BIRTH RECORD AMENDMENT UNDER 1 YEAR OLD

OFFICE USE ONLY
State File Number:

Vital Records 207 E Missouri Suite 1a Pierre, South Dakota 57501 Tel: 605.773.4961

Please read instructions on Pag	e 2					rei: 60	J5.773.4961	
Section 1	AF	FIANT/CUSTOM	ER INFOF	MATIO	N			
Full Name (Please type or print)				Relationship to the person named on record Parent Legal guardian (must provide documentation)				
Street Address (if your mailing addre	ess is a PO	Box, please inclu	ide your st	reet add	ress of residen	ce)		
City	State		Zip		Phone Number			
Section 2	E	SIRTH RECORD	INFORMA	TION				
Full Name on the Record (as it curre	ently appear	s)				Date of B	irth	
Place of Birth			nuch uite atrodustroite de caracteriate	Sex	State File 1 (if known)	Number	Date Filed	
Full Maiden Name of Mother Full Name of Father								
Section 3 ITEMS ON OF	RIGINAL BIF To be	RTH CERTIFICA signed in front of	TE TO BE f a notary p	CORRE oublic	CTED: (type o	or print)		
NAME OF ITEM INCORRECT INFO			RMATION	ATION CORRECT INFORMATION			ORMATION	
Example: First Name	ample: First Name Example: Joan			Example: JoAnne				
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FURTHER DEPOSE AND SAY THAT THE AT THE TIME OF BIRTH , AND I REQU						FLECT THE	FACTS AS THEY WERE	
Signature of	Father	жийрин жүйн нийн ой фудун форм форм даган бариндар орчуулган орчу	- Control of the Cont	Sig	nature of Mother	/Guardian		
SUBSCRIBED AND SWORN TO BEFORE	ME THIS	DAY OF		e (***************************************	************************************	and	
MY COMMISSION EXPIRES			g embookbonsbonson		1	NOTARY PU	BLIC	
		SEAL OF OFFICE						

APPLICANT ID:

Birth Record Amendment Instructions

Vital Records 207 E Missouri Suite 1a Pierre, South Dakota 57501 Tel: 605.773.4961

To request a birth amendment you must:

1. Complete the first page

2. Mail completed, notarized form, fees, and documentation to:

Vital Records Attn: Birth Amendments 207 E Missouri Ave, Suite 1a Pierre SD 57501

Section 1 Instructions:

This section shall be completed by the parents or legal guardian of the child whose birth record is being amended.

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.

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 the required fee of \$15.

SUMMARY:
☐ Send completed affidavit signed by both parents (if applicable) in front of a notary
☐ Certified birth record or SD Application for Birth Record with \$15.00 (if applicable)