

KENTUCKY REGISTRAR GUIDELINES

REVISED 03/2018



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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

502-564-4212 x 3206
Fax 502-564-2904

ADOPTIONS/NEW BIRTH CORRECTIONS

502-564-4212 x 3205
Fax 502-564-2904

NEW BIRTH REGISTRATION

502-564-4212 x 3222
Fax 502-564-2904

DEATH

502-564-4212 x 3201
Fax 502-564-5755

Kentucky-Electronic Death Registration System (KY-EDRS)
KY-EDRS Questions/Access (Toll Free) STATLINE 1-866-451-3781

CERTIFICATION (Problems with Orders)

502-564-4212 x 3271

VITALCHEK (Place an Order by Credit Card)

(Toll Free) 1-800-241-8322

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 194A.060, KRS 213.991, 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 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 213.041 (3), KRS 213.046 (1)

- Mail 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)

- Transmit records of birth and stillbirth to local registrars in other counties when mother's county of residence is different from county of birth.

Authority: KRS 213.036 (2) (4)

- When a birth or stillbirth (fetal death) certificate filed with a local registrar indicates the residence of the mother or the deceased to be in another county, the registrar shall mail a copy of the certificate to the local registrar of the county of residence.

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 records 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)

- Provide for voluntary acknowledgment of paternity services

Authority: KRS 213.036 (5)

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

Authority: KRS 213.036

- Ensure all reporting facilities properly file the Provisional Reports of Death to include decedent's name, date and time of death, facility or location of death, and physician or medical certifier responsible for completing death certificate.

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

- Issue permits for disinterment and re-interment within the same cemetery.

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

- Maintain retention files for death index (permanent), disinterment permits (permanent), and cremations (5 years).
- Coordinate with Kentucky Office of Vital Statistics (OVS) quality assurance staff in enforcing state laws and regulations relating to vital events in each county.
- Coordinate with OVS 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.
- Coordinate with OVS quality assurance representatives in educating local providers (hospital staff, coroners, hospice nurses, funeral home personnel, etc.) in the proper completion of vital records.
- Provide for security and protection of confidentiality of records.

Authority: KRS 213.031, KRS 213.036, KRS 213.131 (1)

Responsibilities of the Local Registrar (continued) -- 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 Records** - shall be sent to OVS within **three (3) working days** of receipt from the hospital. *KRS 213.046*

ATTN: BIRTH REGISTRATION UNIT

2. **VS-10 Report** – all birth records identified on the VS-10 Report shall be returned to the OVS within **five (5) working days** of receipt. **County Copies of Birth and Stillbirth Records** – shall be mailed to the mother’s county of residence within **ten (10) days** of receipt from the hospital. *KRS 213.046*

ATTN: AMENDMENT UNIT

3. **Provisional reports of death** shall be forwarded to the OVS following confirmation/reconciliation with the **677 Death Index Report**.

ATTN: QUALITY ASSURANCE FIELD STAFF

Appointment of Local Registrar and Deputy Registrar

Local Registrar

The recommendation for a local registrar shall come from the director 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 director; and mailed to the OVS (Example A).

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 (Example B) 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

- County
- 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:

**Attn: Quality Assurance Field Staff
Office of Vital Statistics
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 (refer to page 14).

Authority: KRS 213.036 (3)

MEMORANDUM (Example A)

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 _____

Signature _____ Date _____

DATE

(Example B)

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 502564-4212 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 14 and 15 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 notification to the coroner's office. 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 (Provisional) 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" process 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: KRS 213.076 (3), (4)

List the name and address of the **pronouncing physician** in charge of the patient’s care for the illness or condition at the time of death. If available, list the name and address of the **attending physician** who cared for the individual. The attending physician should be listed on the Provisional, and should complete both pronouncing and certifying medical certification. If death occurred more than thirty-six (36) hours after the decedent was last treated by a physician, or cause of death was not natural, list the name and address of the coroner. (Note: Per page 38 of the CDC Physician’s Handbook)

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 to be 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 to be 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.

Supplying Forms Local Registrar's Responsibilities

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-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-2A, VS-2B, VS-3A, VS-3B, VS-4A, VS-4B, and VS-34.**

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

Ordering

SOME forms are ordered through the CDP Clinic Management System (CDS/Portal); and, other forms can be copied in your office. Please see pages 18 and 19 identifying which forms can be copied versus forms that must be ordered. Orders may be submitted on the 1st and 30th of each month; 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 if you have questions or problems regarding the ordering process. The list of forms to be kept in the local health department on pages 18 and 19. 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)

**Forms to have in Local Health Departments
Local Registrar's Responsibilities**

- VS-1A** **Per KRS 213.076 (1) (a)** Effective January 1, 2015, all certificates of death shall be filed with the cabinet using the Kentucky Electronic Death Registration System in a manner directed by the state registrar.
- Please note Kentucky-Electronic Death Registration System (KY-EDRS) requires electronic filing of death records. 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. KY-EDRS is available to funeral directors located in other states with the use of a Courtesy Card. Additional KY-EDRS information is available by calling the toll free STATLINE 1-866-451-3781.*
- VS-2A** **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.**
- VS-2B** **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. Certificates of Live Births **must be printed on 25% cotton bond paper with a watermark.**
- VS-3A & VS-3B** **Certificate of Stillbirth - (order from OVS) 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.
- VS-4A & VS-4B** **Delayed Certificate of Live Birth** – (Revision date is 01/2013.)
- VS-8** **Declaration of Paternity** – (Revision dates of 8/2013 or later.) Give to anyone who asks for this.
- VS-8B** **Voluntary Acknowledgment of Paternity** – Hospitals only (Revision date of 8/2013 or later.)
- VS-26** **Request for Verification of Birth/Death** - for AGENCY USE ONLY (Community Based Services, Social Security), requests are to be sent to OVS.

- VS-31B** **Application for Death Certificate for Funeral Directors (color-coded)** - Funeral directors only - **MAKE COPIES.**
- VS-34** **Provisional Report of Death** - Hospitals, coroners, nursing homes, hospices.
- 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 Re-interment in Same Cemetery** **MAKE COPIES**
- VS-37** **Application for Birth Certificate** – General public – (schools, post offices, libraries court clerks, etc.). Revision date of 03/30/2012. **MAKE COPIES**
- VS-300** **Certificate of Divorce or Annulment/Circuit Court Clerks/Attorneys**
Note: VS-300 refer requestor to website **DON'T MAKE COPIES**
<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.

Local Registrar's Review of Certificates

THINGS TO KNOW



ERRORS

The registrar can **NOT** make corrections to Certificate of Live Birth before registering the certificate with the OVS. All corrections must be made 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.

Unknown

Smith

MISSING ITEMS

If any items are missing, return the certificate 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.

If a certificate is incomplete, the local registrar shall immediately notify the responsible person and require that person to supply the missing items, if that information can be obtained. All vital records shall contain the data required for registration. (KRS 213.041)

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)***

Completing the Certificate of Live Birth (continued)
Initial Review of the Certificate of Live Birth
Local Registrar's Responsibilities

Permanency of Records

Birth and Stillbirth Certificates are permanent legal records. Before accepting a certificate for registration, the local registrar must review the certificate 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: Office of Vital Statistics, 275 East Main, 1E-A, Frankfort, Kentucky 40621 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)

Completing the Certificate of Live Birth (continued)

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 PM subtract 12 hours. Example: 1300 is 1 PM (13 - 12 = 1:00 PM)

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.

Completing the Certificate of Live Birth (continued)

- Items 35a & 35b** * Are the dates of last live birth and other terminations recorded?
- 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 records accounted for THIS BIRTH event?

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?



Completing the Certificate of Live Birth (continued)

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 VS-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.)

- When a birth or fetal death certificate filed with a local registrar indicates the residence of the mother or the deceased to be in another county, the registrar shall mail a copy of the certificate to the local registrar of the county of residence. **Be sure to 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).**
- Within three working days of receipt from the hospital, send the original **Certificate of Live Birth, the Information Sheet for Certificate of Live Birth, and paternity affidavit (if applicable) to:**

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

- **DO NOT ATTACH** documents together with staples, paper clips, tape, etc.

Completing the Certificate of Live Birth (continued)

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

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 (continued)

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.

Item 8a - Mother's Current Legal Name

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

Completing the Certificate of Live Birth (continued)

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 of the child, is considered temporary and should not be entered here.

Item 9a - Residence of Mother-State

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 (continued)

Item 9b - Residence of Mother-County

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

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, Suffix)

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.**

Completing the Certificate of Live Birth (continued)

- 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, last, and suffix.

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, 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).

Completing the Certificate of Live Birth (continued)

Item 12 - Date Certified (MM/DD/YYYY) Enter the month, day, and year the event was certified.

MUST BE TYPEWRITTEN.

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 – Mother’s 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 OVS 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.

Completing the Certificate of Live Birth (continued)

Item 17 - Facility ID

Enter your facility's NPI number.

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?

Completing the Certificate of Live Birth (continued)

Item 26a - Cigarette Use

Enter the mother’s cigarette usage before and during this pregnancy.

Item 26b - Alcohol Use

Enter the mother’s alcohol use during this pregnancy. Completing the Certificate of Live Birth

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 (OVS) and the Department of Education

The Department of Education uses this item for tracking purposes. OVS 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.

If the mother signed the Mother’s 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

Completing the Certificate of Live Birth (continued)

Item 30 - Place Where Birth Occurred

Check the appropriate box for place of birth

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

MD DO CNM Other Midwife
 (Specify) _____

Type the full name of the person physically present and responsible for the delivery.

Check 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.**

MD = Doctor of medicine; DO = Doctor of Osteopathy; Hospital Admin = Hospital Administrator; CNM= 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, EMT

Item 32 - Mother's Weight at Delivery

Enter the mother's weight at 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

Enter the total number of previous live born infants now living.

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.)

Completing the Certificate of Live Birth (continued)

For multiple deliveries:

Include all live born infants **before** this infant in the pregnancy. If the first born, do not include this infant. If the second born, include the first born, etc. If there were no previous live born infants, check “none”.

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.)

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

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

Item 35 a– Number of Other Pregnancy Outcomes

List the total number of other pregnancy outcomes that did not result in a live birth. Include fetal losses of any gestational age-spontaneous losses, induced losses, and/or ectopic pregnancies. If this was a multiple delivery, include any losses regardless of gestational age occurring before the delivery of this infant. This could include loss occurring in this pregnancy or in a previous pregnancy.

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.

Item 36 – Prenatal Care – Number of visits

Enter the number of visits. 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.

Completing the Certificate of Live Birth (continued)

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 month and year only.

Item 39 - Mother's Medical Record Number

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

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.

Completing the Certificate of Live Birth (continued)

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. Specify unit of measure as either grams (g) or pounds (lbs.).

Item 49 - Obstetric Estimate of Gestation

Enter the obstetric estimate of the number of weeks of gestation.

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, 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

Completing the Certificate of Live Birth (continued)

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?

Check "Yes" if infant is living. Check "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 or bottle feeding (breast milk). If using both breast milk and formula it is still considered breast feeding. Item should be checked "YES". If no breast milk is being used, please check "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 OVS reports recent estimates of approximately 733 (2016) births annually occurring at home.

That means that approximately 733 (2016) Certificates 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.

For 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 establish new identities for imaginary babies. To alleviate some of the risks 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 OVS. Please call (502) 564-4212.

Local Registrar's Responsibilities for Out-of-Institution Certificate of Live Births (continued)

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 must include at least one of the following:
- 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.

Declaration of Paternity

Local Registrar's Responsibilities

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, Notaries Public (including the Local Registrar) 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 of this information available for their use.
- Be sure the information completed 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 of the form for the parents.
- Within three (3) working days send the original Declaration of Paternity Form to:

**Attn: Amendment Unit
Office of Vital Statistics
275 East Main Street, 1 E-A
Frankfort, KY 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 (OVS)

The Office of Vital Statistics (OVS)

Amendments to Certificate of Live Births are only made by the OVS. 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 OVS 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 OVS, Amendment Unit, (502) 564-4212 or you can refer them to someone in the Amendment 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 at (502) 564-4212.

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 **(502) 564-4212** 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 OVS 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 OVS, 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 county, the form will be sent to the mother's county. The VS-10 notification forms are sent from the OVS 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 OVS. 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 the Amendment Unit.

For Your Information Only

The "Supplemental Information Letters" are initiated by the OVS, 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

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 OVS. 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 677 Report on page 45).

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 OVS. 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 forms (VS-34) to the appropriate facilities. These facilities include hospitals, extended care facilities, hospice organizations, and coroner's offices. Some counties distribute Provisional Reports of Death (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. 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. NOTE: The Provisional 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 677 Report – Death Index

Filing System

Each local registrar is responsible for maintaining a filing system for the completed Provisional reports of death. Only Provisional Reports of Deaths (Provisionals) 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.

677 Report

The 677 Report is an alphabetic index of all death certificates received by the OVS 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). 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 death 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 677 Report (death index), the Provisional should be held until the next death index is printed. If at this time the name shows on the death index, you may discard the Provisional. If the name still does not appear on the 677 Report, 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 not been filed, please forward the Provisional to your quality assurance field 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

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

Reconciling 677 Report– Death Index (continued)

Stillbirths

Stillbirths do not appear on 677 Report (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-3A /VS-3B 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

Whose 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 OVS. 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—**Revision date 07/2010**) 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, Application for Death Certificates for Funeral Director Use Only (VS-31B), and the color-coded envelopes. 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;
2. The hospice nurse is not in attendance at the death;
3. 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/Re-interment in the Same Cemetery”; revision date of 10/2016.
- 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 members of the same class of the next-of-kin or an order from a court of competent jurisdiction for the removal of the remains.**
- A statement on funeral home letterhead from the funeral home director that is signed and dated to verify that all required next-of-kin have given written permission or an order from a court of competent jurisdiction for the removal of remains.
- 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 OVS, Quality Assurance Staff. The applicant may call (502) 564-4212 for further information.

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

Authority: 901 KAR 5:090

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 staff for acknowledgement. The local registrar should make record of that coordinating activity and file along with a copy of the exception letter.

Verifications of Birth

Providing birth verifications 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~~ OVS 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 (**No other information can be on the form**):

- 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

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. OVS MUST APPROVE THIS FORM.

Do not Perform Verifications for:

- School systems – **parents must present certified certificates**
- Driver's licenses
- Community Based Services and Social Security have access to electronic media 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 OVS.

Authority: 901 KAR 5:040 Section 2

Open Records

The Office of Vital Statistics (OVS) maintains over fifteen (15) 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 OVS 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” (677 Report), 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 677 Report are provided by OVS 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 information for the years 1993 through the present.

Viewing County Records

The county copy of a certificate may be viewed if the individual can identify the birth record by name, date of birth, and mother's maiden name. Death records can be identified by name of decedent and date of death. This information can be obtained from the microfiche or paper copies, if available. **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 (3) 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 requestor's 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 Office of Vital Statistics (OVS).** 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 a specific portion of the county copy of the birth identified may be viewed. The ***Information for Medical and Health purposes only section*** 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 at OVS before allowing the copy to be viewed.

OVS 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.** All Social Security Numbers (SSNs) and mailing addresses must be marked out from the copy. 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 occurring in that 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.

How to Read the Microfiche

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. EIGHTH COLUMN – 10 numbers which indicate volume #; certificate #; year filed

Go to: <http://chfs.ky.gov/dph/vital/birthcert.htm> for the Birth Record Index Search to look up birth certificates online. Not for the Public.

How to Order Certificates

Only the Office of Vital Statistics (OVS) issues certified copies of certificates. No records of events, which occurred outside of Kentucky, are available from the OVS. Applications for birth and death certificates are provided to the general public by the local registrar or OVS. OVS also 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 OVS 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 hours 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.

To Order in Writing

Birth Certificates - A written request for a birth certificate may take up to 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 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 (OVS) 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 OVS, 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 names of the married parties, 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 OVS 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, 901 KAR 5:050

HOW TO CONTACT STATE VITAL STATISTICS OFFICES

PLACE OF EVENT	ADDRESS	CITY	ZIP	TELEPHONE
ALABAMA	PO BOX 5625	MONTGOMERY	36103-5625	334-206-5418
ALASKA	PO BOX 110675	JUNEAU	99811-0675	907-465-3391
ARIZONA	PO BOX 6018	PHOENIX	85005	602-364-1300
ARKANSAS	4815 W. MARKHAM ST, SLOT 44	LITTLE ROCK	72205	800-637-9314
CALIFORNIA	PO BOX 997410 MS 5103	SACRAMENTO	95899-7410	916-445-2684
COLORADO	4300 CHERRY CREEK DR S	DENVER	80246-1530	303-692-2200
CONNECTICUT	410 CAPITOL AVE, MS#11VRS	HARTFORD	06134-0308	860-509-7700
DELAWARE	417 FEDERAL ST	DOVER	19901	302-744-4549
DIST OF COLUMBIA	899 NORTH CAPITOL ST, NE- 1 ST FLR	WASHINGTON DC	20002	202-442-9303
FLORIDA	PO BOX 210	JACKSONVILLE	32231-0042	904-359-6900
GEORGIA	1680 PHOENIX BLVD, STE 100	ATLANTA	30349	404-679-4701
HAWAII	PO BOX 3378	HONOLULU	96801	808-586-4539
IDAHO	PO BOX 83720	BOISE	83720-0036	208-334-5988
ILLINOIS	925 E. RIDGELY AVE	SPRINGFIELD	62702-2737	217-782-6554
INDIANA	PO BOX 7125	INDIANAPOLIS	46206-7125	317-233-2700
IOWA	321 EAST 12 th ST	DES MOINES	50319-0075	515-281-4944
KANSAS	1000 SW JACKSON, STE 120	TOPEKA	66612-2221	785-296-1400
KENTUCKY	275 EAST MAIN ST, 1E-A	FRANKFORT	40621	502-564-4212
LOUISIANA	PO BOX 60630	NEW ORLEANS	70160	504-593-5100
MAINE	220 CAPITOL ST, 11 STATE HOUSE STATION	AUGUSTA	04333-0011	207-287-3181
MARYLAND	6764-B REISTERSTOWN RD	BALTIMORE	21215	410-764-3038
MASSACHUSETTS	150 MT VERNON ST, 1 ST FL.	DORCHESTER	02125-3105	617-740-2600
MICHIGAN	P O BOX 30721	LANSING	48909	517-335-8666
MINNESOTA	PO BOX 64499	SAINT PAUL	55164-0499	651-201-5970
MISSISSIPPI	P O BOX 1700	JACKSON	39215-1700	601-206-8200
MISSOURI	PO BOX 570	JEFFERSON CITY	65102	573-751-6400
MONTANA	111 NORTH SANDERS, RM 6	HELENA	59601	406-444-2685
NEBRASKA	P O BOX 95065	LINCOLN	68509-5065	402-471-2871
NEVADA	4150 TECHNOLOGY WAY, STE 104	CARSON CITY	89706	775-684-4242
NEW HAMPSHIRE	71 SOUTH FRUIT ST	CONCORD	03301-2410	603-271-4650
NEW JERSEY	PO BOX 370	TRENTON	08625-0370	609-292-4087
NEW MEXICO	PO BOX 25767	ALBUQUERQUE	87125	505-827-0121
NEW YORK	CERTIFICATION UNIT, PO BOX 2602	ALBANY	12220-2602	855-322-1022
NEW YORK CITY	125 WORTH ST, CN4, RM 133	NEW YORK	10013-4090	212-788-4520
NORTH CAROLINA	1903 MAIL SERVICE CENTER	RALEIGH	27699-1900	919-733-3526
NORTH DAKOTA	600 E BOULEVARD AVE, DEPT	BISMARCK	58505-0200	701-328-2360
OHIO	PO BOX 15098	COLUMBUS	43215-0098	614-466-2531
OKLAHOMA	PO BOX 53551	OKLAHOMA CITY	73152	405-271-4040
OREGON	PO BOX 14050	PORTLAND	97293	971-673-1190
PENNSYLVANIA	PO BOX 1528	NEW CASTLE	16103	724-656-3100

RHODE ISLAND	3 CAPITOL HILL, RM 101	PROVIDENCE	02908	401-222-2811
SOUTH CAROLINA	2600 BULL ST	COLUMBIA	29201	803-898-3630
SOUTH DAKOTA	207 E MISSOURI AVE, STE 1A	PIERRE	57501	605-773-4961
TENNESSEE	1ST FL, ANDREW JOHNSON TOWER, 710 JAMES ROBERTSON PKWY	NASHVILLE	37243	615-741-1763
TEXAS	P O BOX 12040	AUSTIN	78711-2040	888-963-7111
UTAH	P O BOX 141012	SALT LAKE CITY	84114-1012	801-538-6105
VERMONT	P O BOX 70	BURLINGTON	05402-0070	802-863-7275
VIRGINIA	P O BOX 1000	RICHMOND	23218-1000	804-662-6200
WASHINGTON	P O BOX 9709	OLYMPIA	98507-9709	360-236-4300
WEST VIRGINIA	350 CAPITOL ST, RM 165	CHARLESTON	25301-3701	304-558-2931
WISCONSIN	P O BOX 309	MADISON	53701-0309	608-266-1371
WYOMING	2300 CAPITOL AVENUE	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

To replace a Consular Report of Birth Abroad (FS-240), you must submit:

1. A **notorized** written (or typed) request that includes all of the following information:
 - Full name of the child at birth
 - Any adoptive names of the child
 - Child's date and place of birth
 - Any available passport information
 - Full names of parents
 - If known, the serial number of the FS-240
 - Signature of requester
 - Legal Guardian(s) Only: A copy of the court order granting guardianship
 - Requestor's mailing address
 - Contact telephone number of the requested

2. A copy of requester's valid photo identification (if you do not have any of these, refer to the website):
 - State-issued driver's license
 - Non-driver photo ID
 - Military ID
 - Passport
 - Veterans Affairs ID
 - Prison ID

3. Payment:

- A **\$50.00** check or money order
- Made payable to “**Department of State**”
- Include a complete mailing address on the check
- The Department will not assume responsibility for cash lost in the mail

4. Return Shipping Options:

- Consular Reports of Birth documents are printed and mailed off-site
- USPS First Class- 1-2 weeks. No additional cost
- Overnight Delivery Service—Include an additional fee with your request (check website for current rates).

Please do not include a pre-paid express mail envelope with your request. This will cause a delay in delivery. Failure to provide all above items will, also, result in a delay of your request.

5. Mail to:

**Department of State
Passport Vital Records Section
44132 Mercure Circle
PO Box 1213
Sterling, VA 20166-1213
Telephone # (202) 485-8300**

<https://travel.state.gov/content/travel/en/international-travel/while-abroad/birth-abroad/replace-amend-CRBA.html>

Deaths: A Consular Officer will send the deceased’s legal representative up to 20 certified copies at the time of death, at no fee.

Additional copies can be obtained by contacting:

**Department of State
Passport Vital Records Section
44132 Mercure Circle
PO Box 1213
Sterling, VA 20166-1213
Telephone # (202) 485-8300**

<https://travel.state.gov/content/travel/en/international-travel/while-abroad/death-abroad1/consular-report-of-death-of-a-u-s--citizen-abroad.html>

- You must submit a notarized written request to the above address, with the following information:
 - Full name of deceased;
 - Date and place of death;
 - A copy of requester’s valid identification;
 - The requester’s return address and telephone number;
 - The requester’s signature; and
 - Appropriate fees, payable to the “Department of State” by check or money order
- There is a \$50 fee for each certified copy of the Report of Death.
- Overnight Delivery: To cut down on the processing time, you may send your request to the above address using overnight delivery. To have your records returned to you using overnight delivery, you would include an additional fee to cover delivery charges (refer to website for current charges) or include a pre-paid envelope for the delivery service provider of your choice.

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

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 to (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

<https://sos.ky.gov/bus/businessrecords/Pages/Apostilles-and-Authentications.aspx>

Departamento de la Secretaría del Estado para las Apostillas

Los honorarios para una apostilla o un certificado de autenticación son de \$5.00 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 apostilla, 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:

<https://sos.ky.gov/bus/businessrecords/Pages/Apostilles-and-Authentications.aspx>

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.

<https://genealogycenter.org/> - 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

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: _____

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. 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: 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 in the Office of Vital Statistics.

INSTRUCTIONS FOR LOCAL DISINTERMENT PERMIT

Applicant completes the local disinterment application (VS-35A) and returns the completed form to the county health department in which the disinterment/reinterment will occur.

Local Registrar makes sure the application is complete. If the application is complete, the Local Registrar will issue the Permit for Disinterment and Reinterment in the same cemetery.

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

The Local Registrar affixes the original permit to the application for permanent retention in the local office.

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