**44:09:06:04.  Application form requirements.** To request a certified or informational copy of a vital record, the applicant shall provide the following information on an application form prescribed by the Department of Health or via a method that allows for authentication of the requestor:

 (1)  Applicant's full name;

 (2)  Current home or business address;

 (3)  Signature of the applicant or electronic authentication;

 (4)  Current telephone number, if applicable;

 (5)  Type of vital record requested;

 (6)  For a certified copy only, a statement of the relationship of the applicant to the registrant;

 (7)  For a birth record only, the name of the record, the date of birth and the mother's maiden name, or enough information to locate the record; and

 (8)  For any death, marriage, or divorce record, enough information to locate the record.

 **Source:** 31 SDR 213, effective July 4, 2005.

 **General Authority:** SDCL 34-25-52.4.

 **Law Implemented:** SDCL 34-25-52.4.