

BIRTH RECORD AMENDMENT REQUEST

OFFICE USE ONLY
State File Number:

This notarized request, supporting documents, and the statutory fee of \$8.00 should be submitted to:

Vital Records
221 W Capitol Ave.
Pierre, South Dakota 57501
Tel: 605.773.4961

****Please read instructions on Page 2****

Section 1 AFFIANT/CUSTOMER INFORMATION																		
Full Name (Please type or print)		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 ()															
Section 2 CURRENT BIRTH RECORD INFORMATION																		
Full Name on the Record (as it currently appears)			Date of Birth															
Place of Birth	Sex	State File Number (if known)	Date Filed															
Full Maiden Name of Mother		Full Name of Father																
Section 3 ITEMS ON ORIGINAL BIRTH CERTIFICATE TO BE CORRECTED: (type or print) To be signed in front of a notary public																		
NAME OF ITEM	INCORRECT INFORMATION	CORRECT INFORMATION																
<i>Example: First Name</i>	<i>Example: Joan</i>	<i>Example: JoAnne</i>																
<p>FURTHER DEPOSE AND SAY THAT THE ABOVE FACTS ARE TRUE AND THE CHANGES ARE NECESSARY TO REFLECT THE FACTS AS THEY WERE AT THE TIME OF BIRTH, AND I REQUEST THAT THE RECORD BE CHANGED ACCORDINGLY.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="text-align: center;"><p>SEAL OF OFFICE</p></div><div style="text-align: center;"><p>IF AFFIANT IS NOT 18 OR OLDER OR SOMEONE OTHER THAN PERSON NAMED ON THE RECORD, GIVE RELATIONSHIP OR STATE IF LEGAL GUARDIAN, OR LEGAL REPRESENTATIVE.</p></div><div style="text-align: right;"><p>_____ Signature of Affiant</p></div></div> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____.</p> <p>MY COMMISSION EXPIRES _____, _____.</p> <p style="text-align: right;">_____ NOTARY PUBLIC</p>																		
Section 4 SUPPORTING DOCUMENTATION INFORMATION																		
<p>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 must be 7 years older than your date of application. In order to verify the document's age, please confirm that the document has a date of creation listed.</p> <p>Only one document is required from the list below:</p> <table style="width:100%;"><tr><td><input type="checkbox"/> Baptismal Certificate</td><td><input type="checkbox"/> Insurance Policy</td><td><input type="checkbox"/> Parent's Naturalization Papers</td></tr><tr><td><input type="checkbox"/> Census Record</td><td><input type="checkbox"/> Cradle Roll Record</td><td><input type="checkbox"/> Early Application for Employment or Retirement</td></tr><tr><td><input type="checkbox"/> Medical Record</td><td><input type="checkbox"/> School Record</td><td><input type="checkbox"/> Application for Voting Registration Record</td></tr><tr><td><input type="checkbox"/> Military Record</td><td><input type="checkbox"/> Early Income Tax Record</td><td><input type="checkbox"/> Social Security Numident (No SS cards accepted)</td></tr><tr><td><input type="checkbox"/> Marriage Record</td><td><input type="checkbox"/> Tribal Membership Papers</td><td><input type="checkbox"/> Other, specify: _____</td></tr></table>				<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	<input type="checkbox"/> Medical Record	<input type="checkbox"/> School Record	<input type="checkbox"/> Application for Voting Registration Record	<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: _____
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OFFICE USE ONLY: DOCUMENTS SUBMITTED WITH AFFIDAVIT TO CORRECT RECORD																		
KIND OF DOCUMENT	DATE OF ORIGIN	CORRECT INFORMATION																

Birth Record Amendment Instructions

Vital Records
221 W. Capitol Ave.
Pierre, South Dakota 57501
Tel: 605.773.4961

To request a birth amendment you must:

1. Complete the first page
2. Determine what fees and documents are required
3. Mail completed, notarized form, fees, and documentation to:
Vital Records
Attn: Birth Amendments
221 W. Capitol Ave.
Pierre SD 57501

Section 1 Instructions:

This section shall be completed by the person that will be signing the affidavit in section 2. You can only request it if the amendment is for yourself, your child, or if you have guardianship over the person whose record needs corrected.

Please type or print all fields in blue or black ink.

Section 2 Instructions:

Complete this section with the information obtained on the CURRENT birth record. It might be helpful to have your record in front of you to obtain this information.

Section 3 Instructions:

On the affidavit, type or print clearly the item that needs to be corrected, how that item appears on the current record, and the information as you are requesting it be. If you make a mistake, please destroy the request form and complete a new one. If the affidavit is not acceptable for processing due to mistakes, it will NOT be processed. Submitting a form containing errors will cause a delay in completing the request.

Sign affidavit ONLY in the presence of a notary public.

Section 4 Instructions:

You must send documentation that shows how the item on the record SHOULD appear. For example, if your birth record shows 'Janie J Doe' and you need it corrected to 'Jane Jill Doe', you must provide a document that shows your name as 'Jane Jill Doe'.

If the birth record is:

- Under one year old- you do not need to provide documentation or fee
- 2-7 years old- the document must be dated at least one year before the date of application
- Over 7 years old- the document must be older than 7 years old.

The document MUST be the original or certified photocopy. All documents will be returned to you.

To verify your documents age, please make sure that the document has a date of creation listed.

Ordering a Birth Record after Amendment:

If you have purchased a certified copy of your birth record, we ask that you send it in with this form. When the amendment is completed, this will allow a new one to be issued to you at no charge.

If you have not purchased a birth record and you require one, you will need to complete the SD Application for Birth Record and pay \$15 in addition to the \$8 amendment fee.

SUMMARY:

- ☐ Send completed affidavit signed by notary ☐ Supporting documentation
- ☐ \$8 if record is over one year old ☐ (Optional) Certified Record or SD Application for Birth Record with \$15