
Appointment of Local Registrars and Deputy Registrars

Local Registrar

The recommendation for a local registrar shall come from the director of the district health department. The request should be in the form of a letter, written on health department letterhead and addressed to the current State Registrar of Vital Statistics. The request shall be signed and dated by the director, and it should contain the same basic information, listed below, for requests to appoint deputy registrars. See **Example A** ([page 11](#)) for a template that can be used for drafting an appointment letter.

Authority: KRS 213.036 (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, nursing homes, or any healthcare facility. These deputy registrars are responsible for the completion of Provisional Report of Death forms for the facility to which they are assigned. **However, appointments of registered nurses employed by hospices or other health facilities are not necessary, since authority is granted to them to sign Provisional Report of Death forms under KRS 314.181.**

To nominate a deputy registrar, the local registrar shall send either a memorandum, as outlined in **Example B** ([page 12](#)), or an appointment letter on health department letterhead, to the state registrar. Whether the request is sent in memo or letter form, it should include the following information:

- Name of appointee
- County of appointment
- Effective date of appointment
- Whether appointment is new or is replacing a prior registrar (name of prior registrar required)
- Appointee's place of employment
- Appointee's Address of employment
- Telephone number of appointee's employment
- Email address of appointee
- Signature of local registrar.

Authority: KRS 213.036 (3)

Where to Send

Appointment memoranda and letters can be emailed, faxed, or mailed to:

Attn: Quality Assurance Field Staff
Office of Vital Statistics
275 East Main Street, 1 E-A
Frankfort, KY 40621

Appointment Certificates

The quality assurance field staff will prepare a certificate of appointment for each nominee that is approved.

For a **deputy registrar**, the certificate shall be returned to the local registrar for signing and presentation to the new appointee. Any deputy registrar who is employed by a hospital, nursing home, or other medical facility should also receive:

- A **Cover Letter** (Example C, refer to [page 13](#) below), which addresses the nature of the appointment.
- **Duties of a Deputy Registrar in a Facility Where a Death has Occurred** (refer to [page 14](#) below), which explains the duties of the deputy registrar in a facility where deaths routinely occur, such as a hospital or nursing home, or any other healthcare facility.
- **How to Complete the Provisional Report of Death** (refer to [page 15-16](#) below), which explains how the Provisional Report of Death should be completed after a person dies and the body is released for burial or disposition.

For a **local registrar**, the certificate, after being signed by the state registrar and the cabinet secretary, shall be returned to the director of the district or local health department for presentation to the new appointee.



Example of Letter Appointing a Local Registrar (Example A)

[District Health Department Letterhead]

[Date]

Christina Stewart
State Registrar of Vital Statistics
275 East Main Street, 1E-A
Frankfort, KY 40621
Attn: Quality Assurance Field Staff

RE: Appointment of Local Registrar

[Name of District Health Department] is submitting this request for the appointment of [Name and Title of Appointee] as the local registrar for the [Name of County] Health Department, located at [Street Address, City, State, Zip]. This appointment should be made effective as of [dd/mm/yyyy]. The appointee may be contacted by phone at [phone number], or by email at [email address].

[State whether this a New or Replacement position. If a Replacement position, include Name of Person being replaced]

[Name of Appointee] shall carry out the administrative duties required by the Office of Vital Statistics in compliance with KRS 213.036.

Sincerely,

[Signature of District Director]

[Name of District Director]
[Title of District Director]
[Name of District Health Department]

Example of Memorandum Appointing Deputy Registrar (Example B)

TO: Christina Stewart
State Registrar of Vital Statistics

FROM: Local Registrar
_____ County

SUBJECT: Deputy Registrar Appointment

DATE: _____

Please issue a certificate appointing _____

as deputy registrar for _____ County.

The effective date of the appointment is _____.

This appointment is ____ new (i.e. not replacing someone formerly holding this position)

____ replacement for _____

Please provide the following information for the recommended appointee:

Title or Position _____

Place of Employment _____

Address of Employment _____

Work Telephone _____

Work Email _____

Signature _____ Date _____