE PRIOR TO THE MARRIAGE _____
		APPROXIMATE DATE OF MARRIAGE (Month, Day & Year) _____
		WHERE LICENSE WAS OBTAINED (City & County) _____
		STATE FILE NUMBER (IF KNOWN) _____
	REQUEST PURPOSE _____	
	# of Copies _____	

D I V O R C E	Relationship to Registrant	Please provide as much information as possible. Request purpose required.
	<input type="checkbox"/> SDDVA	FULL NAME OF HUSBAND _____
		FULL MARRIED NAME OF WIFE _____
		APPROXIMATE DATE OF DIVORCE (Month, Day & Year) _____
		PLACE OF DIVORCE FILING (City & County) _____
		STATE FILE NUMBER (IF KNOWN) _____
	REQUEST PURPOSE _____	
	# of Copies _____	*** DIVORCE RECORDS NEED TO BE REQUESTED FROM STATE RECORDS OFFICE ONLY

VITAL RECORDS
207 E MISSOURI AVE, STE #1A
PIERRE SD 57501
605-773-4961

ORDERING INSTRUCTIONS

MILITARY FEE WAIVER ELIGIBILITY

Eligible applicants can use the Military Fee Waiver to obtain a record at no charge when the **record is to be used for a claim against the government.**

ORDERING METHODS

1. Requests can be made in person at any South Dakota county Register of Deeds office or at the State Vital Records Office. In person requests require the applicant to complete and sign an application form and provide proof of identification outlined in the Identification Section.
2. Requests can be made by mail to any South Dakota county Register of Deeds office or at the State Vital Records Office. Mail requests require the applicant to complete and sign an application form and provide proof of identification outlined in the Identification Section.

IDENTIFICATION

Applicants who are applying by mail must **EITHER** submit a clear copy of a CURRENT government issued photo ID that contains the applicant's signature **OR** have a notary public notarize their signature on Section 3 of the application. **No government issued ID?** You must send a clear photocopy of any **two** of the following:

Social Security Card

Utility bill with current address

Bank statement with current address

Pay stub (must include your name, social security number and the name and address of the business)

Car registration or title with current address

ELIGIBILITY

By state law, vital records are not open for public inspection. Eligible individuals who submit an application can obtain a certified copy of a vital record using the military fee waiver. 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 military fee waiver include the following:

- A Serviceman or Veteran
- The spouse, widow, widower, children or other dependents of a serviceman or veteran
- The South Dakota Department of Veterans Affairs or a similar agency in any other state County
- Veterans Service Officers
- Representative of the American Red Cross or of a nationally chartered veteran's organization holding power of attorney for the applicant