

South Dakota Application for Vital Records County Addendum

LINCOLN COUNTY ROD
104 N MAIN ST SUITE 130
CANTON SD 57013
605-764-5661

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

B I R T H R E C O R D	FIRST NAME		MIDDLE NAME	LAST NAME
	# OF COPIES (\$15 per copy)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	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"/> Certified Photostatic <input type="checkbox"/> Informational <input type="checkbox"/> Informational Photostatic -See Eligibility in the instructions			<input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Grandparent, grandchild over 18 or sibling only <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	

M R A R R I A G E	GROOM'S FIRST NAME		MIDDLE NAME	LAST NAME
	BRIDE'S FIRST NAME		MIDDLE NAME	LAST NAME PRIOR TO MARRIAGE
	# OF COPIES (\$15 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"/> Certified Photostatic <input type="checkbox"/> Informational <input type="checkbox"/> Informational Photostatic -See Eligibility in the instructions			<input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Grandparent, grandchild over 18 or sibling only <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	

D E E A C T O R I A L	FIRST NAME		MIDDLE NAME	LAST NAME	STATE FILE NUMBER
	# OF COPIES (\$15 per copy)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	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"/> Certified Photostatic <input type="checkbox"/> Informational <input type="checkbox"/> Informational Photostatic -See Eligibility in the instructions			<input type="checkbox"/> Current Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandparent, grandchild over 18 or sibling only <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		