

1.1. A.7 Inmate Identification Procedures

I Policy Index:



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II Policy:

The South Dakota Department of Corrections (DOC) will utilize approved processes to verify an inmate's identity. The DOC will assist inmates who require identification documents for employment, housing or education purposes in applying for identification documents.

III Definitions:

Alien Registration Number (ARN):

An ARN is a case number (much like a Social Security Number) that the United States Citizen and Immigration Services (USCIS) assign to people who are:

- Applying for adjustment of status;
- Applying for an employment authorization document (EAD); or
- When someone finds themselves in deportation proceedings, etc.

Authorized DOC Official:

For the purposes of this policy, an authorized DOC official is a staff member designated by the Secretary of Corrections ([See Attachment 3](#)).

Citizenship Documents: U.S. birth certificate, U.S. consular report of birth, U.S. passport or Certificate of Citizenship or Naturalization.

ICE Holds/Detainers:

ICE holds, often referred to as immigration holds, are used to detain undocumented immigrants and/or immigrants who have been convicted of a felony, pending transfer of custody to immigration officials.

Identification Documents (ID):

Current (not expired) Social Security card, U.S driver's license, State-issued identification, U.S. passport, tribal membership card, U.S. Military ID, health insurance or Medicaid card, employee ID card/badge, Certificate of Citizenship or Naturalization or other approved document.

Immigration and Customs Enforcement (ICE):

For the purposes of this policy, ICE is the investigative division within the United States Homeland Security responsible for identifying and investigating citizenship status for inmates in question.

Legal File:

For the purposes of this policy, a legal file is maintained by central records for each inmate. The file may contain the following: sentencing documents, criminal history, date calculation worksheets, audit log, pre-sentence investigation (PSI), psychosexual evaluations, hold/detainer notification requests, finger print/palm print cards, physical descriptions, parole documents, birth certificates, social security cards, driver's license and other identification documents.

Memorandum of Understanding (MOU):

For the purposes of this policy, a MOU is a legal document describing an agreement between the South Dakota Department of Corrections (DOC) and the Social Security Administration (SSA). It expresses a convergence of will between the two parties, indicating an intended common line of action as it relates to application for replacement social security cards.

NCIC III:

National Crime Information Center (NCIC) III is a computerized criminal history tracking system. The system provides for the decentralized interstate exchange of criminal history record information and functions as part of the Integrated Automated Fingerprint Identification System (IAFIS). The NCIC III provides a means of conducting national criminal history record searches for criminal justice and other purposes as specified by existing local, state, and/or federal laws. Each criminal history record is supported by a criminal fingerprint submission.

Working Day:

A standard work week day, Monday through Friday, except for recognized state holidays, recognized national holidays and any other special holidays declared by the Governor of South Dakota or the President of the United States.

IV Procedures:**1. Determining Inmates Needing Identification Documents:**

- A. Unit staff or transitional case managers will verify with DOC Central Records and the inmate that he/she has, or will have, appropriate identification documents in advance of being approved for work release, placement on phase 2 of Community Transition Program (CTP), employment with private sector prison industry, or release/discharge from DOC custody (See DOC policy 1.1.E.6 [Case Management](#)).
- B. If it is determined an inmate approved for participation in any of the above programs or within 120 days of release from custody, does not have a Social Security card or birth certificate staff will refer to the following sections within this policy: [Application for a Social Security Card Outside the Provisions of the MOU](#), [Application for a Replacement Social Security Card](#) or [Application for a Birth Certificate](#).

2. Criteria to Determine an Inmate's Authenticity of Identity:

- A. Tasks to be completed by the identification office and/or staff assigned to the admissions and orientation unit (A&O) during an inmate's initial admission/intake to a DOC facility (See DOC policy 1.4.A.2 [Inmate Admission](#)):

1. Inmates will be asked for their date of birth and social security number. Staff will inquire if the inmate has in their possession, or has access to a valid social security card, driver's license and birth certificate.
 - a. If the inmate has a social security card, driver's license, birth certificate or other identification documents in their possession at the time of admission, these documents will be collected and placed in the inmate's legal file located at central records.
 - b. Inmates may choose to have their social security card, driver's license or birth certificate mailed to them.
 - 1) Mailroom staff will notify the inmate and records staff of the receipt of these documents. The documents will be placed in the inmate's legal file.
 - c. If the inmate does not have these documents at the time of admission and chooses not to request these be mailed to the institution, unit staff will document the status of the documents in the Personal Information section (under Booking) in the Comprehensive Offender Management System (COMS). Example: "Inmate states they have a social security card and this is at their residence".
 2. Inmates will have their photo taken in accordance with DOC policy 1.4.A.1 [Inmate Photo Identification](#).
 3. Inmates will be finger printed when the Transaction Key check box is checked on the Key Date screen and a record will be created in the adult Comprehensive Offender Management System (COMS). The record shall include any scars, identifying marks or tattoos.
 - a. Staff will compare an inmate's physical characteristics against existing photos, fingerprints, physical descriptions, e.g., sex, race height, weight, eye color, hair color, with the Federal Bureau of Investigation (FBI), SD Division of Criminal Investigation (DCI) and National Crime Information Center (NCIC) to determine an inmate's correct identity.
- B. Tasks to be completed by central records staff at the time of an inmate's admission and throughout the inmate's term of incarceration include:
1. Inmates will have an NCIC III completed based on their legal name and date of birth.

Note: The information obtained from an NCIC III consists of: name, date of birth, State ID, alias's, place of birth, gender, race, height, weight, eye color, hair color, scars, marks or tattoos, FBI # (if applicable), social security number, and any other additional date(s) of birth, social security number(s) and/or alias associated with the inmate and shall be compared to other records to establish an inmate's identification.
 2. A [New Inmate Interview Questionnaire](#) will be completed for each inmate by central records staff at the time of admission, with the exception that this will be completed by intake staff at the South Dakota Women's Prison (SDWP) for female inmates ([See Attachment 1](#)).
 - a. Central records staff or intake staff at SDWP will conduct a face-to-face interview with all new admission inmates admitted to an adult DOC facility and complete the [New Inmate Interview Questionnaire](#).

3. Review of the Pre-Sentence Investigation (PSI) (if available) to identify and confirm information.
 4. Review of the judgment to confirm name, date of birth and/or any alias's used by or associated with the inmate.
 5. Review and comparison of any official and/or verifiable identification documents that the inmate is able to provide which confirms his/her identity.
 6. Review of any prior juvenile and/or adult SD DOC records (stored electronically and/or in paper format) documenting prior incarceration(s) for a comparison of identification information.
- C. To determine the positive identification of an inmate, all sources of information and identification documentation obtained through the admission process will be reviewed and compared by central records staff (contextual identification). If all available information matches, the inmate will be recorded as positively "identified". If an inmate's correct identification cannot be verified (i.e. multiple social security numbers, names or dates of birth), the inmate will be recorded as "unidentified".
1. This information will be recorded on the Alias and Other Identifiers tab within COMS, as verified.
- D. If an authorized DOC official determines an inmate is not a U.S. citizen, the following procedures are to be completed by central records staff:
1. An ICE Hold Inquiry is made to ICE ([See Attachment 2](#)).
 - a. A copy of the completed ICE Hold Inquiry will be placed in the inmate's legal file and institutional file.

Note: This review may include an interview with the inmate conducted by ICE.
 2. Once the inmate's immigration status has been determined by ICE, the Alien Registration Number (ARN) may be entered in the Personal Information Screen in COMS. If ICE notes a Hold/Detainer, this will be recorded on the Holds/Warrants/Detainer Screen in COMS.
 3. If an ICE Hold/Detainer is initiated, a copy of the ICE Hold/Detainer and the memo will be placed in the inmate's legal file, institutional file and a copy sent to the inmate.
 4. After the inmate's citizenship status has been verified, this will be noted on the Personal Information Screen in COMS.
 - a. Y = Yes they are an alien.
 - b. N = No they are not an alien, thus a U.S. Citizen.
- E. Any time an inmate's identity cannot be verified, authorized DOC officials will follow the guidelines prescribed in the [Application for a Social Security Card Outside the Provisions of the MOU](#) when assisting the inmate in obtaining his/her social security card.

3. Application for a Birth Certificate (U.S. Citizens):

- A. Any inmate who does not have a birth certificate or is unable to obtain their birth certificate a minimum of twelve (12) months prior to their possible release date will be assisted by their unit staff and/or transition case manager in applying for a copy of their birth certificate.
- B. Application for South Dakota Birth Certificates:
1. A unit staff person and/or transition case manager will assist the inmate in completing the South Dakota Application for Birth Record ([See Attachment 9](#)).
 - a. The application will be forwarded to Central Records for submission to SD Vital Statistics.
 - b. A DOC Central Records official is required to submit a picture of their blue DOC ID (front and back) along with the application for a South Dakota Birth Certificate.
 2. Vital Statistics will submit a statement for payment to the DOC Administration.
- C. Application for Non-South Dakota Birth Certificates:
1. A unit staff and/or transition case manager will assist the inmate in obtaining the required information from the state where the inmate was born.
 2. The application and procedures can be obtained at the following website: www.usbirthcertificate.com. All out-of- state birth certificate applications will include the Birth Certificate Application Cover Letter ([See Attachment 8](#)).
 3. Unit staff and/or a transition case manager will assist the inmate in completing the required paperwork for a certified copy of their birth certificate, including the agency and address of where application for a birth certificate is to be submitted.
 4. Once the required paperwork for a birth certificate has been completed, unit staff and/or a transition case manager will complete the following procedures to obtain payment:
 - a. A request for a check will be sent to the applicable institution's business office with a stamped envelope and commissary slip for the check to be inserted and then mailed. The commissary slip should include the following:
 - 1) Inmate's name;
 - 2) Inmate's number;
 - 3) Amount of the check and;
 - 4) Payee of the check.

Note: A check is issued from the Birth Certificate Group Account and that account is reimbursed on a monthly basis from Parole Services. Inmates are not responsible for accrued costs to obtain a replacement birth certificate.
 - b. The following documents will be mailed to the appropriate state vital records department:
 - 1) Birth Certificate Application Cover Letter, with the inmate's signature ([See Attachment 8](#));
 - 2) Application for a Birth Record from that state;
 - 3) A photo of the inmate;
 - 4) A copy of the authorized DOC official's ID badge (both front and back) and;

5) The check.

4. Institutional Employment Requirement:

- A. All inmates must have a valid Social Security (SS) number to be paid employment wages by the DOC, Prison Industry Enhancement Certification Program, Pheasantland Industries, or public employer (community service or work release).
- B. If an inmate reports he/she does not have a valid SS number, or their SS is determined to be invalid, the inmate will not be allowed to be assigned a wage-paying institutional job until they have a valid SS number. (Extra duty hours and jobs assigned in accordance with SDCL § 24-2-30 are exempt from this requirement).
- C. Inmates sentenced under an alias but possessing identification documentation matching their legal name with their SS number may be assigned an institutional job and paid a wage.
- D. The DOC is required to submit an annual report containing the names and SS numbers of all inmates who have earned wages for IRS purposes (form 1099) to the Bureau of Finance and Management (BFM). If an inmate's name does not match the SSA's record associated with the SS number submitted for the inmate, designated staff at the institution will be informed that the inmate may not be assigned a job and paid a wage until the inmate's legal name can be matched to a valid SS number.

5. Application for a Social Security (SS) Card Outside the Provisions of the MOU:

- A. If an inmate's application for a SS card does not fall within the provisions of MOU, i.e. does not have an assigned SSN, is not a U.S citizen, there is evidence the inmate has used different SSNs in the past, or the inmate is requesting a new SSN, (name change requests), the inmate will follow the standard SSA processes and evidence requirements. Unit staff may:
 - 1. Provide the inmate with a Form SS-5;
 - 2. Provide assistance (if requested by the inmate) to the inmate with completion of SSA Form SS-5 and SSA-3288 and review the forms for completeness;
 - 3. Provide the inmate with instructions for contacting the local SS Administration office and;
 - 4. Provide assistance to the inmate in obtaining necessary documents, i.e., documents showing identify, proof of age. (Originals of these documents may be included in the inmate's application and will be returned by the SS Administration).

Note: In these situations, the address block on Form SS-5 will **not** reflect the institution's name, the inmate's Prison System Identification Number or the name of the authorized DOC official unless the inmate also completes a Form SSA-3288, which allows the SSA to send the SS card to the facility.

6. Application for a Replacement Social Security Card (U.S. Citizens only):

- A. If an inmate does not have their SS card in their legal/institutional file or access to their SS card, they may be eligible to apply for a replacement SS card under the MOU between the DOC and SSA, provided they meet one or more of the below criteria:

1. The inmate is within one-hundred and twenty (120) calendar days of eligible release from a SD DOC facility; or
 2. The inmate is within one-hundred and twenty (120) calendar days of participating in work release or placement in the Community Transition Program (CTP) or half-way house.
- B. The following inmates may NOT apply for a replacement SS card under the MOU:
1. Non-U.S. citizens, or
 2. Inmates whose true identify has not been or cannot be verified by an authorized DOC official, or
 3. Inmates whose record indicates the use of more than one SS# (includes fraud or misuse of a SS #), or
 4. Foreign-born U.S. citizens with no U.S. citizenship coded in SSA records.

7. Responsibilities of Authorized DOC Officials:

- A. The Policy and Compliance Manager will update the Authorized DOC Officials Document ([See Attachment 3](#)) as necessary and forward this to the Secretary of Corrections for approval. The completed document will be sent to the SS Administration (SSA) field office contact charged with maintaining the MOU.
- B. Authorized DOC officials are responsible for assisting inmates who meet the criteria with applying for a replacement SS card.
1. Each qualifying inmate will be provided an Application for a Social Security Card, Form SS-5 ([See Attachment 4](#)).
 2. Each inmate who completes Form SS-5 will be required to complete and sign the Consent for Release of Information, Form SSA-3288 ([See Attachment 5](#)).
 3. Staff will review and compare the inmate's completed Form SS-5 and SSA-3288 along with the information/documents contained in the inmate's prison records to ensure the following:
 - a. The inmate has signed Form SS-5 and SSA-3288;
 - b. The inmate's name listed on Form SS-5 and SSA-3288 reflects the inmate's legal name; and
 - c. The inmate's prison system identification number and the address of DOC Central Records are included in the address block on Form SS-5.
 4. The authorized DOC official is responsible for preparing a Certification of Prison Records ([See Attachment 6](#)).
 - a. The Certification of Prison Records will include any other name(s) and/or SS number(s) used by the inmate.
 - 1) Any time an authorized DOC official becomes aware an inmate has used multiple SS numbers, (through review of the PSI or NCIC, FBI or SD DCI records) the

inmate will be referred to the procedures prescribed in the [Application for a Social Security Card Outside the Provisions of the MOU](#).

- b. The Certification of Prison Records will contain the inmate's mother's maiden name and father's name **only** if that information can be verified.
 - 1) If the inmate's mother's maiden name and father's name **cannot** be verified, it should be reflected as "unknown" on the Certificate of Prison Records.
- c. The completed Form SS-5 will be placed in a secure location until mailed to the SSA field office.

Note: Copies of completed Form SS-5 will **not** be included in any inmate file. Only the inmate's name, prison system identification number(s) and the date of application for a replacement social security card will be included in the data base by an authorized DOC staff person. Inmates will not have access to files containing completed Forms SS-5 and SSA-3288.

- C. Upon verification and completion, the following forms will be mailed to the SSA field office:
 - 1. SS-5 ([See Attachment 4](#));
 - 2. SSA-3288 ([See Attachment 5](#));
 - 3. Certification of Prison Records ([See Attachment 6](#)); and
 - 4. Replacement SSN Card Application List ([See Attachment 7](#)).
 - a. When submitting multiple replacement SS card applications, only one (1) Replacement SSN Card Application List is required per submission for each SSA field office.

8. Receiving of Inmate Identification Documents:

- A. All inmate identification documents received while the inmate is in DOC custody must be placed in the inmate's legal file, which shall be maintained in a secure area at all times.
 - 1. At no time will inmates be allowed access to files containing the SS cards or SS numbers of other inmates (See DOC policy 1.1.E.3 [Inmate Access to DOC Records](#)).
 - 2. Qualifying inmates may be authorized by unit staff or a transition case manager to access their driver license for employment purposes.
- B. In the event a SS card is received that cannot be associated with the inmate who completed and submitted an [Application for a Social Security Card](#), the replacement SS card will be returned to the SSA field office within thirty (30) days.
- C. In the event an inmate receives a SS card which has an error, the authorized DOC official will contact the SS office that processed the card to report the error and return the incorrect card to the issuing office.
- D. At no time will the inmate be allowed to **maintain** possession of their SS card while incarcerated without approval from an authorized DOC official.
 - 1. The SS card may be **temporarily** released to the inmate when approved by an authorized DOC official for purposes of employment, housing, education, vocational rehabilitation, etc.

- E. The inmate will be provided his/her identification documents upon release/discharge from DOC custody, as prescribed in the [Identification Documents Release Procedures to Inmates](#) section.

9. Identification Documents Release Procedures to Inmates:

- A. Central records will review the inmate's legal file for any identification documents/ID's to ensure the inmate receives these upon release from custody (See DOC policy 1.4.G.2 [Inmate Release Procedure](#)).
1. Discharge:
 - a. All identification documents maintained in the legal file will be forwarded with the Discharge Certificate to the appropriate facilities business office to be disbursed to the inmate upon release from the facility.
 - b. If the inmate is being released to the permanent custody of another detaining authority, the inmate's SS card and any other identification documents shall be released to the detaining authority.
 2. Parole or Suspended Sentence or Release to Extension of Confinement:
 - a. Once central records receives the Release Slip from the appropriate transitional case manager (five (5) working days prior to the release), all identification documents maintained in the inmate's legal file will be sent via First Class U.S. Mail to the supervising parole agent.
 - b. During the first meeting with the inmate, the supervising parole agent will give the inmate the identification documents.
 3. Death:
 - a. SS cards of inmates who have died while in DOC custody will be returned to the issuing SS Administration office within 30-days of the inmate's death. All other identification documents will be released to the inmate's family or next of kin.

V Related Directives:

SDCL § [24-2-30](#)

DOC policy 1.1.E.3 - [Inmate Access to Records](#)

DOC policy 1.1.E.6 -- [Case Management](#)

DOC policy 1.4.A.1 – [DOC Photographs of Inmates](#)

DOC policy 1.4.G.2 – [Inmate Release Procedure](#)

DOC policy 1.4.A.2 -- [Inmate Admission](#)

Memorandum of Understanding Between the Social Security Administration and the South Dakota Department of Corrections (March 13, 2014).

VI Revision Log:

October 2008: New policy.

March 2009: Revised policy statement to clarify that this policy will assist inmates who require ID documents to gain employment, housing, etc. Replaced "eligible" with "accepted" as it relates to PSPI in ss (A1b of Application for a Replacement Social Security Card). Replaced "note" with "1)" under ss (4a1), added new ss (b and b1) and reformatted subsequent bullets all within

Responsibilities of Authorized DOC Officials. **Revised** Attachment 1 to include Jr., Sr., or other as it relates to the inmate's name. **Revised** Attachment 6 to include mother's maiden name and father's name.

January 2010: **Replaced** formatting of Section I. **Deleted** statement regarding "and requesting a replacement social security card in ss (A), **replaced** Authorized DOC Official with unit staff and/or TCM throughout section, **added** ss (C1a) regarding Vital Statistics, **replaced** Authorized DOC Official with Central Records in ss (C1b), **replaced** emailed with sent and **replaced** reference to two weeks with stamped envelope and commissary slip in ss (D4a), **added** "Note" about where funds come from in ss (D4a) and **deleted** former ss (D4b) regarding the respective business office cutting the check and sending back to the Authorized DOC Official all within Application for a Birth Certificate. **Revised** picture of Attachment 8. **Added** hyperlinks throughout.

January 2011: **Deleted** from SS 1 C. within Note: "mainframe is blank and **Replaced** with "the Criminal History database is "U". **Removed** from SS 2 B. "All birth certificate applications will include the Birth Certificate Application Cover Letter (See Attachment 8). **Added** "and" to SS 2 C. 2 and **Added** "All out-of-state birth certificate applications will include the Birth Certificate Application Cover Letter (See Attachment 8) **Removed** "South Dakota" from SS 2 4. b 2). **Added** "from that state". **Added** SS 6 D. "ID documents once received by the DOC will not be released to anyone other than the inmate"

March 2012: **Deleted** "released from an adult DOC facility" from Purpose section. **Added** "has" **Deleted** "in preparation" and **Replaced** with "in advance of being approved for" and **Deleted** "and release" and **Replaced** with "or release to supervision or final discharge" in Section 1 A. **Added** "or access to" in Section 2 A. 1. **Added** "in their possession" to Section 2 A. 1. a. **Added** b. to Section 2 A. 1. **Added** "if available" in Section 2 B. 3. **Added** "official and/or verifiable" to Section 2 B. 5. **Added** "juvenile and/or adult" to Section 2 B. 6. **Added** Section 4 and **Renumbered** sections that follow. **Added** "required/accepted by the SS Administration to apply for a SS card" to Section 5 A. 2. **Added** "(through review of the PSI or NCIC)" in Section 6 B. 1. a. 1) **Deleted** "ID documents received by the DOC will not be released to anyone other than the inmate" in Section 6 D. **Added** (U.S. Citizens) to sections 3, 5, & 6.

February 2013: **Deleted** "and if he/she has" and **Replaced** with "Staff will also ask the inmate if they have" and **Added** "valid" in Section 2 A. 1. **Deleted** "Criminal History tab" and **Replaced** with "Alias and Other Identifiers tab" and **Deleted** "Citrix" and **Replaced** with "COMS" in Section 2 C. 1. **Deleted** a. b. c. ("yes" and "no" identifiers info.) **Deleted** "If the ID Verification field on the Criminal History database is "U", the transition case manager will contact central records to determine the verification of the inmate" in "Note" section of Section 2 C. **Deleted** "on the second QS screen on mainframe" and **Replaced** with "In the Personal Information Screen in COMS" and **Deleted** "noted on the comments section" and **Replaced** with "recorded on the Holds/Warrants/Detainer screen in COMS" in Section 2 D. 2. **Deleted** "demographics screen within mainframe" and **Replaced** with "Personal Information Screen in COMS" in Section 2 D 4. **Added** "Inmates may be authorized by unit staff or a transition case manager to maintain possession of their driver license for work purposes." in Section 8 A.

July 2013: **Deleted** "For the purpose of this policy, IDs may consist of anything that is solely connected with an inmate's identity, such as" and **Replaced** with "Current, (not expired)" and **Added** "nondriver's license ID, U.S. passport, U.S. Military ID, health insurance or Medicaid card, employee ID card/badge, certificate of naturalization or Citizenship" to definition of Identification Documents. **Added** definition of "Citizenship Documents" **Deleted** term "offender" and **Replaced** with "inmate" throughout the policy. **Added** "CTP" to Section 1 A. **Added** "if it is determined an inmate (described above) does not have" and **Deleted** "is needed by the inmate" in Section 1 B. **Deleted** "identification documents" and **Replaced** with "valid social security card, driver's license or birth certificate" and **Added** "mailroom staff will notify the inmate and records staff of the receipt of these documents" in Section 1 A.1 b. **Added** a. to Section 1 A. 3. **Added** "and shall be compared to other records to establish an inmate's identification" in Section 1 B. 1. "Note". **Added** "and identification documentation" and **Added** "reviewed and" and **Deleted** "any information" and **Replaced** with "an inmate's correct identification" and **Deleted** "matched" and **Replaced** with "verified" in Section 1 C. **Added** c. to Section 2 A. 1. **Deleted** "has not been issued a SS card"

Deleted “the replacement” and **Added** “(original SS number/card, or corrected replacement card, (including name change requests))” in Section 5 A. **Added** 4. to Section 5 A. **Deleted** “they are” and **Replaced** with “may be” and **Added** “under the memorandum of understanding between the DOC and SSA” in Section 6 A. **Added** 1-4 in Section 6 b. **Deleted** “complete” and **Replaced** with “update” and **Added** “(Sioux Falls for males and Huron for females)” in Section 7 A. **Added** “FBI or SD DCI records, the inmate will be referred to” in Section 7 B. 4. a. **Added** 3. to Section 9 A.

January 2015: **Deleted** “at the time of admission” and **Replaced** with “when the Transaction Key check box is checked on the Key Date screen” in Section 2 A. 3. **Added** b. to Section 9 A. **Added** “SSA-3288 to Section 5 A. 2. **Added** “unless the inmate also completes a Form SSA-3288, which allows the SSA to send the SS card to the facility” to the “Note” in Section 5 A.

January 2016: **Reviewed** with no changes.

January 2017: **Reviewed** with no changes.

Denny Kaemingk (original signature on file)

Denny Kaemingk, Secretary of Corrections

03/22/2017

Date

Attachment 1: New Inmate Interview Questionnaire

The *New Inmate Interview Questionnaire* form is located on the state's WAN.

A copy may be printed using *Microsoft Word 97* as follows:

1. Click [here](#) to access the *New Inmate Interview Questionnaire* by:
 - a. Placing mouse on the word "here" above
 - b. Press and hold the "Ctrl" key on the keyboard
 - c. Click the left button of mouse.
- 2.. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **New Inmate Interview Questionnaire**.

The gray areas indicate the information that is to be entered.

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|---|--|--|--|
| South Dakota Department of Corrections Policy Distribution: Public | | Attachment: New Offender Interview Questionnaire Please refer to DOC policy 1.1.A.7 Offender Identification Procedures | |
| NEW OFFENDER INTERVIEW QUESTIONNAIRE (BE AS ACCURATE AND COMPLETE AS POSSIBLE; WRITE S O I T CAN BE READ) | | | |
| Inmate #: <input type="text"/> | Name: <input type="text"/> | <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Other <input type="text"/> | |
| Last | | Please Specify if Applicable First MI | |
| Alias/Work Name or Maiden Name: <input type="text"/> | | | |
| SS#: <input type="text"/> | Date of Birth: <input type="text"/> | Place of Birth: <input type="text"/> | |
| mm/dd/yyyy | | Street Address | City State |
| Last address lived at: | | Street Address | City State |
| Last grade attended: <input type="text"/> | | Did you attend college: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Did you receive a diploma: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Did you obtain a GED: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| List any college (s) or vocational education you received: (Name of school, city and state of school): | | | |
| College(s) or Vocational Training(s) | | City and State where school is located | |
| List your most recent drug, alcohol or mental health treatment: | | | |
| Name of Institution | | City & State of Institution | Year Received Alcohol, Drug or Mental Health |
| Marital Status: | Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> | Tribal Affiliated <input type="checkbox"/> | |
| Religious Preference: <input type="text"/> | | | |
| Military Experience: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Branch: <input type="text"/> | Yr. Entered: <input type="text"/> Yr. Discharged: <input type="text"/> |
| Type of Discharge: <input type="text"/> | | | |
| Have you ever been in a SD State Prison: Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when: <input type="text"/> | | | |
| What were you incarcerated for: <input type="text"/> | | | |
| Prior Felonies: <input type="text"/> | | State: <input type="text"/> | Year: <input type="text"/> |
| Last Employer: <input type="text"/> | | Business Name | City & State Length of Employment: Job Title |
| Emergency Contact: <input type="text"/> | | Relationship to You: <input type="text"/> | |
| Address: <input type="text"/> | | City - State | Telephone # |
| Street or P.O. Box | | City & State | Telephone # |
| Inmate's Physical Description: Sex: <input type="text"/> Height: <input type="text"/> Weight: <input type="text"/> Eyes: <input type="text"/> Hair: <input type="text"/> | | | |
| Race: Caucasian <input type="checkbox"/> African Amer. <input type="checkbox"/> Mal. Amer. <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> | | | |
| Complexion: Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Build: Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> | | | |
| Revised: 3/2/2009 | | Page 1 of 1 | |

Attachment 3: Authorized DOC Officials Document

The **Authorized DOC Officials Document** form is located on the state's WAN.

A copy may be printed using **Microsoft Word 97** as follows:

1. Click [here](#) to access the **Authorized DOC Officials Document** by:
 - a. Placing mouse on the word "here" above
 - b. Press and hold the "Ctrl" key on the keyboard
 - c. Click the left button of mouse.
- 2.. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **Authorized DOC Officials Document**.

The gray areas indicate the information that is to be entered.

| | | | |
|--|------------|--|--|
| Policy Distribution: ??? | | Attachment: Authorized DOC Officials Document Please refer to DOC policy 1.1.A.7 Offender Identification Procedures | |
|  | | DEPARTMENT OF CORRECTIONS <i>Records Office</i> P.O. Box 3611 Sioux Falls, SD 57117-5911 Phone: (605) 367-5140 Fax: (605) 367-5584 | |
| AUTHORIZED DOC OFFICIALS DOCUMENT | | | |
| | | | Date: <input type="text"/> |
| Social Security Administration Local Office Address: <input type="text"/> <input type="text"/> | | | |
| Dear: <input type="text"/> | | | |
| Pursuant to procedures contained in the Memorandum of Understanding (MOU) between our agencies, I hereby authorize the following staff to submit offender applications for replacement SSN cards to your office and certify the identifying information found in inmates' official prison records: | | | |
| Signature | Print Name | <input type="text"/> | Job Title |
| Signature | Print Name | <input type="text"/> | Job Title |
| Signature | Print Name | <input type="text"/> | Job Title |
| Signature | Print Name | <input type="text"/> | Job Title |
| Signature | Print Name | <input type="text"/> | Job Title |
| Signature | Print Name | <input type="text"/> | Job Title |
| Signature | Print Name | <input type="text"/> | Job Title |
| Please contact me at <input type="text"/> - <input type="text"/> if you have any questions. | | | |
| | | | Sincerely, <input type="text"/> Signature <input type="text"/> Print Name Secretary of Corrections Job Title |
| Revised: 3/3/2009 | | Page 1 of 1 | |

Attachment 4: Application for a Social Security Card, SS-5

The **Application for a Social Security Card, SS-5** form is located on the Social Security Administrations website. Or click here [Social Security Application](#).

A copy may be printed as follows:

- a. Click on **Forms and Publications** on the left side of the screen.
- b. Click on **Social Security Forms** in the middle of the screen.
- c. Select **Form Number** next to the **Search** drop down box.
- d. Type in **SS-5** next to **For**.
- e. Click on **Search**.
- f. Select **SS-5** from the list.
- g. Print out form.

| SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card | | | | Form Approved OMB No. 0660-0066 | |
|---|---|--|-------------------------|--|------|
| 1 | NAME TO BE SHOWN ON CARD | | First | Full Middle Name | Last |
| | FULL NAME AT BIRTH IF OTHER THAN ABOVE | | First | Full Middle Name | Last |
| OTHER NAMES USED | | | | | |
| 2 | Social Security number previously assigned to the person listed in item 1 | | | | |
| 3 | PLACE OF BIRTH (Do Not Abbreviate) | | City | State or Foreign Country | FCI |
| | DATE OF BIRTH | | Office Use Only | DATE OF BIRTH MMDDYYYY | |
| 5 | CITIZENSHIP (Check One) | | | | |
| 6 | | ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) | | 7 RACE Select One or More (Your Response is Voluntary) | |
| 8 | | SEX | | | |
| 9 | A. PARENT/ MOTHER'S NAME AT HER BIRTH | | | | |
| | B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 3) | | | | |
| 10 | A. PARENT/ FATHER'S NAME | | | | |
| | B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3) | | | | |
| 11 | Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? | | | | |
| 12 | Name shown on the most recent Social Security card issued for the person listed in item 1 | | | | |
| 13 | Enter any different date of birth if used on an earlier application for a card | | | | |
| 14 | TODAY'S DATE | | 15 DAYTIME PHONE NUMBER | | |
| 16 MAILING ADDRESS (Do Not Abbreviate) | | | | | |
| 17 YOUR SIGNATURE | | | | | |
| 18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: | | | | | |
| DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY) | | | | | |
| EVIDENCE SUBMITTED | | | | | |
| SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW | | | | | |
| DATE | | | | | |
| DATE | | | | | |

Form SS-5 (08-2011) of (08-2011) Destroy Prior Editions Page 5

Attachment 5: Consent for Release of Information, SSA-3288

The **Consent for Release of Information, SSA-3288** form is located on the Social Security Administrations website.

A copy may be printed by going to www.socialsecurity.gov as follows:

- Click on **Forms and Publications** on the left side of the screen.
- Click on **Social Security Forms** in the middle of the screen.
- Select **Form Number** next to the **Search** drop down box.
- Type in **SSA-3288** next to **For**.
- Click on **Search**.
- Selected SSA-3288 from the list.
- Print out form.

Page 1 of 2

Page 2 of 2

Form Approved
OMB No. 0960-0566

Social Security Administration
Consent for Release of Information

Please read these instructions carefully before completing this form.

When to Use This Form

Complete this form only if you want the Social Security Administration to give information or records about you to an individual or group (for example, a doctor or an insurance company).

Natural or adoptive parents or a legal guardian, acting on behalf of a minor, who want us to release the minor's:

- nonmedical records, should use this form.
- medical records, should not use this form, but should contact us.

Note: Do not use this form to request information about your earnings or employment history. To do this, complete Form SSA-7000-F4. You can get this form at any Social Security office.

This consent form must be completed and signed only by:

- the person to whom the information or record applies, or
- the parent or legal guardian of a minor to whom the nonmedical information applies, or
- the legal guardian of a legally incompetent adult to whom the information applies.

How to Complete This Form

To complete this form:

- Fill in the name, date of birth, and Social Security Number of the person to whom the information applies.
- Fill in the name and address of the individual or group to which we will send the information.
- Fill in the reason you are requesting the information.
- Check the type(s) of information you want us to release.
- Sign and date the form. If you are not the person whose record we will release, please state your relationship to that person.

PRIVACY ACT NOTICE: The Privacy Act Notice requires us to notify you that we are authorized to collect this information by section 3 of the Privacy Act. You do not have to provide the information requested. However, we cannot release information or records about you to another person or organization without your consent for release of information. Your records are confidential. We will release only records that you authorize, and only to persons or organizations who you authorize to receive that information.

PAPERWORK REDUCTION ACT STATEMENT: This information collection meets the clearance requirements of 44 U.S.C. §3207, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 8401 Security Blvd., Baltimore, MD 21245-6401. Send any comments relating to our time estimate to this address, not the completed form.

Form SSA-3288 (5-2007) EF (5-2007)

Form Approved
OMB No. 0960-0566

Social Security Administration
Consent for Release of Information

TO: Social Security Administration

Name _____ Date of Birth _____ Social Security Number _____

I authorize the Social Security Administration to release information or records about me to:

NAME _____ ADDRESS _____

I want this information released because:

(There may be a charge for releasing information.)

Please release the following information:

- _____ Social Security Number
- _____ Identifying information (includes date and place of birth, parents' names)
- _____ Monthly Social Security benefit amount
- _____ Monthly Supplemental Security Income payment amount
- _____ Information about benefits/payments I received from _____ to _____
- _____ Information about my Medicare claim/coverage from _____ to _____ (specify) _____
- _____ Medical records
- _____ Record(s) from my file (specify) _____
- _____ Other (specify) _____

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____
(Show signature, name, and address of two people if signed by more.)
Date: _____ Relationship: _____

Form SSA-3288 (5-2007) EF (5-2007)


Attachment 6: Certification of Prison Records

The **Certification of Prison Records** form is located on the state's WAN.

A copy may be printed using **Microsoft Word 97** as follows:

1. Click [here](#) to access the **Certification of Prison Records** by:
 - a. Placing mouse on the word "here" above
 - b. Press and hold the "Ctrl" key on the keyboard
 - c. Click the left button of mouse.
- 2.. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **Certification of Prison Records**.

The gray areas indicate the information that is to be entered.

| | | | |
|---|--|--|--|
| South Dakota Department of Corrections Policy Distribution: | | Attachment: Certification of Prison Records Please refer to DOC policy 1.1.A.7 Offender Identification Procedures | |
|  | | DEPARTMENT OF CORRECTIONS <i>Records Office</i> P.O. Box 3011 Sioux Falls, South Dakota 57117-9911 Phone: (605) 367-5140 Fax: (605) 367-5584 | |
| CERTIFICATION OF PRISON RECORDS | | | |
| | | Date: <input type="text"/> | |
| | | Inmate Name: <input type="text"/> | |
| | | Inmate ID #: <input type="text"/> | |
| | | Social Security #: <input type="text"/> | |
| Social Security Administration Local Office Address: <input type="text"/> | | | |
| Attached, please find a completed Form SS-5 (Application for Social Security Number) requesting a replacement Social Security Number card for the above named Inmate. | | | |
| I, the undersigned, certify that I have reviewed appropriate documents in the above named Inmate's official prison record; that the identifying information show below is accurate according to the record; | | | |
| Name: <input type="text"/> | | <input type="text"/> | |
| Date of Birth: <input type="text"/> | | <input type="text"/> | |
| Place of Birth: <input type="text"/> | | <input type="text"/> | |
| Mother's Maiden Name: <input type="text"/> | | <input type="text"/> | |
| Father's Name: <input type="text"/> | | <input type="text"/> | |
| Other Names Used By Inmate: <input type="text"/> <input type="text"/> <input type="text"/> | | Other Social Security Numbers Used By Inmate: <input type="text"/> <input type="text"/> <input type="text"/> | |
| If you have any further questions, please contact me between the hours of <input type="text"/> to <input type="text"/> . My telephone number is <input type="text"/> . | | | |
| | | Typed Name of Authorized Official <input type="text"/> | |
| | | Job Title of Authorized Official <input type="text"/> | |
| Revised: 3/2/2009 | | Page 1 of 1 | |

Attachment 7: Replacement SSN Card Application List

The **Replacement SSN Card Application List** form is located on the state's WAN.

A copy may be printed using **Microsoft Word 97** as follows:

1. Click [here](#) to access the **Replacement SSN Card Application List** by:
 - a. Placing mouse on the word "here" above
 - b. Press and hold the "Ctrl" key on the keyboard
 - c. Click the left button of mouse.
- 2.. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **Replacement SSN Card Application List**.

The gray areas indicate the information that is to be entered.

| | | | |
|---|---------------------------------|--|--|
| South Dakota Department of Corrections Policy Distribution: | | Attachment: Replacement SSN Card Application List Please refer to DOC policy 1.1.A.7 Offender Identification Procedures | |
|  | | DEPARTMENT OF CORRECTIONS Records Office P.O. Box 5811 Sioux Falls, South Dakota 57117-5911 Phone: (605) 367-5140 Fax: (605) 367-5584 | |
| REPLACEMENT SSN CARD APPLICATION LIST | | | |
| Date: <input type="text"/> | | | |
| Social Security Administration Attn: <input type="text"/> | | | |
| Dear <input type="text"/> : | | | |
| Pursuant to procedures contained in the Memorandum of Understanding between the South Dakota Department of Corrections and Social Security Administration, we are enclosing recently completed SSN applications for replacement Social Security Number cards for the following inmates: | | | |
| | Inmate Complete Name | | Inmate Prison Identification Number |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| Each SSN is accompanied by a signed SSA-3288, along with a completed Certification of Records form. If you require additional information, please do not hesitate to contact me. Thank you for your time. | | | |
| Sincerely: <input type="text"/> Typed Name of Authorized DOC official | | | |
| Revised: 10/31/2008 | | Page 1 of 1 | |

Attachment 8: Birth Certificate Application Cover Letter

The **Birth Certificate Application Cover Letter** form is located on the state's WAN.

A copy may be printed using **Microsoft Word 97** as follows:

1. Click [here](#) to access the **Birth Certificate Application Cover Letter** by:
 - a. Placing mouse on the word "here" above
 - b. Press and hold the "Ctrl" key on the keyboard
 - c. Click the left button of mouse.
- 2.. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **Birth Certificate Application Cover Letter**.

The gray areas indicate the information that is to be entered.

| | | | |
|--|--|--------------------------|---------------|
| South Dakota Department of Corrections Policy Distribution: | Attachment: Birth Certificate Application Cover Letter Please refer to DOC policy 1.1.A.7 Offender Identification Procedures | | |
|  | DEPARTMENT OF CORRECTIONS Records Office P.O. Box 5911 Sioux Falls, South Dakota 57117-5911 Phone: (605) 367-5140 Fax: (605) 367-5584 | | |
| BIRTH CERTIFICATE APPLICATION COVER LETTER | | | |
| Date: <input type="text"/> | | | |
| Address of Vital Records Department: <input type="text"/> | | | |
| To Whom It May Concern: | | | |
| I am currently an Inmate at the South Dakota Department of Corrections. I would like to obtain a copy of my Birth Certificate to help with obtaining a State issued I.D/Driver's License upon release. | | | |
| Inmate Name: <input type="text"/> | | | |
| Date of Birth: <input type="text"/> | | | |
| Father's Name: <input type="text"/> | | | |
| Mother's Maiden Name: <input type="text"/> | | | |
| Please send copy of this Inmate's Birth Certificate to: Department of Corrections Records Office P.O. Box 5911 Sioux Falls, SD 57117-5911 | | | |
| Sincerely: | | | |
| _____ Inmate Signature | _____ Date | _____ Staff Signature | _____ Date |
| Revised: 10/31/2005 | | Page 1 of 1 | |

Attachment 9: South Dakota Application for a Birth Record

The **South Dakota Application for a Birth Record** form is located on the South Dakota Department of Health's website.

A copy may be printed by going to www.vitalrecords.sd.gov as follows:

- Click on **Order Records** on the left side of the screen.
- Click on **birth** located on the second bullet under **Ordering Birth, Death and Marriage Records**
- Print our form.

Page 1 of 2

Page 2 of 2

| South Dakota Application for a Birth Record | | VITAL RECORDS 207 S MISSOURI AVE, STE 404 PIERRE, SD 57501 605-773-4801 | | | | | | | | | | | | |
|--|---|--|-------------------|--------------------|------------------|----------------------|---|------------------------------------|----------------------------|--------------------|--|----------------------------|--------------------|------------------|
| <p>To receive a birth record you must:</p> <ul style="list-style-type: none"> • Choose an ordering method (see Ordering Methods in the instructions). • Choose the type of identification that you need (see Identification in the instructions). • Determine what fees apply to your request (see Fees in the instructions). • Determine if you meet the eligibility requirements (see Eligibility in the instructions). | | | | | | | | | | | | | | |
| <p>NOTE: If you need to order more than one type of Vital Record (e.g., a birth and marriage record) you need to complete Sections 1 and 2 (and Sections 3 or 4 if applicable) on this form and the Application for Vital Records Affidavits.</p> | | | | | | | | | | | | | | |
| <p>Section 1</p> <p>CUSTOMER'S FULL NAME</p> <p>STREET ADDRESS (If your mailing address is a PO Box, please include your street address if residential)</p> <p>CITY STATE ZIP PHONE NUMBER</p> <p>I understand that by signing this application, the information that I provide is accurate to the best of my knowledge.</p> <p>Customer's Signature _____ Today's Date _____</p> | | | | | | | | | | | | | | |
| <p>Section 2</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>FIRST NAME</td> <td>MIDDLE NAME</td> <td>LAST NAME</td> </tr> <tr> <td>DATE OF BIRTH</td> <td>SEX <input type="checkbox"/> Male <input type="checkbox"/> Female</td> <td>CITY AND/OR COUNTY OF BIRTH</td> </tr> <tr> <td>MOTHER'S FIRST NAME</td> <td>MIDDLE NAME</td> <td>MARRIAGE NAME(S) PRIOR TO FIRST ADDRESS</td> </tr> <tr> <td>FATHER'S FIRST NAME</td> <td>MIDDLE NAME</td> <td>LAST NAME</td> </tr> </table> <p>TYPE OF COPY <input type="checkbox"/> Certified <input type="checkbox"/> Informational <input type="checkbox"/> Photocopy <input type="checkbox"/> Photostatic <input type="checkbox"/> Informational <input type="checkbox"/> Photocopy <input type="checkbox"/> Photostatic</p> <p>TYPE OF COPY <input type="checkbox"/> Certified <input type="checkbox"/> Informational <input type="checkbox"/> Photocopy <input type="checkbox"/> Photostatic</p> <p>TYPE OF COPY <input type="checkbox"/> Certified <input type="checkbox"/> Informational <input type="checkbox"/> Photocopy <input type="checkbox"/> Photostatic</p> | | | FIRST NAME | MIDDLE NAME | LAST NAME | DATE OF BIRTH | SEX <input type="checkbox"/> Male <input type="checkbox"/> Female | CITY AND/OR COUNTY OF BIRTH | MOTHER'S FIRST NAME | MIDDLE NAME | MARRIAGE NAME(S) PRIOR TO FIRST ADDRESS | FATHER'S FIRST NAME | MIDDLE NAME | LAST NAME |
| FIRST NAME | MIDDLE NAME | LAST NAME | | | | | | | | | | | | |
| DATE OF BIRTH | SEX <input type="checkbox"/> Male <input type="checkbox"/> Female | CITY AND/OR COUNTY OF BIRTH | | | | | | | | | | | | |
| MOTHER'S FIRST NAME | MIDDLE NAME | MARRIAGE NAME(S) PRIOR TO FIRST ADDRESS | | | | | | | | | | | | |
| FATHER'S FIRST NAME | MIDDLE NAME | LAST NAME | | | | | | | | | | | | |
| <p>Section 3</p> <p>MAIL APPLICANT'S CERT: Applicants who are applying to order a record MUST submit a clear copy of a government issued photo ID that contains the applicant's signature OR submit a certified application.</p> <p>Submitted to and sworn before this (date) _____</p> <p>Signature of Notary Public: _____ SEAL</p> <p>My commission expires: _____</p> | | | | | | | | | | | | | | |
| <p>Section 4</p> <p>DELEGATED AGENT'S CERT: The individual who is designating an agent to collect their record must complete this section and have their signature notarized.</p> <p>I, _____, after being duly sworn, do hereby certify that _____ is as my designated agent to obtain certified copies of this record.</p> <p>Signature of person designating an agent: _____ SEAL</p> <p>Submitted to and sworn before this (date) _____</p> <p>Signature of Notary Public: _____ FOR OFFICE USE ONLY</p> <p>My commission expires: _____</p> | | | | | | | | | | | | | | |

VITAL RECORD APPLICATION INSTRUCTIONS

To receive a birth record you must:

- Choose an ordering method (see Ordering Methods).
- Choose the type of identification that you need (see Identification).
- Determine what fees apply to your request (see Fees).
- Determine if you meet the eligibility requirements (see Eligibility).

NOTE: If you are ordering multiple types of vital record (e.g., a birth and marriage record) you need to complete Sections 1 and 2 (and Sections 3 or 4 if applicable) on this form and the **Application for Vital Records Affidavits**.

ORDERING METHODS

Vital Records requests can be made using the following methods:

- Internet orders at www.vitalrecords.sd.gov** with a credit card. An additional fee of \$11.50 for expedited processing applies if you choose this method.
- Telephone orders at 605-773-4801.** An additional fee of \$11.50 for expedited processing applies if you choose this method.
- Mail orders may be sent to: VITAL RECORDS**
Requests made via mail **MUST INCLUDE** a completed application form, the appropriate fees and proof of identity as described below. Please mail requests to the address listed in the upper right portion of the South Dakota Application for a Birth Record.
- In Person** requests can be processed at any South Dakota county Register of Deeds office or at the State Vital Records Office. Please be ready to provide proof of your identity as outlined below in the Identification section, pay the appropriate fees and complete this application form.

IDENTIFICATION

Applicants who are applying to mail must **MUST** submit a clear copy of a CURRENT government issued photo ID that contains the applicant's signature **OR** have a notary public receive their signature on Section 3 of the application. **No government issued ID:** You must send a clear photocopy of any ONE of the following:

- Social Security Card Pay stub (must include your name, social security number and the name and address of the business)
- Utility bill with current address Car registration or title with current address
- Bank statement with current address Car registration or title with current address

FEES - Payment should be made in the form of a check or money order to **VITAL RECORDS**
 Certified or informational copy of a Birth Record or a certified or informational reproduction of a record searched: _____ \$10 per record
 Expedited processing (the phone or internet requests only): _____ \$11.50 in addition to \$10 per record

ELIGIBILITY

By state law, vital records are not open for public inspection. Vital records may be issued in the form of a certified or an informational copy. Only certain individuals are eligible to obtain a certified copy of a vital record (see below to determine if you qualify). Not qualified to receive a certified copy of a vital record: Any person who submits an application and the applicable fee can obtain an informational copy of a vital record.

Certified Copies
 When possible, the record will be computer generated, issued on security paper with a raised seal and have the signature of the issuing agent. Applicants can request a photostatic copy (a full copy of the original) if a computer generated copy does not contain enough of the needed information. Individuals eligible for a certified copy are the following:

- Self**
- Spouse/Spouse-Child**
- Second Cousins:** If grandchild, please submit documentation of your legal guardianship.
- Child of 18+:** Grandparents, grandchildren over 18 and siblings only.
- Adoption, Guardianship or Parent/Grandchild** writing on behalf of the family.

Informational Copies
 These copies will be made on plain paper and contain the statement "This Informational Paper is Only Not for Legal Proof Purposes". An informational copy will not contain a raised seal or the signature of the issuing agent. When possible, all informational copies will be issued from the computer unless a photostatic copy (a copy of the original) is requested.