

BIRTH AMENDMENT REQUEST FORM

Vital Records
207 E Missouri Ave, Ste 1-A
Pierre, South Dakota 57501
Tel: 605/773-4961

Mail completed form to: Vital Records, ATTN: Birth Amendments, 207 E Missouri Ave, Ste 1-A, Pierre, SD 57501

Section 1 CUSTOMER INFORMATION			
Customer's Full Name		Customer's Relationship to the person named on record <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian (must provide documentation)	
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 BIRTH RECORD INFORMATION	
Full Name on the Record	
Date of Birth	Mother's Full Maiden Name
Please mark the item(s) below which are incorrect on the birth certificate and write how the item(s) should appear:	
<input type="checkbox"/> First Name _____	<input type="checkbox"/> Mother's First Name _____
<input type="checkbox"/> Middle Name _____	<input type="checkbox"/> Mother's Middle Name _____
<input type="checkbox"/> Last Name _____	<input type="checkbox"/> Mother's Last Name _____
<input type="checkbox"/> Date of Birth _____	<input type="checkbox"/> Father's First Name _____
<input type="checkbox"/> County _____	<input type="checkbox"/> Father's Middle Name _____
<input type="checkbox"/> Sex _____	<input type="checkbox"/> Father's Last Name _____
<input type="checkbox"/> Other, specify: _____	

Section 3 PAYMENT INFORMATION	
If the child is under 1 year of age, there is no fee. If the child is over 1 year, there is an \$8 fee to cover the cost of the amendment.	
<input type="checkbox"/> I am paying \$8 by check or money order, made out to "SD DOH"	<input type="checkbox"/> My child is under 1 year of age, no fee is required

Section 4 SUPPORTING DOCUMENTATION INFORMATION		
One supporting document must be provided that shows the change that you are requesting. The document must be the original or a certified photocopy of the original and also be 7 years older than your date of application. In order to verify the document's age, please make sure that the document has a date of creation listed.		
Only one document is required from the list below.		
<input type="checkbox"/> Baptismal Certificate	<input type="checkbox"/> Insurance Policy	<input type="checkbox"/> Parent's Naturalization Papers
<input type="checkbox"/> Census Record	<input type="checkbox"/> Cradle Roll Record	<input type="checkbox"/> Early Application for Employment or Retirement Record
<input type="checkbox"/> Medical Record	<input type="checkbox"/> School Record	<input type="checkbox"/> Application for Voting Registration
<input type="checkbox"/> Military Record	<input type="checkbox"/> Early Income Tax Record	<input type="checkbox"/> Social Security Numident (No SS cards accepted)
<input type="checkbox"/> Marriage Record	<input type="checkbox"/> Tribal Membership Papers	<input type="checkbox"/> Other, specify: _____

Section 5 SUMMARY INFORMATION		
Please make sure you include the following in your mailing:		
<input type="checkbox"/> This form, with sections 1-4 fully completed	<input type="checkbox"/> An \$8 fee (if applicable)	<input type="checkbox"/> Supporting document(s) that meets the requirements of Section 4