

KENTUCKY REGISTRAR GUIDELINES

REVISED 03/2013



REGISTRAR GUIDELINES

REVISED 02/2013

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VITAL STATISTICS DIRECTORY

**275 East Main Street, 1E-A
Frankfort, KY 40621
(502) 564-4212
Fax (502) 564-9398**

QUALITY ASSURANCE REPRESENTATIVES

502-564-4212 x 3231
502-564-4212 x 3232
Fax (502) 564-9398

AMENDMENTS

General Voice Mail, 502-564-4212 Option #5
Supervisor, 502-564-4212 x 3206
Representative, 502-564-4212 x 3246
Representative, 502-564-4212 x 3245

ADOPTIONS

Supervisor, 502-564-4212 x 3205

NEW BIRTH

Supervisor, 502-564-4212 x 3204

DEATH

Supervisor, 502-564-4212 x 3202
Kentucky-Electronic Death Registration System (KY-EDRS)
KY-EDRS Questions/Access (Toll Free) STATLINE 1-866-451-3781

CERTIFICATION (Problems with Orders)

Certification Section Supervisor, 502-564-4212 x 3220
Unit Supervisor, 502-564-4212 x 3250

VITALCHEK (Place an Order by Credit Card)

(Toll Free) 1-800-241-8322

OPTION # 1

WEBSITE-www.vitalchek.com

Or

<http://chfs.ky.gov/dph/vital>

Confidentiality

Emphasis should be placed on the confidentiality of vital records. Local registrars and their deputies shall protect the information on vital records from unwarranted or indiscriminate inspection or disclosure. There should be no accessing of confidential information except in order to perform specific health department job duties. All original certificates, county copies, and other documents containing confidential information should be kept in a secure area. All Health Department Confidentiality Agreements should include the confidentiality of vital records.

Authority: KRS 213.131, KRS 194.060, KRS 213.911, KRS 434.840 to .860

Responsibilities of the Local Registrar

The Local Registrar is a representative for the Office of Vital Statistics (OVS) and should follow all procedures and practices established by the State Registrar. Common practices that the local registrar shall perform are as follows:

- ◆ Appoint deputy registrars as needed for Local Health Departments as well as Nursing Homes and Health Care facilities to provide for an efficient county vital statistics program.

Authority: KRS 213.036 (3)

- ◆ Provide vital statistics forms and instructions to those persons responsible for their completion.

Authority: KRS 213.036 (4)

- ◆ Review and edit birth and stillbirth certificates, and declarations of paternity for completeness and accuracy before acceptance for registration. Maintain files of all provisionals, forms, and instructions.

Authority: KRS 213.036 (4), KRS 213.046 (1), KRS 213.041 (3)

- ◆ Transmit records to the state registrar within time limits set forth by state laws and regulations or as otherwise directed by the state registrar. Maintain records on a local level.

Authority: KRS 213.036 (2)(4), 901KAR5:070 Section 1(2)

- ◆ Mail copies of birth and stillbirth certificates to other local registrars if the mother's county of residence is different from the county of birth.

Authority: KRS 213.036 (2)(4)

- ◆ Aid in the preparation of Certificate of Live Births when the birth occurs outside of an institution.

Authority: KRS 213.046 (1)(6)

- ◆ Preserve local copies of birth and stillbirth certificates and maintain files and indexes in a systematic manner as prescribed by the state registrar to assure reasonable uniformity within the state.

Authority: KRS 213.036 (4), KRS 213.076 (12), KRS 213.081

- ◆ Provide for voluntary acknowledgment of paternity services

Authority: KRS 213.036 (5)

Responsibilities of the Local Registrar (cont.)

- ◆ Review the Death Index (Report 677) on a quarterly basis and report delinquent funeral homes to the state office.

Authority: KRS 213.036 (2)

- ◆ Ensure all reporting facilities properly file the provisional reports of death.

Authority: KRS 213.076 (1)(a)(b), (11)

- ◆ Issue permits for disinterment and reinterment within the same cemetery.

Authority: KRS 213.076 (12), 901 KAR 5:090 Section 2

- ◆ Maintain retention files for death index (permanent), disinterment permits (permanent), and cremations (5 years).

Authority: KRS 213.031 (1)

- ◆ Coordinate with state personnel in enforcing state laws and regulations relating to vital events in each county.

Authority: KRS 213.031 (1), KRS 213.036 (2)

- ◆ Coordinate with state quality assurance staff in educating all deputy registrars in their duties, especially those assuming the duties of the local registrar in his or her absence.

Authority: KRS 213.031 (1), KRS 213.036 (2)(3)

- ◆ Coordinate with state quality assurance representatives in educating local providers (hospital staff, coroners, hospice nurses, funeral home personnel, etc.) in the proper completion of vital records.

Authority: KRS 213.031 (1), KRS 213.036 (2)

- ◆ Provide for security and protection of confidentiality of records.

Authority: KRS 213.131 (1)(5), KRS 194.060, KRS 434.840 to 434.86

Responsibilities of the Local Registrar (cont.) -- Deadlines

Inaccurate, incomplete or untimely data affects legal and statistical requirements in the vital statistics program. Certain deadlines must be met to ensure an efficient system.

- 1. Birth and Stillbirth Certificates** - shall be sent to the state Office of Vital Statistics Within **three (3) working days** of receipt from the hospital.
ATTN: BIRTH REGISTRATION UNIT

- 2. VS-10 (Adoptions and Paternities)** – shall be returned to the Office of Vital Statistics within **five (5) working days** of receipt.
ATTN: AMENDMENT UNIT

- 3. Report 677 (Death Index)** – shall be returned to the Office of Vital Statistics within **thirty (30) working days** of receipt.
ATTN: QUALITY ASSURANCE FIELD STAFF

- 4. County Copies of Birth and Stillbirth Certificates** – shall be mailed to resident counties within **ten (10) days** of receipt from the hospital.

Authority: KRS 213.031 (1)

Appointment of Local Registrar and Deputy Registrar

Local Registrar

The recommendation for a local registrar shall come from the administrator of the local or district health department. The request should be in writing on health department letterhead. The request shall be signed and dated by the administrator; and, mailed to the Office of Vital Statistics (see below).

Authority: KRS 213.036. - (1)(2)

Deputy Registrar

The local registrar may appoint deputy registrars in the health department to help perform vital statistics duties. The local registrar should appoint at least one (1) deputy registrar in each of the county's hospitals and nursing homes or any health care facility. This deputy registrar is responsible for the completion of Provisional Report of Death forms in his or her facility. Appointments of hospice nurses are not necessary since authority is granted to sign Provisional Report of Death forms under KRS 314.046.

The local registrar shall send a memo as shown on page 10 or an appointment letter to the state registrar on health department letterhead to nominate a deputy registrar. This letter should include the following information:

- Name of appointee
- Effective date of appointment
- Identify if appointee is a replacement; identify the prior deputy registrar
- Appointee's place of employment
- Address of employment
- Telephone number of appointee's employment
- Signature of local registrar

Where to Send

Appointment letters should be mailed to the Office of Vital Statistics, Attention: Quality Assurance Field Staff, 275 East Main Street, 1 E-A, Frankfort, KY 40621.

Appointment Certificate:

The Quality Assurance staff will prepare a certificate for each appointee. The certificate will be returned to the local registrar for signature and presentation to the new deputy. The registrar should include a cover letter and the instructional material entitled "Duties of a Deputy Registrar" for appointees that are employed by a hospital or nursing home. (See pages 11-13)

Authority: KRS 213.036 (3)

MEMORANDUM

TO: Paul Royce
State Registrar of Vital Statistics

FROM: Local Registrar
_____ County

SUBJECT: Deputy Registrar Appointment

DATE: _____

Please issue a certificate appointing _____

as Deputy Registrar for _____ County.

This appointment is: new*

replacement for _____

* Please give the following information on new appointments:

Title or Position _____

Place of Employment _____

Address of Employment _____

Work Telephone _____

DATE

J. Jones, Deputy Registrar
Dover Manor Nursing Home
123 Our Street
Ourtown, Kentucky 40000

Dear J. Jones:

Enclosed with this correspondence is the Certificate of Appointment authorizing you as a Deputy Registrar of Vital Statistics in _____ County. In addition, a handout is included to assist in completing your duties as the deputy registrar in (facility name).

Primarily, your responsibilities are to regulate the process of the “Provisional Report of Death” (VS-34) in your facility. You may sign a few blank provisionals that may be used when you are off duty. However, the person responsible for providing provisionals in your absence should be made aware of the procedures necessary to comply with the state law regarding this process.

If you should have any questions, or need assistance, please contact me at (address, telephone number).

Sincerely,

Jane Doe
Local Registrar

Training for Local Registrars and Deputy Registrars

Training for Registrars

Vital Statistics training is available on TRAIN <https://ky.train.org/DesktopShell.aspx>, you can create your account and take the training course “Vital Statistics Field Staff Training course # 1010098” at any given time throughout the year. If you have any questions concerning this, please contact the Quality Assurance Field Staff at 502-564-4212 x 3232 or x 3231.

Vital Statistics may conduct yearly regional meetings that all registrars and deputies should attend.

Handout

“Duties of a Deputy Registrar” is an informational handout, explaining the duties of the deputy registrar in a facility such as a hospital or nursing home or any other health care facility. The handout explains how the Provisional Report of Death shall be used when a person dies and the body is released for burial or disposition.

The local registrar will receive the appointment certificate from Frankfort. He or she will then forward the certificate and the handout to the new deputy registrar in the facility.

(See pages 13 and 14 for examples of information to provide to new deputy registrars in facilities)

Duties of the Deputy Registrar in a Facility Where a Death has Occurred

Each county in the Commonwealth has a Local Registrar. This person has been appointed by the Secretary of the Cabinet for Health and Family Services, to regulate the operation of Vital Statistics in his or her county. It is the local registrar's responsibility to carry out the provisions of the law relating to the registration and filing of births, deaths, and stillbirths. Local registrars have the authority to appoint deputy registrars in each healthcare facility to assist in the efficient operation of Vital Statistics.

The guidelines below are addressed to deputy registrars in these facilities who issue the Provisional Report of Death (VS-34) in order to release a body to a licensed funeral director, licensed embalmer or person acting as such (Coroner, Dep. Coroner, Medical Examiner or family member). The deputy registrar should be familiar with circumstances that may require the coroner's office to be notified. Contact your local coroner for details and procedures that would relate to your facility. In brief, these are:

- a. Deaths or DOA's resulting from drowning, homicide, suicide, or accident, or any violent, sudden or unexplained cause - **any death that does not seem to be natural.**
- b. When cremation is anticipated.

The Provisional Report of Death serves several functions. The provisional should be legible, complete, and accurate. Listed below are the functions it serves:

- a. The provisional is the initial notification that a death has occurred.
- b. The provisional serves as a "receipt" for your facility that the next of kin authorized the body to be released to the proper funeral home.
- c. The provisional gives the funeral director the authority to accept custody of the body and to also transport and/or dispose of the body.
- d. The provisional serves as a legal "contract" stating that the receiving funeral home will secure and file the death certificate with Vital Statistics.
- e. The provisional is the burial permit and gives the date and place of burial.
- f. If cremation is planned, the provisional reflects the coroner's authorization of the cremation. **Crematories will not accept bodies for cremation unless the coroner has authorized the cremation.**
- g. The provisional provides a "tracking" system for missing or delinquent death certificates.

How to Complete the Provisional Report of Death (VS-34)

Section A:

List the full legal name of the decedent.

List the date of death and hour of death (indicate AM or PM).

List the county where the death occurred and the county the decedent resided in.

List the age, race, and sex of the decedent (if the decedent is a newborn and there were signs of life, list minutes or hours that infant lived. If decedent was a stillbirth, list age as “stillbirth” and number of weeks gestation the fetus was, do not list age as newborn.)

FACILITY OR LOCATION OF DEATH: List the name and complete mailing address of your facility.

MEDICAL CERTIFIER: List the name of the **attending physician (not the ER physician)** who cared for this individual for the condition which resulted in the death. Give the physician’s full mailing address. If there is no attending physician, the **coroner** should be called.

FACILITY NOTES: Any notes that may be pertinent to this death. (Ex. Coroner called; DNR patient)

BLOOD AND BODY FLUID PRECAUTIONS ADVISED? This should always be checked YES.

KODA: Complete as required by law.

Section B:

As deputy registrar, your facility’s name should be listed as the facility releasing the remains. List the funeral home, or person acting as such (coroner, deputy coroner, medical examiner or family member), who is taking custody of the body. You need the signature of the next-of-kin, if by phone, have a witness verify the statement by the next-of-kin and sign the provisional. You, the deputy registrar, also must sign in this section.

Section C:

The funeral home’s name is entered in this section and the signature of the person picking up the body. In addition, the address must be entered in this section. **(Only a licensed funeral director, embalmer, coroner, deputy Coroner, medical examiner or family member may pick up the body of the deceased.)**

AFTER SECTION C HAS BEEN COMPLETED BY THE FUNERAL DIRECTOR:

The **white** copy of the provisional is given to the funeral director. This is the permit to transport and dispose of the body.

The facility releasing the body then sends the **yellow** copy to the local registrar in the county where the death occurred. This should be done on a weekly basis.

The facility releasing the body retains the **pink** copy in their records for a period of five (5) years.

HOW TO RE-ORDER FORMS:**CONTACT THE LOCAL REGISTRAR IN YOUR COUNTY HEALTH DEPARTMENT****Maintain Supply**

The supplying of forms is one of the most important duties of the local registrar. The local registrar is responsible for providing forms to all providers in the county. There must be an adequate number of current forms on hand to supply a provider upon request. The registrar should have a working knowledge of the number of births and deaths that occur in the county each year and distribute accordingly (i.e., if the hospital delivers 500 births a year, give the hospital 525-550 forms per year). Establish a tracking method to ensure providers receive the proper number of forms each year. Specific forms (VS-1A, VS-2A, VS-3) are to be given **only** to the provider responsible for their completion (see the next page for a list of forms to be kept in health department). It is suggested to keep at least a six (6) month supply of all forms. **All forms may be copied except for the following... VS-1A, VS-2A&B, VS-3A&B, VS-4A&B, VS-34 AND VS-300.**

Note: VS-300 refer requestor to website <http://chfs.ky.gov/dph/vital>.

Ordering

SOME forms are ordered through the CDP Clinic Management System (CMS/Portal); and, other forms can be copied in your office. Please see pages 16 and 17 identifying which forms can be copied versus forms that must be ordered. Orders may be submitted on a daily basis; however, the forms ordering schedule is provided on the Forms Order Edit screen. The orders will be sent to the printing department per the schedule on the Forms Order Edit screen. When printed, the forms will be shipped to the health departments. All forms (vital statistics, WIC, environmental, etc.) will be shipped together. The order process could take 4 – 6 weeks.

Problems With Order

Contact the CMS/Portal Help Desk at (502) 564-6663 ext. 3636 if you have questions or problems regarding the ordering process. The list of forms to be kept in the local health department on pages 16 and 17. All forms should be kept current.

Birth Binders

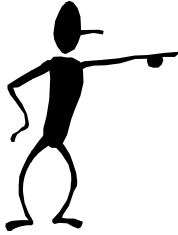
Blue birth binders are to be ordered at the end of each year through your Quality Assurance Representative. Each binder holds 500 certificates so order accordingly. Counties with a small number of births should use one binder for several years.

Authority: KRS 213.036 (4)

VS-1A	<p>Certificate of Death - Only to be given to funeral directors. (Note: VS-1A Revision 7/2010 became effective July 1, 2010; and, is the only acceptable form).</p> <p><i>Please note Kentucky-Electronic Death Registration System (KY-EDRS) allows for electronic filing of death certificates. KY-EDRS is available to all funeral directors holding a valid Kentucky Funeral Director License; and, is available to all Kentucky Coroners and medical certifiers in Kentucky holding a Kentucky Medical License. Additional KY-EDRS information is available by calling the toll free STATLINE 1-866-451-3781.</i></p>
VS-2A	<p>Certificate of Live Birth - Only to be given to hospitals. Please note that each birthing hospital must enter births into the KY-CHILD system, therefore, only non-birthing hospitals will need this form. No revision date prior to 01/2013 is acceptable. Must be printed on 25% cotton bond water-mark paper.</p>
VS-2B	<p>Information sheet for Certificate of Live Birth - Only to be given to hospitals. Please note that each birthing hospital must enter births into the KY-CHILD system, therefore, only non-birthing hospitals will need this form. No revision date prior to 01/2013 is acceptable. Must be printed on 25% cotton bond water-mark paper.</p>
VS-3A & VS-3B	<p>Certificate of Stillbirth - (order from State Office of Vital Statistics) only to be given to hospitals. (Revision date is 04/06.) Please note each birthing hospital must enter all stillbirths that meet the requirements into the KY-CHILD system, therefore, only Coroners and non-birthing hospitals will need this form.</p>
VS-4A & VS-4B	<p>Delayed Certificate of Live Birth – (Revision date is 01/2013.)</p>
VS-8	<p>Declaration of Paternity – (Revision dates of 07/98 or later.) Give to anyone who asks for this.</p>
VS-8B	<p>Voluntary Acknowledgment of Paternity – <u>Hospitals only</u> (Revision date of 7/98 or later.)</p>
VS-26	<p>Request for Verification of Birth/Death - for AGENCY USE ONLY (Community Based Services, Social Security), requests are to be sent to the state Office of Vital Statistics.</p>
VS-31	<p>Application for Death Certificate - General public - MAKE COPIES.</p>
VS-31B	<p>Application for Death Certificate for Funeral Directors (color-coded) - Funeral directors only - MAKE COPIES.</p>
VS-34	<p>Provisional Report of Death - Hospitals, coroners, nursing homes, hospices.</p>

- VS-35A** **Application for Permit to Disinter and Reinter in Same Cemetery - Funeral directors, cemeteries, attorneys, others who are aware of Regulations - MAKE COPIES.**
- VS-35** **Permit for Disinterment and Reinterment in Same Cemetery - MAKE COPIES.**
- VS-36** **Application for Disinterment and Reinterment (relocate to a different Cemetery) - Based on application - (Revised 9/04) – MAKE COPIES.**
- VS-37** **Application for Birth Certificate - General public - MAKE COPIES (schools, post offices, libraries, court clerks, etc.).**
- VS-300** **Certificate of Divorce or Annulment/Circuit Court Clerks/Attorneys DON'T MAKE COPIES. Note: VS-300 refer requestor to website <http://chfs.ky.gov/dph/vital>.**
- 30284** **Envelope for Mailing Death Certificates (color-coded) –Funeral directors are to use only the 9” X 12” size.**

THINGS TO KNOW



ERRORS

The registrar can **NOT** make corrections to Certificate of Live Birth before registering the certificate with the Office of Vital Statistics. All corrections must be done at the facility of birth.

NO NAME LISTED

A baby should **never** be identified on the Certificate of Live Birth as “Baby Boy” or “Baby Girl”. In a case where the mother has not named her baby before leaving the hospital, type “Unknown” for first name and type the legal surname of the mother to the far right of the block, leaving room for the middle name to be added at a later time.

!

MISSING ITEMS

If any items are missing, the certificate should be returned to the facility where the birth occurred for completion. If they are unknown, they should attach a post-it-note to identify that the item is unknown and not just left blank.

If this is an adoption case, DO NOT mark the box for a requested Social Security card (the card will go to the birth mother). The adoptive parents can request a social security card after the legal name has been changed.

Time Frame

Remember that you have no later than three working days to process the Certificate of Live Births and send to Frankfort.

***Begin the Initial Review of the Certificate of Live Birth
(See next Page)***

Permanency of Records

Birth and Stillbirth Certificates are permanent legal records. Before accepting a certificate for registration, the certificate must be reviewed to determine if the legal requirements and standards have been met. Use the following checklist for the initial review:

- The certificate must be on the proper form, Form VS-2A (REV. 01/2013) and Form VS-2B (REV. 01/2013); on 25% cotton bond with a watermark. (Do not accept a copy or an obsolete form).
- **All certificates must be entered into KY-CHILD unless it is a home birth.**
- Each item must be completed with identifying information or if the identifying information is unknown, type "UNKNOWN".
- There should be no noticeable alterations, erasures, or white-out on the certificates.
- **REQUIRED SIGNATURES ARE TO BE WRITTEN LEGIBLY IN NON-FADING BLUE OR BLACK INK .**
- The certificate must be filed with the local registrar, in the county where the birth occurred, within ten (10) days of the birth.
- The local registrar should complete the filing of the Certificate of Live Birth and forward to Frankfort within three (3) working days after receipt of the certificate from the hospital.

If the certificate meets the above guidelines, the local registrar is now ready to check for accuracy. (See next page)

Checking the Accuracy of the Birth Certificate

The local registrar should check the following for completeness and consistency:

Items 1, 8 & 10a * Are the names spelled consistently throughout? (*Check spelling of last names of child and parents*).

Item 2 * Is the hour of birth listed in military time; based on a twenty-four hour clock?

How do I learn military time?

7:00 A.M. is 0700 hours and the "0700" is pronounced "O-Seven-Hundred" or "Zero-Seven-Hundred."

1600 in military time is 4:00 P.M. It is stated as "Sixteen-Hundred."

Hint: After 1 P.M. subtract 12 hours. Example: 1300 is 1 P.M. (13 - 12 = 1:00 P.M.)

Item 4 * The child's date of birth should be spelled out or abbreviated. Example: June 1, 1998 or Jun 1, 1998; (*If the hospital has used a number for the month, the certificate will be accepted. However, you should call the birth certificate clerk and make her aware the month should be either abbreviated or spelled out*).

Items 4 & 12 * The child's date of birth in Item 4 should either be the same as or prior to the date **filed by** registrar in Item 13.

Item 6 & 7 * Is the city of birth and the county of birth in agreement?

Item 7 * Did the birth occur within this registration district?

Item 8c * Is the maiden name of the mother listed?

Item 9a-9c * Is the resident state, county and city of the mother's information in agreement?

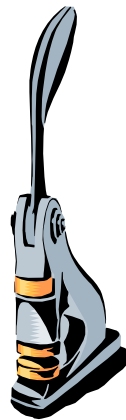
Item 15 * Check Item 15 (mother married). If item 15 is "no", there should be no **information about the father on the form**.

Items 35a & 35b * Are the dates of last live birth and other terminations recorded?

Checking the Accuracy of the Certificate of Live Birth (cont.)

- Item 38** * Is the year correct on the date of last normal menses? *(This item has a high error rate, especially if the pregnancy overlaps one year to the next year.)*
- Item 51** * If this is a multiple birth, are all birth or stillbirth reports accounted for?

If a Voluntary Acknowledgement of Paternity accompanies the Certificate of Live Birth from the hospital, are both parents age eighteen (18) or over? Are both signatures notarized?



Filing the Certificate of Live Birth

If the certificate has been thoroughly checked and meets the guidelines, the registrar shall complete the filing process by following the procedures below:

- Affix the county registration number on the certificate in the top left corner.

Registrar's No _____

- Record the date in item #13. **The file date is the date the certificate is “received in the health department.” (THE DATE SHOULD NEVER BE BEFORE THE DATE IN #12 OR THE BIRTH DATE).** Item #13 is not the date the registrar processes the certificate. **(If you receive the Certificate of Live Birth back for any corrections you must put in the new date you receive it back from the hospital). You may use a specially formatted date stamp so that the date appears in the correct manner. It must space the date accordingly. NO HANDWRITING IN THIS FIELD.**
- **Sign the certificate in the designated place with black or blue unfading ink.**
- Make your county copies of both **pages...the Certificate of Live Birth (FORM VA-2A), and the Information Sheet For Certificate of Live Birth (FORM VS-2B).** (*You should not retain your copy if a paternity affidavit accompanies the Certificate of Live Birth.*)
- (*For births that occurred in your county but the mother resided in another county.*) Make your county copies of both **pages...the Certificate of Live Birth (FORM VS-2A), and the Information Sheet for Certificate of Live Birth (FORM VS-2B)** and mail a copy to applicable resident counties.
- Send the original **Certificate of Live Birth, the Information Sheet for Certificate of Live Birth, and paternity affidavit (if applicable)** to **Vital Statistics** within three working days of receipt from the hospital.
- **DO NOT ATTACH** documents together with staples, paper clips, tape, etc.

Completing the Certificate of Live Birth

This section describes the Certificate of Live Birth (VS-2A) items, by number; and, how items are to be completed. The Certificate of Live Birth shall be filed with the local registrar in the county where the birth occurred within 10 days after the birth.

ALL CERTIFICATES MUST BE ENTERED INTO KY-CHILD.

If the parents sign the Mother's Worksheet at the hospital, there is no requirement for parental signatures on the Certificate of Live Birth. The Certificate of Live Birth should reflect "SIGNATURES ON FILE" to indicate parental signatures were obtained on the Mother's Worksheet at the hospital.

THE LOCAL REGISTRAR MUST SIGN THE CERTIFICATE.

Item 1 - Child's Name

Jennifer Lynn	Brown
---------------	-------

The birth mother may give the child any name she chooses. Type the first name first, the middle name second, and the surname last. If the child is unnamed, enter "UNKNOWN" for first name then enter the surname to the right of the block. **DO NOT ENTER "Baby Boy or Baby Girl"**. If the child is to be placed for adoption and the birth mother does not name the child, enter "UNKNOWN" for the first name then the surname of the BIRTH mother for the child's last name.

(This item identifies the individual for whom the certificate is being prepared).

Item 2 - Time of Birth

*Enter the exact time (hour and minute) the child was born according to local time. **BE SURE TO USE A 24 HR CLOCK. TIME MUST BE DOCUMENTED IN THIS FORMAT 1539, NOT 15:39, NO COLONS.***

In cases of plural births, the exact time that each child was delivered should be recorded as the hour and minute of each birth.

Item 3 - Sex

Enter male or female. Do not abbreviate or use other symbols. If the sex is not determined at birth, enter Unknown and attach a note explaining the circumstances.

(This item aids in identification of the child. It is also used for making population estimates and for statistical research.)

Completing the Certificate of Live Birth (cont.)

Item 4 - Date of Birth (Month Should be Spelled Out)

Enter the exact month, day, and year with the month spelled out or abbreviated when necessary. Pay particular attention to the entry of month, day, or year, when the birth occurs around midnight or on December 31. Consider a birth at midnight to have occurred at the beginning of the day **RATHER THAN THE END OF THE DAY**.

(This item records the date of birth of the individual named on the certificate. It is used to establish age for such purposes as school entrance, obtaining a driver's license, Social Security benefits, etc. It is also used together with date last normal menses began to calculate length of gestation for health statistics and research studies).

Item 5 - Facility Name, City, Town or Location of Birth

Enter the full name of the facility (hospital) where the birth occurred. If the birth occurred on a moving conveyance en route to or on arrival at a facility, enter the full name of the facility followed by "en route."

If the birth occurred at home, enter the house number and street where the birth occurred.

If the birth occurred at some place other than those described above, enter the number and street name of the location.

If the birth occurred on a moving conveyance that was not en route to a facility, enter as the place of birth the address where the child was first removed from the conveyance.

(The facility name is used for follow up and query programs in the State Vital Statistics office and is of historical value to the parents and child. It is also used by many States to produce statistical data by specific facility.)

Item 6 - City, Town, or Location of Birth

Enter the City, Town, or Location where the child was born.

Item 7 - County of Birth

Enter the name of the county where the birth occurred. For births occurring on a moving conveyance, enter the county where the child was first removed from the conveyance.

Completing the Certificate of Live Birth (cont.)

Item 8a - Mother's Current Legal Name

Type the mother's **current** first, middle and last name.

Item 8b - Mother's Date of Birth (Month Should be Spelled Out)

Enter the mother's date of birth. Enter the exact month, day, and year with the month spelled out or abbreviated when necessary.

Item 8c - Mother's Maiden Name

Enter the mother's name **prior** to first marriage. First, Middle, Last, Suffix. This item cannot be blank and cannot state "same as above".

Item 8d - Mother's Birthplace

If the mother was born in the United States, enter the name of the State.

If the mother was born in a foreign country or a U.S. territory, enter the name of the country or territory.

If the mother was born in the United States but the State is unknown, enter "U.S.- Unknown."

If the mother was born in a foreign country but the country is unknown, enter "Foreign- Unknown."

If no information is available regarding place of birth, enter "Unknown." **Do not leave this item blank.**

Item 9 (a – g) - Mother's Residence

The mother's residence is the place where her household is located. Never enter a temporary residence, such as one used during a visit, business trip, or vacation. Residence for a short time at the home of a relative, friend, or home for unwed mothers for the purpose of awaiting the birth the birth of the child is considered temporary and should not be entered here.

Item 9a - Residence of Mother-State

Kentucky

Enter the name of the State in which the mother lives. This may differ from her actual mailing address. If the mother is not a U.S. resident, enter the name of the country and the name of the nearest unit of government that is equivalent of a State.

Completing the Certificate of Live Birth (cont.)

Item 9b - Residence of Mother-County

Franklin

Enter the name of the county in which the mother lives.

Item 9c - Residence of Mother- City, Town or Location

Enter the name of the city, town or location where the mother lives. This may differ from her mailing address.

Item 9d - Street and Number

123 Holmes St Apt 2

Enter the number and name of the street where the mother lives. If this location has no number or street name, enter the rural route number. Do not enter the PO Box number as her residence.

Item 9e - Apt. No.

Enter the mother's apartment number, if applicable.

Item 9f - Zip Code

Enter the mother's zip code

Item 9g - Inside City Limits (Yes or No)

Enter "Yes" if the street address is inside the city limits. Otherwise enter "No."

Statistics on births are tabulated by place of residence of the mother. This makes it possible to compute birth rates based on the population residing in the area. Data on births by place of residence of the mother are used to prepare population estimates and projections. These data are used in planning for and evaluation community services including maternal and child health programs, schools, etc.

Item 10a. - Father's Current Legal Name (First, Middle, Last)

Enter the husband's name on the Certificate of Live Birth if:

- Mother and father are married.
- Mother and husband are married - but have been separated **for less than ten months**. If the mother conceived in wedlock, but baby was born after a divorce, or if the husband died (within ten months of the conception), enter the divorced or deceased husband's first, middle and last name.

Completing the Certificate of Live Birth (cont.)

Do not list the father's (or husband's name) if:

The baby was conceived and born to a single mother who is divorced, widowed, or never married. (Paternity information is available on page 37)

If the mother and husband have been separated for ten months or more, the husband's name is to be omitted from the certificate. Item 15 should read YES.

Refer questions not covered in these instructions to Quality Assurance Representatives at (502)564-4212 x 3231 or x 3232.

Item 10b. - Father's Date of Birth (Month Should be Spelled Out)

Enter the Father's date of birth. Enter the exact month, day, and year with the month spelled out or abbreviated when necessary.

Item 10c. - Father's Birthplace

If the father was born in the United States, enter the name of the state.

If the father was born in a foreign country or a U.S. territory, enter the name of the country or territory.

If the father was born in the United States, but the State is unknown, enter "U.S.-Unknown."

If the father was born in a foreign country, but the country is unknown, enter "Foreign-Unknown."

Item 11 - Certifier's Name

Enter the person's name that certifies that this child was born alive at the place and time and on the date stated. **MUST BE TYPEWRITTEN.**

This name should be the name of the physician, other person in attendance, or other person designated by the administrator (i.e., medical records, ob personnel).

Item 12 - Date Certified (MM/DD/YYYY)

Enter the month, day and year the event was certified.
MUST BE TYPEWRITTEN.

Completing the Certificate of Live Birth (cont.)

Item 13 - Date Filed By Registrar (MM/DD/YYYY)

Enter the date received in the local health department, not the date processed. **MUST BE TYPEWRITTEN, OR STAMPED IN AN ACCEPTABLE FORMAT.**

Item 14 - Mothers Mailing Address

Enter the mother's mailing address.

Item 15 - Mother Married? (At birth, conception, or any time between)

Enter "Yes" if the mother was married at the time of conception, at the time of birth, or at any time between conception and birth.

Enter "Yes" if the mother is separated.

(If the mother states she has been separated for ten months or more, the husband's name and information should not be listed on the certificate).

Enter "No" if the mother is not married.

If "No", has paternity acknowledgement been signed in the hospital? If a paternity has been signed in the hospital, there MAY be a paternity affidavit attached. Do not hold the Certificate of Live Birth if the paternity affidavit is not attached.

Item 16 - Social Security Number Requested for Child

"Yes" should be checked if the parents request that a social security card be issued automatically for their child. Under normal circumstance, it takes approximately 8-10 weeks from the date of birth for the parents to receive the card. After the certificate is issued a state file number, the Office of Vital Statistics transmits an electronic file daily to the Social Security Administration who issues the social security numbers for the newborns. The Social Security Administration will not forward cards to a different address if the parents have moved. The Social Security Administration telephone number for inquiries is (800) 772-1213.

"No" should be checked if the child has not been named, is to be adopted, or is deceased.

Item 17 - Facility ID

Enter your facility's NPI number.

Completing the Certificate of Live Birth (cont.)

Items 18 & 19 - Social Security Numbers

Enter the mother's and the father's nine digit Social Security Number. Do not leave blank. Type all "9's" and attach an explanation if this information is not available.

Item 20 - Mother's Education

Specify only the highest grade of formal schooling completed. Do not include trade schools or other special schools when determining the highest grade completed.

Item 21 - Is Mother of Hispanic Origin?

Check the Hispanic origin that the mother considers herself to be.

For more information on ancestry, see page 17 of Hospitals' and Physicians' Handbook on Birth Registration and Stillbirth Reporting compiled by the National Center for Health Statistics (NCHS).

Item 22 - Mother's Race

Enter the race the mother considers herself to be.

Item 23 - Mother's Pre-pregnancy Weight

Enter the mother's weight prior to pregnancy.

Item 24 - Mother's Height

Enter the mother's height.

Item 25 - WIC

Did the mother receive WIC for herself during this pregnancy?

Item 26a - Cigarette Use

Enter the mother's cigarette usage during this pregnancy.

Item 26b - Alcohol Use

Enter the mother's alcohol use during this pregnancy.

Completing the Certificate of Live Birth (cont.)

Item 27 - Father's Education

Specify only the highest grade of formal schooling completed. Do not include trade schools or other special schools when determining the highest grade completed.

Item 28 - Is Father of Hispanic Origin?

Check the Hispanic origin that the father considers himself to be.

For more information on ancestry, see page 17 of Hospitals' and Physicians' Handbook on Birth Registration and Stillbirth Reporting compiled by the National Center for Health Statistics (NCHS).

Item 29 - Father's Race

Enter the race the Father considers himself to be.

Parent(s) Authorize Release of Child's Social Security Number to the Office of Vital Statistics and the Department of Education.

The Department of Education uses this item for tracking purposes. Vital Statistics does not utilize the social security number of the child, or retain information regarding the social security number. The child's social security number is not placed on the Certificate of Live Birth.

"No" should be checked if the child has not been named, is to be adopted, or is deceased.

On the Certificate of Live Birth this should look as follows, with the statement written in the appropriate space corresponding with the "Mother Worksheet". If the mother signed the worksheet, "SIGNATURE ON FILE" should appear on the certificate above "Mother's Signature", as well as the date she signed the worksheet. If the father signed the worksheet, "SIGNATURE ON FILE" should be typewritten above the "Father's Signature", with the date he signed the worksheet.

SIGNATURE ON FILE _____

Mother's Signature

_____ Date

SIGNATURE ON FILE _____

Father's signature

_____ Date

THIS SPACE SHOULD BE LEFT BLANK IF NEITHER PARENT AGREES TO RELEASE THE CHILD'S SSN. IF LEFT BLANK, A NOTE MUST BE ATTACHED SO THIS IS NOT VIEWED AS AN OMISSION.

Item 30 - Place where birth occurred

Place where the birth occurred.

Completing the Certificate of Live Birth (cont.)

Item 31 - Attendant's Name, NPI, and Title

M.D. D.O. Hospital Admin C.N.M. Other Midwife
 Other (Specify) _____

Type the full name of the person physically present and responsible for the delivery.
mCheck the appropriate box to identify his or her title. **NPI'S FOR PHYSICIANS MAY NOT BE ASSIGNED AS OF YET. THIS FIELD MUST BE COMPLETED.**

M.D. = Doctor of medicine; D.O. = Doctor of osteopathy; Hospital Admin = Hospital Administrator; C.N.M. = Certified Nurse Midwife; Lay Midwives should be identified as other midwife; Other = the administrator's designee, husband, EMT, etc. If other is checked, type the title of the certifier on the line provided. Example: Birth Certificate Clerk, E.M.T.

Item 32 - Mother's Weight at Delivery

Enter the mother's weight prior to delivery.

Item 33 - Mother Transferred

Check "No" if this hospital was the first facility the mother was admitted to for delivery.

Check "Yes" if the mother was transferred from one birthing facility (not home) to another facility BEFORE delivery. If the mother was transferred, enter the name of the facility she was transferred from.

Item 34 – Number of Previous Live Births**Item 34a – Now Living**

Enter the number of children born alive to this mother who are still living. Do not count this birth. (Do not include adopted children or stepchildren).

Check "None" if this is the first live birth to this mother.

34b - Now Dead

Enter the number of children born alive to this mother who are no longer living. (Do not include adopted children or stepchildren).

Completing the Certificate of Live Birth (cont.)

Item 34c - Date of Last Live Birth (MM/YYYY)

Enter the Month and Year of the mother's last live birth.

Item 35(a-b) – Number of Other Pregnancy Outcomes**Item 35a. Number**

Enter the number of pregnancies that resulted in miscarriage, stillbirth, abortion or other unsuccessful delivery, regardless of the gestational age.

Check "None" if this is the first pregnancy for this mother, or if all other pregnancies resulted in live-born infants.

Item 35b - Date of Last Other Pregnancy Outcome (MM/YYYY)

Enter the month and year of the last termination that did not result in a live birth, regardless of the length of gestation.

Check "None" if the mother has never had a termination of pregnancy. **Do not leave this item blank.**

Item 36 – Prenatal Care – Number of visits (For home births, enter 0 if none)**Item 36a. - Date of first prenatal visit (MM/DD/YYYY)**

Enter the date of the first prenatal visit.

Item 36b. - Date of last prenatal visit (MM/DD/YYYY)

Enter the date of the last prenatal visit.

Item 37 - Principal Source of Payment for this Delivery

Check the principal source of payment for this delivery.

Item 38 - Date Last Normal Menses Began (Month, Day & Year)

Enter the date of the mother's last normal menstrual period. Enter the start date. If the exact day is unknown but the month and year are known, obtain an estimate of the day from the medical record. If an estimate cannot be obtained, enter the month and year only. Enter unknown if the date cannot be determined. **Do not leave this item blank.**

Item 39 - Mother's Medical Record Number

Enter the Mother's medical record number as recorded in hospital records.

Completing the Certificate of Live Birth (cont.)

Item 40 - Risk Factors In This Pregnancy

Check all risk factors that apply. If none, check “none”.

Item 41 - Infection Present And/or Treated During this Pregnancy

Check all infections present or treated during pregnancy. If none, check “none”.

Item 42 - Obstetric Procedures

Check all obstetric procedures that apply. If none, check “none”.

Item 43 - Onset of Labor

Check all onsets of labor that apply. If none, check “none”.

Item 44 - Characteristics of Labor and Delivery

Check all characteristics of labor and delivery that apply. If none, check “none”.

Item 45(a. – d.) - Method of Delivery

Check the method of delivery. Do not leave blank.

Item 46 - Maternal Morbidity

Check all complications associated with delivery. If none, check “none”.

Item 47 - Newborn Medical Record Number

Enter the baby’s medical record number.

Item 48 - Birth Weight

Enter the weight of this birth as recorded in the hospital record.

Item 49 - Obstetric Estimate of Gestation

Enter the obstetric estimate the number of weeks of gestation. Specify unit of measure as either grams (g) or pounds (lbs).

Completing the Certificate of Live Birth (cont.)

Item 50 - APGAR SCORES

Enter the APGAR score at 5 minutes as assigned by the delivery room personnel charted in the medical record. If below 6, then enter APGAR again at 10 minutes. If APGAR scores are not available because it was a home birth, enter "Unknown".

Item 51 - Plurality

Specify the birth as single, twin, triplet or etc.

Item 52 - If Not Single Birth (Specify)

Specify the order of this birth. If single birth, leave this item blank.

Item 53 - Abnormal Conditions of the Newborn

Check all abnormal conditions of the newborn. If none, check "none".

Item 54 - Congenital Anomalies of the Newborn

Check all congenital anomalies of the newborn. If none, check "none".

Item 55 – Was Infant Transferred Within 24 Hours of Delivery?

Check "No" if the infant was NOT transferred to another hospital.

Check "Yes" if the infant was transferred from the birthing hospital to another facility AFTER delivery. Enter the name of the hospital where the infant was transferred to. If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.

Item 56 - Is infant living at the time of report?

Enter yes if infant is living. Enter no if infant is deceased. If infant has been transferred, indicate such.

Item 57 – Is Infant Being Breastfeed?

Definition of breast feeding: any action of breast feeding such as but not limited to pumping, bottle feeding (breast milk). If using both breast milk and formula it is still considered breast feeding. Item should be marked YES.

If no breast milk is being used, please mark NO.

It is important that birthing hospital facilities are using the supplied two-page worksheets.

Local Registrar's Responsibilities for Out of Institution Certificate of Live Births

The Office of Vital Statistics reports recent estimates of approximately 510 births annually occurring at home.

That means that approximately 510 Certificate of Live Births were filed by local registrars and midwives who interviewed the parents, gathered the information for the certificate, asked for evidence if necessary, and prepared the certificate.

Whatever the reason, there will be occasions that you will be required to file an "out of institution" Certificate of Live Birth.

You may face challenges of fraud when someone may attempt to established new identities for imaginary babies. To alleviate some of the risk associated with filing a fake Certificate of Live Birth, there are precautions you should take.

This section will assist the local registrar in filing home births or births that did not occur in a hospital setting. All local registrars must require prenatal and postnatal documentation plus documentation of residency in your county at time of birth.

The "DELAYED CERTIFICATE OF LIVE BIRTH"(VS-4A and VS-4B) is to be used if recording a homebirth and the infant is older than 365 days and under 7 years of age.

Any Certificate of Live Births presented for registration more than seven (7) years after the child's birth shall be prepared by the state Office of Vital Statistics.

Please call (502) 564-4212 ext. 3225 .



Local Registrar's Responsibilities for Out of Institution Certificate of Live Births (cont.)

EVIDENCE

A certificate for out-of-institution births shall be completed upon presentation of the following evidence.
YOU MUST HAVE ONE PIECE OF EVIDENCE FROM EACH OF THE SECTIONS "A, B, & C".

A) Evidence of pregnancy, such as but not limited to:

- 1) A prenatal record
- 2) A statement from physician or other health care provider qualified to determine pregnancy
- 3) A record of a home visit by public health nurse or other health care provider
- 4) Photographs, video, etc. of the pregnancy or birth
- 5) Other evidence acceptable to the State Registrar

B) Evidence that the infant was born alive, such as but limited to:

- 1) A statement from the physician or other health care provider who saw or examined the infant
- 2) A statement of observation of the infant during a home visit by a public health nurse or other health care provider(s)
- 3) Photographs or video of birth
- 4) Other evidence acceptable to the State Registrar

C) Evidence of the mother's presence in Kentucky on the date of birth, such as but not limited to:

- 1) If the birth occurred in the mother's residence:
 - a) A driver's license or state-issued ID, which includes the mother's current residence
 - b) A rent receipt that includes mother's name and address
 - c) A utility, telephone, or other bill that includes mother's name and current address
 - d) Other evidence acceptable to State Registrar
- 2) If the birth occurred outside of the mother's residence, and the mother is a resident of Kentucky, such evidence shall consist of:
 - a) An affidavit from the tenant/owner of the premises where the birth occurred, stating the mother was present on those premises at the time of birth
 - b) Evidence of the affiant's residence similar to that required in (C) (1)
 - c) Evidence of the mother's residence in Kentucky similar to that required in (C) (1)
 - d) Other evidence acceptable to State Registrar
- 3) If the mother is not a resident of Kentucky, such evidence must consist of clear and convincing evidence acceptable to the State Registrar.

Local registrars shall provide for voluntary paternity establishment services. All health departments should post a notice stating these services are available. Pamphlets are available from the Division of Child Support Enforcement. In order to provide these services, the registrar shall:

- Have preferably two or three, Notary Public (including yourself) available to the public to explain and notarize the completed Declaration of Paternity Form (VS-8).
- Check photograph identification to verify the parents' identities (they are who they claim to be).
- Prior to a mother and father signing a paternity form, have them read the written explanation of their rights and responsibilities on the back of the Declaration of Paternity Form (VS-8).
- Prior to a mother and father signing a paternity form, also give an oral explanation of their rights and responsibilities; or, have an audio tape or a video tape available for their use.
- Be sure all blanks on the VS-8 Form are legible (preferably printed or typed), completed correctly; and, both the father's section and the mother's section are notarized.
- Make a copy for the parents.
- Within three (3) working days send the original Declaration of Paternity Form to:
Amendments Unit, Vital Statistics, 275 East Main Street 1E-A, Frankfort, Kentucky 40621

Either parent can request a rescission of the paternity affidavit within sixty (60) days of the notarized signatures. Please contact the Amendments Unit for the Rescission Form (VS-8E).

Authority: KRS 213.036 (5)

Amendments to Certificate of Live Births Only Occur at the State Office of Vital Statistics

State Office of Vital Statistics

Amendments to Certificate of Live Births are only made by the state Office of Vital Statistics. Once a Certificate of Live Birth has been filed with OVS, no amendments can be made at the local level. Generally, if the hospital made an error on a certificate, a statement on hospital letterhead requesting the Office of Vital Statistics to make a change will suffice. This statement must include the birth name on the certificate, the date of birth, place of birth, the error on the certificate and the correct information. The request must be dated and signed. If the hospital did not make an error and the parents want a change made, they should call the Office of Vital Statistics, Amendment Unit, (502) 564-4212, option #5; or, you can refer them to someone in the Amendments Unit.

If you have a question concerning a change to a Certificate of Live Birth prior to the filing of the certificate, call a Quality Assurance Representative.

Incorrect Information on a Child's Certificate of Live Birth

If a parent receives a certified copy of a child's Certificate of Live Birth and there is incorrect information on the certificate, the parent should call the number above for the process and to find out what information is needed to make the amendment on the certificate. The certificate must be returned to the Office of Vital Statistics with the correcting information and a signed and dated statement as to why the certificate has been returned. Upon completion of the amendment process, a corrected certified copy will be returned to the parent.

Paternities/Adoptions

Paternity and adoption actions are considered confidential information. Whenever an adoption or paternity action has been completed by the Office of Vital Statistics, a VS-10 (notification form) will be sent to the local registrar in the county of birth or in cases where the mother's county is different from the birth count, the form will be sent to the mother's county. The VS-10 notification forms are sent from the Office of Vital Statistics once a month. When the local registrar receives the VS-10, the county copy of the birth record should be pulled from the local volume and returned to the Office of Vital Statistics. The copies, along with the VS-10, are to be returned within 5 working days of receipt and should be sent to the attention of Amendments Unit.

For Your Information Only

The "Supplemental Information Letters" are initiated by the Office of Vital Statistics, Nosology Unit, to obtain missing or additional information to fully complete certificates. If the information is needed for a birth certificate, a letter is mailed to the birthing facility's representative. If the information is needed for a death certificate, the form is mailed to the funeral home or physician listed on the death certificate.

Authority: KRS 213.121, 901 KAR 5:070

Stillbirths

Combination Birth/Death

The Certificate of Stillbirth (VS-3A & VS-3B) revised 04/06 is a combination birth and death certificate. It is to be completed for each stillbirth that reaches twenty (20) weeks gestation or more, or in which the fetus weighs 350 grams or more. Three hundred and fifty grams is approximately twelve point three (12.3) ounces. Certificate of Stillbirth **should not** be supplied to Funeral Homes since it is not their responsibility to complete the form. Occasionally a stillbirth will occur at home and a coroner will assist in completing the form.

The local registrar has the ultimate responsibility to see that the Certificate of Stillbirth is prepared and filed when a non-hospital delivery occurs. NO STILLBIRTHS WILL BE ACCEPTED WITH A REVISION DATE PRIOR TO 04/06.

Hospital Responsibility

The Certificate of Stillbirth must be entered into KY-CHILD. The attendant must be a physician or coroner. As with the Certificate of Live Birth, the administrator of the facility, or designee, cannot sign a stillbirth certificate. After completion by hospital staff, the Certificate of Stillbirth is then forwarded to the local registrar within the ten (10) day period mandated by law. The hospital staff should be made aware that the information about the disposition of the fetus should be completed before sending the certificate to the local registrar. The certificate should not be sent to the funeral home for disposition information. Most of the information can be found on the Provisional Report of Death or by calling the funeral home involved. If the hospital neglects to complete the disposition portion of the certificate, the local registrar shall.

Registrar Review

The registrar will edit the certificate in the same manner as the Certificate of Live Birth and if the certificate is complete and accurate, forward it to the Office of Vital Statistics. Stillbirth certificates are usually numbered and filed separately from the Certificate of Live Births, beginning with the number one (1) each new year. The local registrar shall forward a copy of the stillbirth certificate to the mother's county of residence, if different from the county of delivery. **The registrar shall legibly sign (#17A) on the certificate in unfading black or blue ink.**

In Relation to Provisional

The local registrar should receive a Provisional Report of Death (VS-34) for each stillbirth that occurs in the county. When the local registrar receives a Certificate of Stillbirth (VS-3A & VS-3B), the provisional relating to that stillbirth should be pulled and destroyed. (See Stillbirth information on Report 677 on page 42).

Authority: KRS 213.011 (3), KRS 213.046, KRS 213.096

Provisional Report of Death

Notification Of Death

Each death occurring in the Commonwealth shall be registered in accordance with prescribed laws and regulations. Death certificates are filed directly with the state Office of Vital Statistics. Provisional reports of death are sent to the local registrar in the county where the death occurred and shall serve as the initial notification that a death has occurred. The provisional also serves as a release for the body, a notification that organs are to be donated, who will be responsible for filing the death certificate, and coroner authorization for cremation.

Instructions

The local registrar provides the Provisional Report of Death (VS-34) to the appropriate facilities. These facilities include hospitals, extended care facilities, hospice organizations, and coroner's offices. Some counties distribute provisionals to funeral homes for deaths not occurring in the above facilities. This form is a three part, color-coded form. The white copy (original) is presented to the funeral director, or person taking possession of the remains, and accompanies the body throughout disposition. It is then sent to the local registrar, where the death occurred, within five (5) days of disposition. The funeral director should be notified if the white copies of the provisional are not being received by the registrar. On a weekly the yellow copy is sent by the facility to the registrar of the county where the death occurred on a weekly basis. It serves as the official notification that a death has occurred in the registrar's county. The pink copy is retained by the facility where the death occurred, by the coroner, or by the hospice organization. Instructions for completion of the Provisional Report of Death are on the back of the form. A provisional shall also be completed for all stillbirths, reportable or non-reportable. NOTE: The Provisional Report of Death must be completed for transportation of any limb(s) or organ(s).

Next-Of-Kin Possession

Facilities should be made aware that the next-of-kin could take possession of a body. If this occurs, the facility should explain to the next-of-kin, if no funeral home is involved with the burial, that the white copy of the provisional needs to be taken to the health department within five (5) days after disposition. The local registrar will then be responsible for getting all the information needed to complete a death certificate.

Reconciling Report 677 – Death Index

Filing System

Each local registrar is responsible for maintaining a filing system for the completed provisional reports of death. Only provisional for deaths that occur in your county should be filed. Out of county provisional reports should be sent to the appropriate county registrar. Provisional reports are usually kept in alphabetical order. Each provisional report shall be retained until Report 677 is received.

Report 677

Report 677 is an alphabetical index of all death certificates received by the Office of Vital Statistics on a quarterly basis. The report is issued approximately three (3) months after a quarter ends, i.e. 1st quarter will be issued in early July. It is sent over the Kentucky Information Network on the CDS 501 screen and must be manually printed in the health department. The death index is to be resolved within thirty (30) working days of receipt. The reconciliation of the death index is to be reported to your Quality Assurance Representative even if there are no outstanding provisionals.

How to Resolve

The name and date of death on the provisional should be matched with the name and date on the index. The name may be spelled differently, or first name may be different, please check closely for all items. If there is a match, the provisional should be discarded, unless a cremation is indicated. If a name on a provisional does not appear on the death index (Report 677), the provisional should be held until the next death index is printed. If at this time the name shows on the Index, you may discard the provisional. If the name still does not appear on the Report 677, the local registrar should call the funeral home and ask if a Certificate of Death has been issued for the decedent.

If a certificate has been filed, please write the certificate number and the file date on the Provisional and mail to your Quality Assurance Representative.

If a certificate has not been filed, please forward the Provisional to your Quality Assurance Representative with a note attached that a certificate has not been filed and provide all reasons the funeral home may have stated.

If Disposition is Cremation

If the disposition was cremation, the white copy of the provisional, with the coroner's signature in section D, must be retained for a period of five (5) years from the date of death. If the name of the decedent is not on the death index, send a copy of the provisional to your representative and file the original in your cremation file.

Open Record

Report 677 (death index) is a permanent county record and considered an open record. Therefore, the quarterly indexes should be bound together in such a way that is easily accessible by the public.

Reconciling Report 677 – Death Index (cont.)

Stillbirths

Stillbirths **do not** appear on Report 677 (death index). The Certificate of Stillbirth (VS-3A & VS-3B) is edited and filed by the local registrar. Therefore, if a provisional is received for a fetal death, the registrar should check the county copies of stillbirths received for that date and discard the provisional if a Certificate of Stillbirth has been registered. If a VS-3 has not been filed, the registrar should contact hospital personnel to verify that the death was a reportable event. A reportable event is a fetus of twenty (20) weeks, or more, gestation and/or weighs 350 grams (approximately 12.3 ounces), or more. If the fetus is less than twenty (20) weeks and less than 350 grams (approximately 12.3 ounces) there will be no Certificate of Stillbirth and the provisional can be discarded. If it is reportable, have hospital personnel to prepare the certificate and discard the provisional when the certificate is received.

FYI

An out-of-state burial-transit permit, which accompanies a dead body brought into the Commonwealth, shall be the authority for disposition and will serve in the place of a provisional. Funeral directors should be made aware to send out-of-state permits back to the state, or county, listed on the permit. There is no defined retention schedule for out-of-state permits sent to a Kentucky registrar, therefore the local registrar any time after disposition may dispose of them.

Authority: KRS 213.076, KRS 213.081, KRS 213.146



Death Certificates

Who's Responsibility

The funeral director, or person acting as such (coroner, deputy coroner, medical examiner or family member), who first takes custody of a body shall be responsible for filing the death certificate (VS-1A). The funeral director has five (5) days to complete his or her section (Items 1 through 29) and present it to the medical certifier. The medical section (Items 30 through 50) shall be completed, signed, and returned to the funeral director within five (5) days by the physician. In cases where the coroner is the medical certifier, the coroner has five (5) days after receiving inquiry results to complete, sign and return the death certificate to the funeral director. The funeral director then files the completed death certificate directly with the State Office of Vital Statistics. When a funeral director is not involved, the responsibility for preparing and filing the death certificate shall be upon the person who first takes custody of the body (i.e. parents, hospital). The local registrar is responsible for helping to prepare a death certificate when a family reports a death that does not involve a funeral director.

Requests for Certified Copies

Funeral directors are to use the Application for Death Certificates for Funeral Director Use Only, (VS-31B) to order copies at the time the death certificate is filed. This order should include the three (3) free verifications with at least one (1) copy retained by the funeral home for reference. Certified copies will be issued no later than two (2) working days from the file date, provided that the certificate is error free and an application is sent in the addressed color-coded envelope to the Office of Vital Statistics along with the appropriate fee. The local registrar is responsible for providing the funeral homes with the current Certificate of Death (VS-1A), Application for Death Certificates for Funeral Director Use Only (VS-31B), and the color-coded envelopes (30284). These forms should only be given to funeral home personnel and inventory records maintained. The Application for Death Certificate (VS-31) is used to order additional certified copies after the death certificate has initially been filed and is used by both funeral homes and the general public. These orders for additional copies normally require three (3) to four (4) weeks to fill.

Authority: KRS 213.076

Permit to Cremate

Permit

A permit is required for cremation. Section D on the Provisional Report of Death (VS-34) is the permit. The funeral director or person acting as such shall have the coroner of the county, where death occurred, to complete Section D on the white copy (original) of the provisional. The funeral director or person acting as such (coroner, deputy coroner, medical examiner or family member) shall then present the original copy bearing the coroner's authorization to the crematorium. The crematorium completes Section E on the Provisional Report of Death after cremation and forwards it to the county registrar where death occurred. Cremation is considered final disposition and no other forms will be necessary to transport remains.

The above requirements do not apply to the cremation of fetal remains unless there is indication of a criminal act. Fetal remains apply to all stillborn even if the fetus does not meet the reportable requirements.

Retention of Permit

The local registrar shall retain the completed provisional for a period of five (5) years if disposition is cremation.

Authority: KRS 213.081

Hospice Deaths

Pronouncement Of Death

When a patient who is receiving the services of a licensed hospice program dies at home or in a hospice inpatient unit, a registered nurse employed by the hospice organization may make the pronouncement of death. The hospice nurse completes and signs the Provisional Report of Death (VS-34) to release the remains for transportation and disposition. Hospice nurses are not appointed deputy registrars. They are authorized by statute to make the pronouncement of death and to release the body.

Hospice nurses cannot sign or complete the cause of death on the Certificate of Death (VS-1A). **The physician in charge of the patient's care must complete the Certificate of Death.**

Contact The Coroner

The hospice nurse should contact the coroner if:

1. He or she feels the death was not from natural causes, or;
2. If the hospice nurse is not in attendance at the death, or;
3. If it is the desire of the coroner to be notified when an out-of-health-facility death occurs.

The coroner may complete and sign the Provisional Report of Death when making a pronouncement of death. The family can also sign the provisional to release the body for transportation and disposition.

Authority: KRS 314.046

Disinterment/Reinterment

A permit is required to disinter or move any human remains. If the body is being moved or relocated in the same cemetery, the permit is obtained from the local registrar in the county where the cemetery is located. The applicant MUST provide next-of-kin permission or a court order.

Disinterment/Reinterment in Same Cemetery

- The local registrar shall give the applicant the VS-35A form, “Application for Disinterment/Reinterment in the Same Cemetery”. This form reflects a revision date of 08-04.
- The applicant will complete the application and return the application to the local registrar.
- The local registrar will complete the VS-35 form, “Permit for Disinterment & Reinterment in Same Cemetery” from the information listed on the application.
- Make sure the applicant provides a statement from ALL next-of-kin giving written permission for the disinterment.
- A statement on funeral home letterhead from the funeral home director that is signed and dated to verify that all next-of-kin have given written permission for the disinterment.
- The local registrar shall stamp the permit with the county health department seal and make a copy. (If your agency does not have a health department seal, you can order through your local office supply store). Give the stamped permit to the applicant.
- The applicant shall return the completed permit to the local registrar within ten days after the reinterment has been completed.
- The registrar shall retain the completed permit indefinitely.

Disinterment/Reinterment in a Different Cemetery

When one or more bodies are to be disinterred for reburial in a different cemetery or for other disposal, a permit is required. The application and permit shall be obtained from the Office of Vital Statistics, Quality Assurance Staff. The applicant may call (502) 564-4212 ext. 3232 or ext. 3231 for further information.

A COPY OF THE APPLICATIONS AND NEXT-OF-KIN LETTER ARE CONTAINED WITHIN THE BACK OF THE REGISTRAR GUIDELINES.

Family Cemeteries

Inquiries

Inquiries are frequently made regarding the establishment of private or family cemeteries on private property. There are no state regulations on the subject of family cemeteries. The jurisdiction falls to the local government.

- The landowner should contact the city or county zoning commission or the county attorney's office to inquire about local ordinances.
- The depths of burial regulations apply to privately owned cemeteries. (901 KAR 5:090 section 1)
- The same regulations apply for obtaining a permit to disinter and reinter a body in a family owned cemetery. (901 KAR 5:090)

Burial Depth Variance

***901 KAR 5:090. Burial and disinterment of dead bodies.
Section 1. Interment***

(2) Where impenetrable rock is encountered the local health department may, upon proper application, grant a variance to the depth of burial requirements of this administrative regulation.

When the local health department renders exceptions to burial depth, this is to be coordinated with county environmental management staffs for acknowledgement. The local registrar should make record of that coordinating activity and file with a copy of the exception letter.

Verifications of Birth

The providing of birth verifications by the local registrar is **optional**. It is the decision of the local or district health department to make the verification service available and whether or not to charge a fee for the service.

Form

If a health department wishes to issue verifications, a form will have to be designed. Prior to use, the Office of Vital Statistics must approve the form. Send your sample to the Quality Assurance Staff for approval.

The form must state "Verification of Birth" and must incorporate the following items:

- Name of the person, according to the microfiche
- Date of birth
- County of birth
- Date the birth was filed
- File number
- Signature of the local registrar and the date issued
- Name of the health department
- No other information can be on the form.

There should also be a statement that the form is not a certified copy of the Certificate of Live Birth and that a certified copy can only be purchased from Vital Statistics in Frankfort. THE STATE OFFICE OF VITAL STATISTICS MUST APPROVE THIS FORM.

Do not Perform Verifications for:

- School systems – parents **must present certified certificates**
- Driver' licenses
- Community Based Services and Social Security have access to a computer program which makes it unnecessary to provide verifications. The program contains all births dated 1911 to the present. The local registrar is responsible for providing the VS-26 form for their internal use. The VS-26 (Request for Verification of Birth/Death”) form must be completed at the state Office of Vital Statistics.

Authority: 901 KAR 5:040 Section 2

Open Records

The Office of Vital Statistics maintains approximately thirteen million original vital records in a secured environment. These original records are carefully numbered and filed in books, or “volumes”. The successful retrieval of a specific record requires an index listing that identifies an individual certificate and identifies the specific volume in which the certificate is located.

Kentucky is an open record state. Basically, this means that any person who can identify a record may purchase a certified copy of that record from the state Office of Vital Statistics or view its contents at the local health department.

Each health department maintains “open records” that include the “Birth” and “Death” microfiche, the electronically produced “Death Index” (Report 677), copies of death certificates prior to 1993, and copies of birth and stillbirth certificates. These records, or portions of these records, can be made available for inspection by the public. The microfiche and Report 677 are provided by the Office of Vital Statistics to each local health department. Each health department has been provided a microfiche reader. All maintenance and supplies are the responsibility of the local or district health department. The “Death Index” is transmitted electronically to each health department on a quarterly basis and should be bound together in chronological order.

Birth Records

The birth microfiche consists of two (2) sets of microfiche for the years 1911 through 1988. One set is indexed by the mother’s maiden name; and, the other is indexed by the child’s surname.

Death Records

The death microfiche provided to each health department is for the years 1911 through 1993. The quarterly death index provides like information from the years 1993 through the present.

Viewing County Records

The county copy of a certificate may be viewed if the individual can identify the record (name, date of birth/death and mother's maiden name). This information can be obtained from the microfiche. **County copies are not available for random reading. Individuals cannot look through the book, but may only look at the certificate the local registrar presents to them.** The local registrar does not have to present the copy upon demand. The open records law requires an open record to be presented within three working days of the request. The request should be in writing and should state date of request, copy to be viewed, signature of requestor, with address and telephone number. The registrar should set an appointment with the requestor to view the copy. **Amendments to certificates are made only at the state office.** Health Departments do not receive copies of amended certificates. Requestors should be informed that the information on the county copy is not always correct. In order to obtain a correct certified copy, an application and fee must be submitted to the Office of Vital Statistics.

Birth

Only the legal portion of the county copy of the birth identified may be viewed. All information below the "For medical and health use only" line must be masked due to the confidentiality of this information. The mailing address of the mother and all social security numbers must also be covered. The local registrar should be present during the viewing of any certificate.

If the local registrar suspects, or if the requestor states that the person they are inquiring about has been adopted or that the record might be sealed, the local registrar must contact their Quality Assurance Representative in the Office of Vital Statistics before allowing the copy to be viewed.

The state Office of Vital Statistics suggests that the local registrar make a copy of the county copy with no medical and health information revealed. **Return the county copy to the book.** On the copy that is made, all SSN's, and mailing addresses must be marked out. After the copy has been reviewed, the copy should be shredded.

Death

County copies of death certificates were discontinued in 1992. However, prior to that time, copies of deaths that occurred in the county should be available at the health department. If the individual locates the decedent on the microfiche or can identify by name, date, and county of death the entire death certificate may be viewed. Death records over 50 years old may be viewed without locating the decedent's information. The registrar, or deputy, should be present during the viewing in order to prevent the destruction of the record. The Kentucky Department for Library and Archives microfilms the entire death certificate after it has been on file for 50 (fifty) years. Plain copies of these certificates may be obtained from that department if no certified copy is required.

BIRTH MICROFICHE

There are two sets of birth microfiche. One set is indexed alphabetically by the last name of the child. The other set is indexed alphabetically by the mother's maiden name. Both sets contain the years 1911 through 1988.

1. FIRST COLUMN – Last name of child
2. SECOND COLUMN – First name of child
3. THIRD COLUMN – Middle initial
4. FOURTH COLUMN – Date of birth
5. FIFTH COLUMN – County of birth (by county code)
6. SIXTH COLUMN – Mother's maiden name (maiden last name)
7. SEVENTH COLUMN – Mother's first name.
8. EIGHTH COLUMN –the year filed/volume/certificate number

DEATH MICROFICHE

There is one set of death microfiche. It is indexed alphabetically by the last name of the decedent and contains the years 1911 through 1993.

1. FIRST COLUMN – Last name of decedent
2. SECOND COLUMN – First name of decedent
3. THIRD COLUMN – Middle initial
4. FOURTH COLUMN – Age at death (U/1 means infant under age of 1)
5. FIFTH COLUMN – County of death
6. SIXTH COLUMN – County of residence
7. SEVENTH COLUMN – Date of death (mm/dd/yy)
8. EIGHT COLUMN – 10 numbers which indicate volume #; certificate #; year filed

Go to <https://apps.chfs.ky.gov/birth/> for the Birth Record Index Search to look up birth certificates online. Not for the Public.

How to Order Certificates

Only the state Office of Vital Statistics issues certified copies of certificates. No records of events, which occurred outside of Kentucky, are available from the Kentucky Office of Vital Statistics. Applications for birth and death certificates are provided to the general public by the local registrar. The state office provides applications for marriage and divorce certificates. School systems, post offices, libraries, and other agencies request birth applications in bulk certain times of the year. It is the local registrar's responsibility to keep plenty of the applications on hand and to notify these agencies any time the fees change.

Kentucky is an open record state. Anyone who pays the proper search fee and includes the required information to identify the record may obtain a certified copy.

The Office of Vital Statistics began registering birth and death records in January 1911. The registration of marriage and divorce records began in June 1958. The following fees shall be charged for any search or copy of a record:

BIRTH	\$10.00
DEATH	\$6.00
STILLBIRTH	\$6.00
MARRIAGE	\$6.00
DIVORCE	\$6.00

To Order by Phone

To order certificates by phone, a customer may call toll free (800) 241-8322. Orders will be accepted 24 hrs a day, 7 days a week. There is an additional fee for this service. In addition, UPS is available for overnight and weekend delivery. An additional fee applies for this service.

How to Order Certificates (cont.)

To Order in Writing

Birth Certificates - A written request for a birth certificate may take up to approximately thirty (30) working days to process. Written requests must include a check or money order in the correct amount, made payable to the Kentucky State Treasurer. A completed application (VS-37), or a written request, should include the full name at birth, date of birth, county or city of birth, mother's full birth name, and father's name.

Stillbirth Certificates - A written request for a stillbirth certificate may take up to approximately thirty (30) working days to process. Written requests must include a check or money order in the correct amount, made payable to the Kentucky State Treasurer. A completed (VS-32), or a written request, should include the full name at birth, date of event, place of death, and mother's maiden name.

Death Certificates - A written request for a death certificate may take up to thirty (30) working days to process. Include with the request, a check or money order made payable to the Kentucky State Treasurer for the correct amount. A completed application (VS-31), or a written request, should include the decedent's name, date of death, and county of death.

Marriage/Divorce Certificates - A written request for marriage or divorce certificates may take up to thirty (30) working days to process. The Office of Vital Statistics has on file marriage certificates from June 1958 to the present. Copies of marriage certificates prior to June 1958 can be obtained from the County Court Clerk's office in the county where the license was issued. Copies of divorce certificates prior to June 1958 can be obtained from the Circuit Court Clerks' Office that granted the decree. When ordering from the Office of Vital Statistics, include with the request, a check or money order payable to the Kentucky State Treasurer. A completed application (VS-230), or written request, should include the husband's and wife's name, the county where the license or decree was granted, and the date of the event.

Where to Send Requests

Requests for certificates are to be mailed to: Office of Vital Statistics, 275 East Main Street 1E-A, Frankfort, Kentucky 40621.

To Order In Person

An applicant may come directly to the Office of Vital Statistics and receive certified copies approximately one (1) hour after the request is processed. Office hours are 8:00 AM to 4:30 PM, Eastern Time, Monday through Friday. **It is important that the applicant be in the office no later than 3:30 PM to receive same day service.**

AUTHORITY: KRS 213.031 (1), KRS 213.136 (1), (2), KRS 213.141, 901KAR5:050

PLACE OF EVENT	ADDRESS	CITY	ZIP	TELEPHONE
ALABAMA	P O BOX 5625	MONTGOMERY	36103-5625	334-206-5418
ALASKA	P O BOX 110675	JUNEAU	99811-0675	907-465-3391
ARIZONA	P O BOX 3887	PHOENIX	85030	602-364-1300
ARKANSAS	P O BOX 8184	LITTLE ROCK	72203-8184	866-209-9482
CALIFORNIA	P O BOX 997410 MS:5103	SACRAMENTO	95899-7410	916-445-2684
COLORADO	4300 CHERRY CREEK DR S	DENVER	80246-1530	303-692-2200
CONNECTICUT	P O BOX 340308	HARTFORD	06134-0308	860-509-7700
DELEWARE	417 FEDERAL ST	DOVER	19901	302-744-4549
DIST OF COLUMBIA	825 N CAPITOL ST NE, 1 ST FLOOR	WASHINGTON DC	20002	202-671-5000
FLORIDA	P O BOX 210	JACKSONVILLE	32231-0042	904-359-6900
GEORGIA	2600 SKYLAND DRIVE NE	ATLANTA	30319-3640	404-679-4701
HAWAII	P O BOX 3378	HONOLULU	96801	808-586-4539
IDAHO	P O BOX 83720	BOISE	83720-0036	208-334-5988
ILLINOIS	605 W JEFFERSON ST	SPRINGFIELD	62702-5097	217-782-6553
INDIANA	6 WEST WASHINGTON ST	INDIANAPOLIS	46204	317-233-2700
IOWA	LUCAS STATE OFFICE BLDG, 1 ST FL.	DES MOINES	50319-0075	515-281-4944
KANSAS	900 SW JACKSON	TOPEKA	66612-2221	785-296-3253
KENTUCKY	275 E MAIN ST 1E-A	FRANKFORT	40621-0001	502-564-4212
LOUISIANA	P O BOX 60630	NEW ORLEANS	70160	504-219-4500
MAINE	11 STATE HOUSE STATION, 244 WATER ST	AUGUSTA	04333-0011	207-287-3181
MARYLAND	6550 REISTERSTOWN RD, REISTERSTOWN RD PLAZA	BALTIMORE	21215	410-764-3038
MASSACHUSETTS	150 MT VERNON ST, 1 ST FLOOR	DORCHESTER	02125-3105	617-740-2600
MICHIGAN	P O BOX 30721	LANSING	48909	517-335-8666
MINNESOTA	P O BOX 64882	MINNEAPOLIS	55164-0882	651-201-5970
MISSISSIPPI	P O BOX 1700	JACKSON	39215-1700	601-576-7981
MISSOURI	P O BOX 570	JEFFERSON CITY	65102-0570	573-751-6400
MONTANA	P O BOX 4210	HELENA	59604	406-444-2685
NEBRASKA	P O BOX 95065	LINCOLN	68509-5065	402-471-2871
NEVADA	505 E KING ST #102	CARSON CITY	89701-4749	775-684-4242
NEW HAMPSHIRE	29 HAZEN DR	CONCORD	03301-6527	603-271-4650
NEW JERSEY	P O BOX 370	TRENTON	08625-0307	609-292-4087
NEW MEXICO	P O BOX 26110	SANTA FE	87502	505-827-2338
NEW YORK	CERTIFICATION UNIT POB 2602	ALBANY	12220-2602	518-474-3075
NEW YORK CITY	125 WORTH ST CN 4 RM 133	NEW YORK	100134090	212-788-4520
NORTH CAROLINA	1903 MAIL SERVICE CENTER	RALEIGH	27699-1903	919-733-3526
NORTH DAKOTA	600 E BOULEVARD AVE, DEPT 301	BISMARCK	58505-0200	701-328-2360
OHIO	POB 15098	COLUMBUS	43215-0098	614/466-2531R
OKLAHOMA	POB 53551	OKLAHOMA CITY	73152	405/271-4040
OREGON	POB 14050	PORTLAND	97293-0050	503/731-4095R
PENNSYLVANIA	POB 1528	NEW CASTLE	16103	724/656-3100
RHODE ISLAND	3 CAPITOL HILL RM 101	PROVIDENCE	02908-5097	401/222-2811
SOUTH CAROLINA	2600 BULL ST	COLUMBIA	29201	803/734-4830
SOUTH DAKOTA	600 E CAPITOL AVE	PIERRE	57501-2536	605/773-3355R
TENNESSEE	421 5 TH AVEN	NASHVILLE	37247-0450	615/741-1763
TEXAS	POB 12040	AUSTIN	78711-2040	512/458-7111R
UTAH	POB 141012	SALT LAKE CITY	84114-1012	801/538-6105R
VERMONT	POB 70	BURLINGTON	05402	802/863-7275
VIRGINIA	POB 1000	RICHMOND	23218-1000	804/662-6200
WASHINGTON	POB 9709	OLYMPIA	98507-9709	360/236-4300
WEST VIRGINIA	CAPITOL COMPLEX BLDG 3	CHARLESTON	25305	304/558-2931
WISCONSIN	POB 309	MADISON	53701	608/266-1371R
WYOMING	HATHAWAY BLDG	CHEYENNE	82002	307/777-7591

How to Apply for Foreign Births and Deaths

Consular Report of Birth Abroad (FS-240)

A document issued by an American embassy or consulate reflecting the facts of a birth abroad of a child acquiring U.S. citizenship at birth through one or both parents. This record is acceptable as proof of birth and U.S. citizenship for all legal purposes. An original FS-240 is prepared only at an American consular office overseas while the child is under the age of 18.

Certification of Report of Birth (DS-1350)

If a birth was recorded in the form of a Consular Report of Birth, a Certification of Report of Birth (DS-1350) can be issued. The DS-1350 contains the same information as the Consular Report of Birth and is acceptable for all legal purposes. The DS-1350 is not issued overseas.

Report of the Death of an American Citizen (OF-180)

A document issued by an American embassy or consulate reflecting the facts of a death abroad of an American citizen. The document is based upon the local death certificate.

How To Apply For A Certified Copy

Births The DS-1350 or a replacement FS-240 can be obtained by writing to:

Passport Correspondence Branch
1111 19th Street, N.W. Suite 510
Washington, D.C. 20524
Telephone 202-955-0307

A written request should include all pertinent facts of the occasion. For a birth, the request should include:

- (1) Full name of child at birth (plus any adoptive names);
- (2) Date and place of birth;
- (3) Names of parents;
- (4) Serial number of FS-240 (on FS-240s issued after November 1, 1990);
- (5) Any available passport information;
- (6) Signature of requestor and relationship to the subject, return address, and phone number;
- (7) A check or money order payable to the U.S. Department of State. The fee is \$20.00 for the first copy and \$10.00 for each additional copy of the DS-1350. The fee for one FS-240 is \$40.00.
- (8) Notarized affidavit for a replacement FS-240 (if applicable).

Documents are issued only to the subject, subject's parents or legal guardian. Most requests can be processed within four (4) to eight (8) weeks. Overnight delivery can save approximately ten (10) days processing time. Overnight return via Federal Express is available for an additional fee or the requestor may provide a pre-paid air bill for the carrier of choice.

How to Apply for Foreign Births and Deaths (cont.)

Deaths

To obtain a copy of a “Report of the Death of an American Citizen Abroad” (OF-180) filed in 1960 or after, write to:

**Passport Correspondence Branch
1111 19th Street, NW Suite 510
Washington, D.C. 20524
Telephone 202-955-0307**

Fees are subject to change. Call the above telephone number for information.

Reports of death filed before 1960 can be obtained from the:

National Archives and Records Service
Diplomatic Records Branch
Washington DC 20408

Reports of deaths of persons serving in the Armed Forces of the United States (Army, Navy, Marines, Air Force, or Coast Guard) or civilian employees of the Department of Defense can be obtained from the:

National Personnel Records Center
Military Personnel Records
9700 Page Avenue
St. Louis, Missouri 63132-5100

The Passport Correspondence Office can be reached at (202) 955-0307 or (202) 955-0308 for additional information.

Apostilles Branch of the Office of the Secretary of State

The fee for an apostille or a certificate of authentication is \$5.00 per certificate. A check or money order for the correct amount should be made payable to the Kentucky State Treasurer.

For more information regarding apostilles, please contact the Apostilles Branch of the Office of the Secretary of State.

By phone at (502) 564-3490

By fax at (502) 564-5687

By mailing your inquiry to:

Office of the Secretary of State
Apostilles Branch
700 Capital Avenue, Suite 156
Frankfort, KY 40601

The Office of the Secretary of State is open Monday through Friday, 8:00 am to 4:30 pm EST.

Secretary of State Apostilles website <http://sos.ky.gov/adminservices/apostilles/>

Departamento de la Secretaría del Estado para las Apostillas

Los honorarios para una apostilla o un certificado de autenticación son de 5 dólares por certificado. Se debe hacer un cheque bancario o un giro monetario (money order) por la cantidad correcta mencionada, con pago dirigido a Kentucky State Treasurer.

Para más información referente a las apostillas, por favor comuníquese con el Departamento de la Secretaría del Estado para las Apostillas.

Por teléfono al (502) 564-3490

Por fax al (502) 564-5687

Si tiene preguntas envíelas por correo a:

Office of the Secretary of State
Apostilles Branch
700 Capital Avenue, Suite 156
Frankfort, KY 40601

Las oficinas de la Secretaría del Estado están abiertas de lunes a viernes, de 8:00 am a 4:30 pm, horario del este.

El sitio de internet de la Secretaría del Estado para las Apostillas es:

<http://sos.ky.gov/adminiservices/apostilles/>

Internet Addresses and Other Genealogy Links

<http://chfs.ky.gov/dph/vital/> - Kentucky Vital Statistics Home Page

<http://kentucky.gov/Pages/home.aspx> - Commonwealth of Kentucky Home Page

<http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm> - To find all other U.S. State Vital Statistics addresses and phone numbers; also many national statistics found from this home page.

<http://ukcc.uky.edu/~vitalrec/> - This is a hookup from University of Kentucky for looking up Death Certificates from 1911 through 1992; Marriage Certificates from 1973 through 1993; Divorce Certificates from 1973 through 1993.

<http://kdla.ky.gov/researchers/vitalstatsinfo/Pages/default.aspx> - Kentucky Department of Libraries & Archives

<http://history.ky.gov/> - Kentucky Historical Society

<http://chfs.ky.gov/dph/vital/> - Click on "Order Vital Records Icon" to order certificates on the Internet.

<http://www.lrc.state.ky.us/home.htm> - Kentucky Legislature Home Page

<https://familysearch.org/> - Family History Centers of the Church of Jesus Christ of Latter-day Saints. Call 800-346-6044 to find the nearest center.

<http://members.aol.com/dianahome/column13.htm> - Genealogy Department, Allen County Public Library, one of the largest Genealogy Departments in the U.S.

<http://www.archives.gov/index.html> - The National Archives and Records Administration. A depository for federal records such as census, immigration, and military files.

<http://www.ngsgenealogy.org/> - National Genealogical Society

COUNTY CODE	COUNTY	FACILITY CODE	FACILITY
001	ADAIR	119	WEST CUMBERLAND HOSPITAL
002	ALLEN	108	THE MEDICAL CENTER AT SCOTTSVILLE
005	BARREN	128	T J SAMPSON COMMUNITY HOSPITAL
007	BELL	89	PINEVILLE COMMUNITY HOSPITAL
007	BELL	69	MIDDLESBORO ARH
008	BOONE	103	SAINT LUKE HOSPITAL WEST
009	BOURBON	11	BOURBON COMMUNITY HOSPITAL
010	BOYD	52	KINGS DAUGHTERS MEDICAL CENTER
011	BOYLE	29	EPHRAIM MCDOWELL
013	BREATHITT	48	KENTUCKY RIVER MEDICAL CENTER
014	BRECKINRIDGE	12	BRECKINRIDGE MEMORIAL HOSPITAL
017	CALDWELL	13	CALDWELL COUNTY HOSPITAL INC
018	CALLOWAY	73	MURRAY CALLOWAY COUNTY HOSPITAL
019	CAMPBELL	102	SAINT LUKE HOSPITAL EAST
021	CARROLL	16	CARROLL COUNTY MEMORIAL HOSPITAL
023	CASEY	17	CASEY COUNTY HOSPITAL
024	CHRISTIAN	46	JENNIE STUART MEDICAL CENTER
024	CHRISTIAN	121	WESTERN STATE HOSPITAL
025	CLARK	21	CLARK REGIONAL MEDICAL CENTER
026	CLAY	68	MEMORIAL HOSPITAL
026	CLAY	129	MANCHESTER MEMORIAL HOSPITAL
026	CLAY	90	RED BIRD MISSION HOSPITAL
027	CLINTON	22	CLINTON COUNTY HOSPITAL
028	CRITTENDEN	26	CRITTENDEN HEALTH SYSTEMS
029	CUMBERLAND	27	CUMBERLAND COUNTY HOSPITAL
030	DAVISS	84	OWENSBORO MEDICAL HEALTH SYSTEM
033	ESTILL	60	MARCUM AND WALLACE MEMORIAL HOSPITAL
034	FAYETTE	28	EASTERN STATE HOSPITAL
034	FAYETTE	19	CENTRAL BAPTIST HOSPITAL
034	FAYETTE	94	SAMARITAN HOSPITAL
034	FAYETTE	95	SHRINERS HOSPITAL
034	FAYETTE	100	SAINT JOSEPH EAST
034	FAYETTE	101	SAINT JOSEPH HOSPITAL
034	FAYETTE	113	UNIVERSITY OF KENTUCKY HOSPITAL
034	FAYETTE	115	VA CKK
034	FAYETTE	116	VA LDD
035	FLEMING	31	FLEMING COUNTY HOSPITAL
036	FLOYD	65	MCDOWELL
036	FLOYD	41	HIGHLANDS REGIONAL MEDICAL CENTER
036	FLOYD	83	OUR LADY OF THE WAY HOSPITAL
037	FRANKLIN	33	FRANKFORT REGIONAL MEDICAL CENTER
038	FULTON	85	PARKWAY REGIONAL MEDICAL CENTER
040	GARRARD	35	GARRARD COUNTY MEMORIAL HOSPITAL
041	GRANT	98	ST ELIZABETH MEDICAL CENTER GRANT CO.
042	GRAVES	43	JACKSON PURCHASE MEDICAL CENTER
043	GRAYSON	111	TWIN LAKES REGIONAL MEDICAL CENTER
044	GREEN	44	JANE TODD CRAWFORD MEMORIAL HOSPITAL
045	GREENUP	82	OUR LADY OF BELLEFONTE HOSPITAL
047	HARDIN	42	IRELAND ARMY COMMUNITY HOSPITAL
047	HARDIN	37	HARDIN MEMORIAL HOSPITAL
048	HARLAN	38	HARLAN ARH
049	HARRISON	39	HARRISON MEMORIAL HOSPITAL
050	HART	18	CAVERNA MEMORIAL HOSPITAL

COUNTY CODE	COUNTY	FACILITY CODE	FACILITY
051	HENDERSON	24	METHODIST HOSPITAL
053	HICKMAN	23	CLINTON HICKMAN COUNTY HOSPITAL
054	HOPKINS	91	REGIONAL MEDICAL CENTER HOPKINS CO.
056	JEFFERSON	76	NORTON HEALTHCARE PAVILION
056	JEFFERSON	77	NORTON HOSPITAL AUDUBON
056	JEFFERSON	78	NORTON HOSPITAL SOUTHWEST
056	JEFFERSON	79	NORTON HOSPITAL SUBURBAN
056	JEFFERSON	117	VETERANS HOSPITAL
056	JEFFERSON	114	UNIVERSITY OF LOUISVILLE HOSPITAL
056	JEFFERSON	124	OTHER
056	JEFFERSON	125	NORTON HOSPITAL
056	JEFFERSON	20	CENTRAL STATE HOSPITAL
056	JEFFERSON	14	CARITAS MEDICAL CENTER
056	JEFFERSON	15	CARITAS PEACE CENTER
056	JEFFERSON	4	ALLIANT NORTON HOSPITAL
056	JEFFERSON	6	BAPTIST HOSPITAL EAST
056	JEFFERSON	54	KOSAIR CHILDRENS HOSPITAL
056	JEFFERSON	51	KINDRED
058	JOHNSON	87	PAUL B HALL REGIONAL MEDICAL CENTER
059	KENTON	97	SAINT ELIZABETH MEDICAL CENTER NORTH
059	KENTON	130	SAINT ELIZABETH MEDICAL CENTER SOUTH
059	KENTON	25	COVINGTON KENTON CO. TB SANATORIUM
061	KNOX	53	KNOX COUNTY HOSPITAL
063	LAUREL	64	MARYMOUNT MEDICAL CENTER
064	LAWRENCE	109	THREE RIVERS MEDICAL CENTER
066	LESLIE	62	MARY BRECKINRIDGE HOSPITAL
067	LETCHER	45	JENKINS COMMUNITY HOSPITAL
067	LETCHER	122	WHITESBURG ARH
069	LINCOLN	32	FORT LOGAN HOSPITAL
070	LIVINGSTON	56	LIVINGSTON HOSP. AND HEALTHCARE SERV
057	LOGAN	57	LOGAN MEMORIAL HOSPITAL
072	LYON	49	KY. STATE PENITENTIARY MEDICAL CLINIC
076	MADISON	9	BEREA HOSPITAL
076	MADISON	134	PATTIE A CLAY REGIONAL MEDICAL CENTER
078	MARION	80	SPRING VIEW HOSPITAL
079	MARSHALL	61	MARSHALL COUNTY HOSPITAL
081	MASON	67	MEADOWVIEW REGIONAL MEDICAL CENTER
073	MCCRACKEN	073	LOURDES HOSPITAL
073	MCCRACKEN	120	WESTERN BAPTIST HOSPITAL
075	MCLEAN	66	MCLEAN COUNTY GENERAL HOSPITAL INC
084	MERCER	106	THE JAMES B HAGGIN MEMORIAL HOSPITAL
086	MONROE	70	MONROE COUNTY MEDICAL CENTER
087	MONTGOMERY	63	MARY CHILES HOSPITAL
088	MORGAN	71	MORGAN COUNTY ARH
089	MUHLENBERG	72	MUHLENBERG COMMUNITY HOSPITAL
090	NELSON	30	FLATET MEMORIAL HOSPITAL
091	NICHOLAS	75	NICHOLAS COUNTY HOSPITAL
092	OHIO	81	OHIO COUNTY HOSPITAL
093	OLDHAM	7	BAPTIST HOSPITAL NORTHEAST
093	OLDHAM	59	MALLORY TAYLOR MEMORIAL HOSPITAL
093	OLDHAM	50	KY. STATE REFORMATORY HOSPITAL
094	OWEN	74	NEW HORIZONS MEDICAL CENTER
097	PERRY	5	ARH REGIONAL MEDICAL CENTER HAZARD
098	PIKE	88	PIKEVILLE METHODIST HOSPITAL OF KY.

COUNTY CODE	COUNTY	FACILITY CODE	FACILITY
098	PIKE	135	PIKEVILLE MEDICAL CENTER
098	PIKE	123	WILLIAMSON ARH
098	PIKE	127	PIKEVILLE UNITED METHODIST HOSPITAL
100	PULASKI	55	LAKE CUMBERLAND REGIONAL HOSPITAL
102	ROCKCASTLE	92	ROCKCASTLE HOSPITAL
103	ROWAN	96	SAINT CLAIRE MEDICAL CENTER
104	RUSSELL	93	RUSSELL COUNTY HOSPITAL
105	SCOTT	36	GEORGETOWN COMMUNITY HOSPITAL
106	SHELBY	47	JEWISH HOSPITAL SHELBYVILLE
107	SIMPSON	34	FRANKLIN SIMPSON MEDICAL CENTER
109	TAYLOR	105	TAYLOR REGIONAL HOSPITAL
111	TRIGG	110	TRIGG COUNTY HOSPITAL
113	UNION	112	UNION COUNTY METHODIST HOSPITAL
114	WARREN	107	THE MEDICAL CENTER
114	WARREN	40	GREENVIEW REGIONAL HOSPITAL
116	WAYNE	118	WAYNE COUNTY HOSPITAL INC
118	WHITLEY	8	BAPTIST REGIONAL MEDICAL CENTER
120	WOODFORD	10	BLUEGRASS COMMUNITY HOSPITAL

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF VITAL STATISTICS

_____ **County Health Department**

PERMIT FOR DISINTERMENT AND REINTERMENT IN THE SAME CEMETERY

Permission is hereby granted for disinterment and reinterment of the remains of the individual listed below. This permit is issued solely to authorize the transfer of these human remains from one gravesite to another gravesite in the **same** cemetery. The Sexton of the cemetery or, if there is no sexton, the person or firm responsible for the transfer, must certify the dates of disinterment and reinterment, and return this permit to the Local Registrar within ten days following reinterment.

If disinterment and reinterment do not both occur between sunrise and sunset of the same day, explain below the reason for the delay, and the location of the body during the interval between disinterment and reinterment.

Name of deceased: _____ Age at death: _____

Name of cemetery: _____

Name and address of person or firm responsible: _____

The person or firm listed above has provided a court order or written next of kin permission.

Local Registrar Signature: _____ Date: _____

This is to certify that the remains identified above were disinterred on _____ and reinterred on _____ and that the work was performed under the direction of _____.

(Responsible Party/Sexton Signature) _____

This permit, properly endorsed by the sexton, was returned to my office for permanent retention on _____.

Local Registrar Signature _____ Date: _____

NOTES: _____

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF VITAL STATISTICS

APPLICATION FOR PERMIT TO DISINTER AND REINTER IN SAME CEMETERY

_____ County Health Department/Center
_____ Kentucky

Name of Deceased: _____ Date of Death: _____

Age at Death: _____ Place of Death: _____

Name of Cemetery: _____ Date(s) of Removal: _____

Name and Address of Responsible Person or Firm: _____

I hereby certify that the information above is accurate and complete to the best of my knowledge; that the next of kin (See note below) have requested this disinterment in writing or the disinterment is authorized by court order and will provide such upon request by the Registrar; and I am familiar with, and will abide by all applicable laws and regulations relating to the burial of human remains and disinterment procedures.

(Requestor's Signature) (Date)

Approved: _____ Date: _____ Permit No. _____
(Local Registrar Signature)

- NOTE: 1. If reinterment is to be in a different cemetery or a different method of disposal is planned, the permit must be obtained from the State Registrar.
2. When there is more than one member of the same class of kin, ALL members of that Class must agree to the disinterment. A spouse who remarries does not lose thereby next of kin status.

INSTRUCTIONS FOR LOCAL DISINTERMENT PERMIT

Applicant completes the local disinterment application and returns to the county health department in which the disinterment/reinterment will occur.

Local Registrar makes sure the application is complete and that the applicant has either a court order or written permission from all same classes of next of kin. IF not the permit is not issued.

Local Registrar completes the Permit for Disinterment and Reinterment in same cemetery.

Registrar stamps the permit with the raised seal for the county, and makes a copy of the permit for retention until the permit is returned completed by responsible parties.

Once the reinterment has occurred, registrar affixes original permit to application for permanent retention.

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF VITAL STATISTICS

APPLICATION FOR DISINTERMENT PERMIT

Name of Deceased: _____ Date of Death: _____
Place of Death: _____
Present Grave Site (Cemetery): _____
Town, City, State: _____
New Grave Site (Cemetery): _____
Town, City, State: _____
Date of Removal: _____

I hereby certify that the information above is accurate and complete to the best of my knowledge; that the next-of-kin (See note 3) have requested this disinterment in writing or the disinterment is authorized by court order (a copy of such MUST be attached to this application); and I am familiar with, and will abide by, all applicable laws and regulations relating to the establishment and abandonment of cemeteries and the custody, transportation, and disposal of human remains.

Name of Responsible Person or Firm: _____
Address: _____
City, State, Zip: _____

License Number: _____ Telephone Number: _____

Signature of Responsible Party: _____

NOTES:

- (1) Information required above may be submitted as an attachment to this application if the contents of more than one grave are to be moved. All unidentified gravesites in the same cemetery may be listed as a single entry, i.e., six unknown Bethel Cemetery.
- (2) If reinterment is to be in the original grave or cemetery, a disinterment-reinterment permit may be obtained from the Local Registrar at the County Health Department.
- (3) When there is more than one member of the same class of kin, ALL members of that class must agree to the disinterment. A spouse who remarries does not lose next-of-kin status.
- (4) The permit does not affect the rights of any interested party to object to the disinterment.

**A COPY OF NEXT-OF-KIN PERMISSION OR COURT ORDER
MUST BE ATTACHED TO THIS APPLICATION.**

**NEXT-OF-KIN CLARIFICATION LETTER &
PERMISSION TO DISINTER AND REINTER HUMAN REMAINS**

Name of Deceased: _____

Place of Death: _____ Date of Death: _____

Present Grave Site: _____

New Grave Site: _____

Class of Next-of-Kin to Deceased: _____
(Wife, Husband, Parent(s), Children, Brother, Sister, etc.)

The paramount right is in the surviving spouse, if the parties were living in the normal relations of marriage. It will require a very strong case to justify a court in interfering with the wish of the survivor.

If there is no surviving spouse, the right is in the next line of kin in the order of their relation to the decedent in the following order:

1. **Children of proper age (18).** Must have permission of all children above age 18.
2. **Parents**-Both parents; if one is deceased please state on above mentioned line.
3. **Brother(s) and/or sister(s)**-must have permission of all living brothers and sisters above age 18.
4. **More distant kin**-modified, it may be by circumstances of special intimacy or association with the decedent.

I (We), the undersigned being the next of kin of the above-mentioned deceased, do hereby certify that the information above is accurate and complete to the best of my (our) knowledge and being the next of kin do hereby this date request that the above mentioned deceased be disinterred from the present resting place and re-interred at the above-mentioned cemetery. I (We) do hereby give permission to

_____ of _____, KY.,
(Responsible Party, i.e. Funeral Home, etc.) (City, Town or County)

to complete said disinterment and re-interment in accordance with the law and do hereby hold this establishment harmless from any liability that may arise from such procedures.

Next of Kin

Witness

Next of Kin

Witness

Next of Kin

Next of Kin

Dated this the ____ day of _____, 20__.

Notary

My Commission Expires