

## Vital Records Birth/Death Application

A photocopy of a government, school or employer photo identification of the <u>applicant</u> must be submitted with all requests. Applications without proper identification will be returned unprocessed.

|                                                                                                                                                                                                                                                     |                                               | Day phone number:                |                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------|------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                     | 01-1                                          |                                  | Zip code:                                                              |  |
| -                                                                                                                                                                                                                                                   |                                               |                                  | Zip code:                                                              |  |
| E-mail address:                                                                                                                                                                                                                                     |                                               |                                  |                                                                        |  |
| Address certificate to be mailed to if different than applicant's address:  Name:                                                                                                                                                                   |                                               |                                  |                                                                        |  |
| Address:                                                                                                                                                                                                                                            |                                               |                                  |                                                                        |  |
| •                                                                                                                                                                                                                                                   |                                               |                                  | Zip code:                                                              |  |
| Your relationship to person named on the certificate. (Check one)                                                                                                                                                                                   |                                               |                                  |                                                                        |  |
|                                                                                                                                                                                                                                                     |                                               | Family member (specify)          |                                                                        |  |
| Parent                                                                                                                                                                                                                                              | _ Guardian Legal repres                       | Legal representative (for whom?) |                                                                        |  |
| For what purpose are you requesting this certificate?                                                                                                                                                                                               |                                               |                                  |                                                                        |  |
| By signing this application, I understand that making a false application for a vital record is a felony under state law.  Signature of applicant:                                                                                                  |                                               |                                  |                                                                        |  |
|                                                                                                                                                                                                                                                     | t:                                            |                                  |                                                                        |  |
| BIRTH CERTIFICATES                                                                                                                                                                                                                                  |                                               |                                  |                                                                        |  |
| Full name:                                                                                                                                                                                                                                          | Middle                                        | Last                             | Suffix                                                                 |  |
|                                                                                                                                                                                                                                                     | City of birth:                                |                                  |                                                                        |  |
| Name of mother prior to a                                                                                                                                                                                                                           | any marriage:First                            |                                  |                                                                        |  |
| Name of father:                                                                                                                                                                                                                                     | First                                         | Middle                           | Last                                                                   |  |
| Name of father:  First  Were parents married at time of birth: Yes No  Number of children born in SC to this mother?  Name at birth if ever changed for any reason other than marriage:  Specify the number and type of cartification(a) requested: |                                               |                                  |                                                                        |  |
| Specify the number and type of certification(s) requested: Birth long (\$12) Additional long (\$3 each) Total fees submitted:                                                                                                                       |                                               | , ,                              | Birth short (\$12) Additional short (\$3 each) Expedite Additional \$5 |  |
| DEATH CERTIFICATES                                                                                                                                                                                                                                  |                                               |                                  |                                                                        |  |
| Name of deceased:                                                                                                                                                                                                                                   |                                               |                                  |                                                                        |  |
| First                                                                                                                                                                                                                                               | Middle                                        | Last                             | Suffix                                                                 |  |
|                                                                                                                                                                                                                                                     | Age at death:                                 | •                                |                                                                        |  |
|                                                                                                                                                                                                                                                     | death:                                        | County of death:                 |                                                                        |  |
| Specify the number and type of certification(s) requested:  Death long (\$12) Additional long (\$3 each) Death short (\$12) Additional short (\$3 each) Death statement (\$12) Additional statement (\$3 each)                                      |                                               |                                  |                                                                        |  |
| •                                                                                                                                                                                                                                                   | Total fees submitted: Expedite Additional \$5 |                                  |                                                                        |  |
| Send completed application/photocopy of identification to: SC DHEC – Vital Records                                                                                                                                                                  |                                               |                                  |                                                                        |  |
| 2600 Bull Street, Columbia, SC 29201                                                                                                                                                                                                                |                                               |                                  |                                                                        |  |
|                                                                                                                                                                                                                                                     |                                               | FICE USE ONLY                    |                                                                        |  |
| Date received:                                                                                                                                                                                                                                      |                                               |                                  | R/F                                                                    |  |
| BC 1st Search                                                                                                                                                                                                                                       |                                               |                                  |                                                                        |  |
| BC 2nd Search<br>LOC                                                                                                                                                                                                                                |                                               |                                  | DCN                                                                    |  |
| NFL/DNL                                                                                                                                                                                                                                             |                                               |                                  |                                                                        |  |

## Vital Records Application for Birth and Death Certificates Instructions and Information

- 1) One form may be used to request a certified copy of a birth certificate only, or a certified copy of a death certificate only, or a certified copy of a birth and death certificate if for the same individual.
- 2) Complete all of the information in the top section of the form and all information in the birth and/or death sections based upon whether a birth, death or both certificate(s) are being requested.

## Information

**BIRTHS AND DEATHS** – SC Law did not require the filing of birth and death records until January 01, 1915. No birth or death records on file at SCDHEC (county or state) are available for public viewing.

A death record becomes public record fifty (50) years after the date of death. Non-certified copies of public death records are issued unless a certified copy is specifically requested. The \$12 "search fee" is required for each request of a public death record.

Death records are avaliable for public viewing fifty (50) years after the date of death ONLY at the SC Department of Archives and History, 8301 Parklane Road, Columbia, 29223, website: http://archives.sc.gov.

**TURNAROUND TIME** – The usual turnaround time for 'waiting' on-site customers is approximately thirty (30) minutes during non-peak hours (8:30 am - 11:00 am and 2:00 pm - 4:00 pm). The usual turnaround time for 'mail' requests is approximately three (3) weeks from the date of receipt. Expedited requests are processed and a response provided within 3 business days of receipt. The expedite fee is an additional \$5.00 for a birth and/or death request.

If it has been more than four (4) weeks since you submitted your request, call (803) 898 3630 to determine the status.

**IDENTIFICATION** – A valid/current government, school or employer issued photo identification document of the <u>applicant</u> is required before a search of the records will be conducted. Requests that do not contain proper identification will be returned unprocessed. Acceptable documents are:

- Any United States' DMV Office issued picture identification i.e. Driver's License, ID card, Learner's Permit (unexpired)
- 2. Current school or employer picture identification card
- 3. Military card (unexpired active duty or retired member)
- 4. United States Passport (unexpired)
- 5 Foreign Passport with Visa (I-94 or I-94W unexpired)
- 6. Re-Entry Permit (I-327 unexpired)
- 7. Refuge Travel Document (form I-571 unexpired)
- 8. United States Citizen Identification Card (form I-197)
- 9. Temporary Resident Card (form I-688 unexpired)
- 10. Permanent Resident Card (form I-551 unexpired)
- 11. Weapon or gun permit issued by federal, state or municipal government (unexpired)

Website – www.scdhec.gov/vr/ provides additional information on SC Vital Records.

**PAYMENT** – Acceptable methods of payment for mail requests are a money order or cashier's check made payable to SC DHEC. Onsite customer service also accepts credit and debit cards and cash.

**SEARCH FEE** – A \$12 "search fee" is required by law. **If the record is not found, the \$12 search fee is non-refundable.** The required search fee includes one (1) certification, if record is located. If additional copies of the same type certification are ordered at the same time, additional copies are \$3 each.

## TYPE OF CERTIFICATIONS

Birth Long contains parentage
Birth Short/Wallet does not include parentage

Death Long includes cause of death
Death Short does not include cause of death
Death Statement only includes fact of death