

# 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