**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.