

DEATH RECORD AMENDMENT REQUEST

To request an amendment complete this form and return along with the required fee and certified copy (if applicable) to:

SD DEPARTMENT OF HEALTH
VITAL RECORDS
ATTN: AMENDMENT OF RECORDS
207 E MISSOURI AVE, STE 1-A
PIERRE SD 57501

FEE REQUIRED:

Original record is over a year old - \$8.00
Original record is less than a year old - No Fee

INFORMATION REQUESTED:

Please print or type. If more room is required, please continue on back of sheet.

Full name on record _____

Full date of death on issued record _____

Place of death on issued record _____

Item(s) on record that need to be corrected _____

How the corrected item(s) should appear on the record _____

INFORMANT'S INFORMATION:

Name _____

Full Address _____

Day Time Phone Number _____

Relationship to person on record _____

Signature _____

SEND IN CERTIFIED COPY:

By providing your certified copy, you will receive a replacement certified copy at no charge after the amendment process has been completed. REV 04/2008