

South Dakota Application for Vital Records County Addendum

Codington County
Register of Deeds
14 1st Ave SE
Watertown, SD 57201
Phone: (605) 882-6278

This form is used if you wish to order more than one type of Vital Record (for example a birth record and a death record). Please make sure that you complete Section 1 and 2 (and Section 3 or 4 if applicable) on a birth, death, marriage or divorce record application and use this form to order additional types of records.

BIRTH RECORD	FIRST NAME	MIDDLE NAME	LAST NAME
	# OF COPIES (\$10 per copy)	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"/> Informational <input type="checkbox"/> Certified Photostatic <input type="checkbox"/> Informational Photostatic -A photostatic copy is a photocopy of the original record-		<input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Grandparent, grandchild over 18 or sibling <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	MAIDEN NAME/ NAME PRIOR TO FIRST MARRIAGE
	# OF COPIES (\$10 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"/> Informational <input type="checkbox"/> Certified Photostatic <input type="checkbox"/> Informational Photostatic -A photostatic copy is a photocopy of the original record-		<input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Grandparent, grandchild over 18 or sibling <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
	# OF COPIES (\$10 per copy)	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"/> Informational <input type="checkbox"/> Certified Photostatic <input type="checkbox"/> Informational Photostatic -A photostatic copy is a photocopy of the original record-		<input type="checkbox"/> Current Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandparent, grandchild over 18 or sibling <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	