

SOUTH DAKOTA APPLICATION FOR A VITAL RECORD
Military Fee Waiver Request

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
 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	Name on the record, date of birth and mother's maiden name or enough information to locate the record is required.	
	<input type="checkbox"/> Serviceman	FULL NAME CURRENTLY ON THE BIRTH RECORD _____	
	<input type="checkbox"/> Veteran	HAS THE NAME ON THE RECORD EVER BEEN CHANGED BY A LEGAL PROCEDURE? (not marriage)	
	<input type="checkbox"/> Spouse	YES ____ NO ____ UNK ____	
	<input type="checkbox"/> Widow/er	IF YES, TYPE OF LEGAL PROCEDURE? ADOPTION ____ PATERNITY ACTION ____ LEGAL NAME CHANGE ____	
	<input type="checkbox"/> Children	IF YES, PREVIOUS NAME, ON RECORD IF KNOWN	
	<input type="checkbox"/> Other Dependent	_____	
	<input type="checkbox"/> MVA	(First) _____ (Middle) _____ (Last) _____	
	<input type="checkbox"/> Red Cross	DATE OF BIRTH (Month, Day & Year) _____	
	<input type="checkbox"/> Power of Attorney	PLACE OF BIRTH (City & County) _____	
# of Copies _____	FATHER'S FULL NAME _____		
	MOTHER'S FULL MAIDEN NAME _____		
	STATE FILE NUMBER (IF KNOWN) _____		
	REQUEST PURPOSE _____		

D E A T H	<p>Relationship to Registrant</p> <input type="checkbox"/> Serviceman <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Widow/er <input type="checkbox"/> Children <input type="checkbox"/> Other Dependent <input type="checkbox"/> MVA <input type="checkbox"/> Red Cross <input type="checkbox"/> Power of Attorney <p># of Copies _____</p>	<p>Please provide as much information as possible. Request purpose required.</p> <p>FULL NAME AT TIME OF DEATH _____</p> <p>APPROXIMATE DATE OF DEATH (Month, Day & Year) _____</p> <p>PLACE OF DEATH (City & County) _____</p> <p>STATE FILE NUMBER (IF KNOWN) _____</p> <p>REQUEST PURPOSE _____</p>
M A R R I A G E	<p>Relationship to Registrant</p> <input type="checkbox"/> Serviceman <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Widow/er <input type="checkbox"/> Children <input type="checkbox"/> Other Dependent <input type="checkbox"/> MVA <input type="checkbox"/> Red Cross <input type="checkbox"/> Power of Attorney <p># of Copies _____</p>	<p>Please provide as much information as possible. Request purpose required.</p> <p>FULL NAME OF GROOM _____</p> <p>FULL NAME OF BRIDE PRIOR TO THE MARRIAGE _____</p> <p>APPROXIMATE DATE OF MARRIAGE (Month, Day & Year) _____</p> <p>WHERE LICENSE WAS OBTAINED (City and County) _____</p> <p>STATE FILE NUMBER (IF KNOWN) _____</p> <p>REQUEST PURPOSE _____</p>

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. Request can be made in person at any county Register of Deeds or at the State Office. In person requests require the applicant to complete and sign an application form and provide proof of identity outlined in the Identification Section;
2. Requests can be made by mail to any county Register of Deeds or to the State Office. Mail requests require the applicant to submit a completed application signed in front of a notary **OR** a clear copy of a photo id outlined in the Identification Section.

IDENTIFICATION – ID IS REQUIRED OF A PERSON COMPLETING THE FORM; In order to apply for a record, you must provide a government (State, Tribal or Federal) issued photo id. This can be issued by the US or other country of residence.

Acceptable identification includes

Photocopy of Driver's License
Photocopy of State ID Card
Photocopy of Tribal ID

Photocopy of Passport or Visa
Photocopy of Military ID

If you do not have a government issued photo id, you must send or present a photocopy of any two of the following:

Social Security Number
Utility Bill with current address
Bank Statement with Current Address

Pay Stub (must include your name, social security number plus name and address of business
Car Registration or title with current address

ELIGIBILITY

By state law, vital records filed in the State of South Dakota 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 service man or veteran
- The South Dakota Department of Military and Veterans Affairs or a similar agency in any other state.
- County Veteran's Service Officers
- Representative of the American Red Cross or of a nationally chartered veteran's organizations holding power of attorney for the applicant