

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 Page 2****

Section 1				AFFIANT/CUSTOMER INFORMATION			
Full Name (Please type or print)				Relationship to the person named on record <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				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> <p style="text-align: center;"> _____ Signature of Father _____ Signature of Mother/Guardian </p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____.</p> <p>MY COMMISSION EXPIRES _____, _____</p> <p style="text-align: right;">_____ NOTARY PUBLIC</p> <p style="text-align: center;">SEAL OF OFFICE</p>							

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)