

STATE OF FLORIDA



OFFICE OF VITAL STATISTICS

**VITAL RECORDS
REGISTRATION HANDBOOK
December 2007 Revision**

OFFICE OF VITAL STATISTICS

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INTRODUCTION

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FORWARD

This handbook is designed to assist registrars, physicians, funeral directors, midwives, hospital personnel, and others engaged in the operation of the vital statistics program. The procedures recommended are based on Florida Statutes and Florida Administrative Code.

For those facilities online with the Electronic Birth Registration (EBR) system, there is a separate manual with detailed instructions on processes, the EBR Birth Manual, which can be found on our website at:

http://www.doh.state.fl.us/planning_eval/vital_statistics/index.html

The first statewide vital statistics law in Florida was enacted by the 1899 legislature that established a system for physicians to report births and deaths. For many reasons, this law was ineffective. In 1915, the legislature passed a law based on the national Model Vital Statistics Act that became effective January 1, 1917. This was the first comprehensive registration system for Florida births, deaths, and fetal deaths. In 1927, a law was enacted that established a central repository for marriage licenses and reports of dissolutions of marriage (divorce and annulments).

Subsequent legislation has provided for the filing of delayed birth and death certificates, the correction of birth and death certificates, as well as amendments resulting from court ordered name changes, adoptions and paternity acknowledgments.

The essential elements of an effective system for registration of vital records and compilation of health statistics are completeness, timeliness, and accuracy, which require the full cooperation of all persons involved in vital statistics registration.

The Office of Vital Statistics welcomes and solicits any comments or recommendations regarding this handbook that will increase its value to the users.

C. Meade Grigg
State Registrar
Office of Vital Statistics
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CHAPTER 1 - GENERAL

Vital statistics is usually an assigned responsibility of state health agencies and provides the foundation upon which many other parts of a public health program are constructed. The constituent parts of a comprehensive vital statistics program present the life history of a county, state, or nation.

Public health statistics have come to be regarded as an indispensable tool for the proper planning, management, and evaluation of many health programs. The compilation of vital statistics is of ancient origin. Enumerations of people were carried out long before the birth of Christ, notably in China, Egypt, Persia, Greece, and Rome, primarily for purposes of taxation and to determine available military manpower. Data related to births, deaths, and marriages were recorded in elementary form in the old church registers in England. The oldest known copy of these so-called "bills of mortality" can be seen in the British Museum and is dated November 1532.

The value of birth and death statistics is somewhat reduced when some of these events go unrecorded. The Bureau of Census has indicated that although nearly all births in the country are registered, there are still thousands of babies born each year who are not registered.

Because of burial requirements, deaths are reported to a greater degree of completeness than are births. However, the value of death records is impaired because of inaccurate or incomplete reporting. For example, it has happened that the cause of death was misstated in order to circumvent potential social stigma.

Efforts to secure better reporting of births, deaths, and fetal deaths require constant vigilance on the part of staff in hospitals, funeral homes, medical examiner offices and others concerned with vital statistics programs.

CENTRAL REGISTRATION SYSTEM

In Florida, the State Office of Vital Statistics operates the central registration system by which the department is able to answer inquiries concerning any birth, death, or fetal death certificate filed in the state. Original birth and death certificates, when received from local registrars, are reviewed for possible errors and omissions, and if needed, a query is instituted. All records are microfilmed for archival storage and permanently filed in a safekeeping vault. Information from both the birth and death record is entered into the vital statistics database.

An important function of the state office is to issue certifications of records to eligible individuals in need of such records.

REGISTRATION OF VITAL RECORDS

The registration of births, deaths, and fetal deaths is a state and local function. The vital statistics laws of Florida provide for a continuous and permanent birth and death registration system. This system depends upon the conscientious efforts of local registrars, physicians, hospital personnel, midwives, funeral directors, medical examiners, and others involved in preparing or certifying information needed to complete the original records.

Florida is divided into 67 local registration districts (counties) that facilitate collection of vital records. These districts are coextensive with the jurisdictional area of the county health department, and the local county health department director or administrator traditionally serves as local registrar of the county or counties under his/her jurisdiction. The local registrar is required to see that a complete record is registered promptly with the local vital statistics office for each vital event occurring in the county. When a death or fetal death record is accepted for registration, it is the duty of the local registrar to have issued a burial-transit permit that authorizes disposition of the remains, unless a subregistrar commissioned within the funeral establishment has issued a permit. The local registrar sends all original vital records to the state office and usually keeps a copy of each vital record registered in the county.

Because of the many legal, public health, research, and social welfare uses of vital records, each record should be prepared as completely and accurately as possible. Florida Statutes and Florida Administrative Code specify who may obtain certifications of individual records. The records themselves are designed to separate the data that will be used only for medical, statistical, and research purposes from other information.

IMPORTANCE OF VITAL RECORDS

The preservation of vital records increases in importance each year. Prior to World War II, birth records were needed infrequently. Today a birth record is virtually a necessity. It is needed for admission to school, to obtain a driver's license, a work permit, the right to vote, eligibility for retirement, social security benefits, to prove citizenship, to obtain public assistance for dependent children, and many other uses. Due to recent international events, a person's identity and subsequent birth record has become even more valuable. Florida Vital Statistics in conjunction with federal legislation, such as the Real ID Act and proposed Intelligence Reform Act, is charged with the responsibility of safeguarding this information and keeping it from unauthorized persons.

The death record also serves many important purposes. In order for families to transact business after the death of a loved one, a death record is required. It is used as a basis for statistical compilation of death trends and causes, public health planning, proof for life insurance claims, survivors' social security and veterans' benefits, public assistance claims for widows and dependent children, obtaining burial-transit permits, and other purposes.

Fetal death records provide useful data as to causes of fetal death and they may also be of legal value to the family.

Marriage and dissolution of marriage records that are transmitted to the state office by the clerks of court prove rights to insurance, pension, military allowances, establish legitimacy status, citizenship, indicate legal change of name, and have information of interest to public health, social welfare, demography, and sociology professionals.

ENFORCEMENT OF VITAL STATISTICS LAWS

The state registrar is charged with the uniform and thorough enforcement of the vital statistics laws throughout the state and must have cooperation and assistance from local registrars, chief deputy registrars, deputy registrars, and subregistrars to ensure compliance.

The state registrar, either personally or by an accredited representative, has the authority to investigate cases of irregularity or violation of laws. Local registrars should report cases of suspected violations of vital statistics laws to the state registrar, who may make further report to the state attorney, county attorney, or other authority having charge of the prosecution of misdemeanors and felonies in the county where the violation occurred. Upon request, the attorney general will assist in the enforcement of the provision of the vital statistics laws.

PENALTIES FOR VIOLATION OF VITAL STATISTICS LAWS

Failure to file records on time is a direct violation of vital statistics law. Section 382.025 (9), Florida Statutes, states, "...the department may impose a fine which may not exceed \$1000 for each violation of this chapter or rules adopted there under. Each day that a violation continues may constitute a separate violation..."

Birth records must be filed within five calendar days after birth as stated in s. 382.013, F.S.

Death and fetal death records must be filed within five calendar days after death, or, if an extension of time is granted, an additional five business days are allowed as stated in s. 382.008(1), F.S. If the death requires a further extension of time, the funeral director must provide written justification to the registrar. The funeral director should file a Death Registration Delay Report (VS 1355), detailing the efforts to obtain a completed record.

Persons who willfully make or alter any certificate or record, except in accordance with the provisions of the vital statistics laws, or who willfully furnish false or fraudulent information affecting any record required by this law, are guilty of a third degree felony and are subject to a fine of not more than \$1000 or imprisonment not to exceed 60 days, or both.

Those who knowingly transport or accept for transport, inter or otherwise dispose of a dead body without an accompanying burial-transit permit issued in accordance with the provisions of the vital statistics laws, are subject to a fine of not more than \$1000 or imprisonment not to exceed 60 days, or both.

Except where a different penalty is provided, any person who violates any of the provisions of the vital statistics laws, rules, or regulations, or who neglects or refuses to perform any of the duties imposed upon him by law, shall be subject to a fine of not more than \$1000, or imprisonment not to exceed 60 days, or both. In addition to any other sanction or penalty allowed by law, the department may impose a fine not to exceed \$1000 for each violation of sections 382.006, 382.007, 382.008, or 382.013 Florida Statute (F.S.) or Florida Administrative Code 64V-1.

FUNCTIONS OF LOCAL VITAL STATISTICS OFFICES

Upon acceptance of appointment, each local registrar must designate a chief deputy registrar (CDR) and may designate other deputy registrars (s. 382.005 (4) F.S.). The person appointed as chief deputy registrar will act in the absence or disability of the local registrar. Each chief deputy and deputy registrar are subject to the same laws, regulations, and instructions governing the actions of the local registrar.

Traditionally, the CDR assumes the responsibility of managing the day to day operations of the vital statistics unit. There are times and circumstances when the CDR will look to the local registrar to assist in specific situations.

A summary of the minimum functions of the county vital statistics office would include:

1. Assist in the enforcement of the state law relating to the registration of vital records in the county;
2. Review of records for completeness and accuracy before acceptance;
3. Review of cause of death entries on death and fetal death records for possible medical examiner jurisdiction;
4. Daily transmittal of the original records to the state registrar;
5. Track timeliness in filing of vital records;
6. Follow-up on late filing of records;
7. Provide training and assistance to hospital personnel, midwives, funeral directors, physicians and medical examiners in connection with the preparation and filing of vital records;
8. Issuance of Burial-Transit Permits for disposal of bodies for those deaths that occur in their county;
9. Preparation and preservation of local file copies and indices as appropriate;
10. Preparation of certified copies of vital records in response to public requests (optional);
11. Attend scheduled state office training sessions and conference calls.

When reviewing records for acceptability and errors or omissions are found, the record should be returned to the preparer for completion, correction or to be re-prepared. Under no circumstance is the registrar to make any change or alteration to the record. The local vital statistics office has no authority to add or correct information on vital records.

STANDARDS OF ACCEPTABILITY FOR VITAL RECORDS

Acceptable vital records should normally not show alterations, strikeovers, traceovers, or erasures. If an error has been made in preparation by the hospital, physician, funeral director, or midwife, a new record should be prepared. Abbreviations should be avoided if space permits making the entry in full. Each item should be completed, unless there are specific instructions to the contrary. Each record must be an original. Facsimile signatures are not acceptable for authenticating vital records by physicians, funeral directors, midwives, medical examiners, or other officials responsible for filing. Registrars should normally not accept records containing any of the following defects:

1. Whiteout, erasures, alterations, or obvious additions;
2. Omission of items unless such omission is satisfactorily accounted for;
3. Rubber stamp or typewritten signatures; an original signature is required;
4. Traceovers;
5. A record marked "copy" or "duplicate;"

6. Obviously improper or erroneous information;
7. A form other than that currently required;
8. A record not typewritten;
9. All items must be legible;
10. Information relative to the father of a child born to an unmarried mother, unless both the mother and father sign the completed paternity acknowledgment on the front of the birth record. This does not preclude acceptance of such information when a court of competent jurisdiction has determined paternity.

COMPLETE INFORMATION REQUIRED

The necessary data for vital records are obtained from several sources. These include medical records, the mother, father, spouse, relatives, or persons who have knowledge of the facts, physicians, or hospital records. Florida statutes require physicians, midwives, funeral directors, informants, and all other persons having knowledge of the facts to supply such information as they may possess regarding any birth, death, or fetal death occurring within the state.

STANDARD FORMS TO BE USED

The state registrar is responsible for the preparation, printing, and distribution of forms to local registrars to be used in registering, recording, and preserving the records required by the vital statistics laws. Detailed instructions as required to procure the uniform observance of compliance with these laws are to be furnished. Only the prescribed forms or those approved by the state registrar may be used in the preparation of vital records.

It is suggested that the standard application be used when ordering certified copies from either the state office or the county office. The state office applications are available from the county vital statistics offices or from the department's website at:

http://www.doh.state.fl.us/planning_eval/phstats/index.html

The county vital statistics offices have standard applications, with the specifics unique to that county. Contact the Chief Deputy Registrar for the appropriate applications.

There are several state approved software packages for printing both birth and death records. For specifics on the approved packages, contact the state office.

CONFIDENTIAL NATURE OF VITAL RECORDS

The basic reason for confidentiality of vital records is a person's right to privacy. Vital records involve the most intimate affairs of the individual that, if unwarrantedly disclosed, might be used for criminal or unworthy motives. Hospitals and physicians, who, as mandated, provide information for vital records, do so with the understanding that such information will not be abused. The confidentiality of a persons' medical information is supported by the Health Information Portability and Accountability Act (HIPAA). Public health reporting and surveillance for birth and death records are exempt from these restrictions.

Except for birth records over 100 years old that are not under seal pursuant to court order, birth record information, under ch. 382, F.S., is restricted and confidential. Certifications of birth records are available only to those persons specified by statute. The registrar may not

permit access to, or inspection of, birth records unless satisfied that the applicant meets statutory requirements.

Anyone may receive a certified copy of the death record without cause of death, upon completion of an application and payment of the required fee. While death records do not bear the exact restricted confidentiality of birth records, the cause-of-death section *is* confidential and available only to those persons specified by statute, except for death records over 50 years old. Cause of death information is to be withheld from the morbidly curious. Death records contain the physician's statement as to the cause and circumstances of the death and are a legal extension of the doctor-patient relationship. Therefore, the cause of death section of the death record is confidential.

While protecting the integrity of vital records, it should be noted that access to confidential vital records can be granted by the department for the purposes of health program planning, evaluation, and research purposes.

CERTIFIED COPIES OF VITAL RECORDS

The state office made mandatory the use of safety paper for all certifications issued after September 1, 1987. Funeral directors, notaries public, and all other persons not specifically authorized by state law or rule are prohibited from preparing or issuing any document that purports to be an original or certified copy of an original certificate of birth, death, or fetal death. Such an act is punishable pursuant to s. 382.026 F.S.

Birth/wallet cards became obsolete May 31, 2002

Local and chief deputy registrars are authorized to issue certifications of Florida vital records through the e-Vitals system, pursuant to s. 382.025, F.S. All requests for certified copies should be made on the appropriate standard application, copies of which are available from the state office, the department website:

http://www.doh.state.fl.us/planning_eval/vital_statistics/index.html, or the county vital statistics office. The county application is basically the same as the state application, but provides county specific information regarding fees, address, phone number, etc.; the state's application has fees and address information for the state office. There is a separate generic funeral director application that can be used at any county office, but the funeral director must verify the fees, address, etc. with the individual county. To avoid misunderstanding, the applicant should complete the form. Questions on applications should be directed to the CDR in the county office.

Request from unauthorized person -- When an applicant, other than an authorized person as outlined in statute, requests a certification of a confidential vital record, the Affidavit to Release a Birth Certificate (DH 1958) or Affidavit to Release Cause of Death (DH 1959) should be completed by someone who *is* authorized to receive that certification. This notarized affidavit, along with the applicant's photo identification (ID), must accompany the completed application. The affidavit presented for the purpose of obtaining a certification of a vital record is valid for *that issuance only* and must be the original document; faxed copies are not normally acceptable. An updated affidavit must be presented for each subsequent issuance. A notarized statement from an authorized person can be utilized if the applicant does not have access to the aforementioned affidavit. The statement must contain all information required in the affidavit in order to be acceptable and must be the original document; faxed copies are not normally acceptable.

A durable **power of attorney** must be notarized; has no expiration date, unless so stated; and ceases upon death of the person (the “grantor”) initiating the document.

A **court order** is a mandate, direction or command authoritatively given by the court and signed by a judge. A court order may be presented as proof of authorization for an individual to receive a certification that is not otherwise available to them. Unless so stated in the court order, there is no expiration of the order.

Birth records and death records with cause of death are confidential and exempt from s. 119.07 F.S.

Certified copies of birth records can be issued only to the registrant, if of legal age; parent or guardian, or legal representative of one of these just named; or upon a court order. A valid photo ID is required for all requests.

Certified copies may be obtained for births that occurred in this state, some as far back as 1865. 100 years after the date of birth, the birth record becomes public information and can be issued to any applicant.

In the case of a deceased registrant, upon receipt of a certified copy of the death record, certification of the birth record may be issued to the registrant’s spouse; child, grandchild, sibling, if of legal age; or to a legal representative of any of these persons as well as the registrant’s parent.

Certified copies of death records showing the cause of death may be obtained by the registrant’s spouse or parent; child, grandchild or sibling, if of legal age; to any person providing a will, insurance policy or other document demonstrating their interest in the estate of the decedent; to any person who provides documentation that they are acting on behalf of any of them; or under court order. A valid photo ID is required.

Anyone may obtain a copy without the cause of death section; no ID is required. Certified copies may be obtained for deaths that occurred in this state, some as far back as 1877. After 50 years from the date of death, cause of death information is no longer exempt from s. 119.07 F.S. Anyone may obtain a copy showing cause of death on those records.

A certified copy of the original certificate of marriage may be obtained for marriages taking place in our state subsequent to June 6, 1927. Information on marriages occurring before that date must be obtained from the court issuing the marriage license.

A certified copy of the report of a divorce granted anywhere in the state may be obtained, if the divorce took place subsequent to June 6, 1927. The names of both husband and wife must be provided to permit us to locate the report of divorce sought. Copies of the final decree of divorce must be obtained from the court granting the decree. Information on divorces occurring before June 27, 1927 must also be obtained from the court that granted the decree.

Statutory fees are required in advance for all certifications issued, as authorized in s. 382.0255, F.S.

A Certificate of Birth Resulting in Stillbirth is created and issued upon the parent's request. Section 382.0085, Florida Statutes, allows for the creation and issuance of this special certification for a fetal death. The issuance comes from the *state office only* and there must already be a fetal death certificate on file.

Subsequent to the initial request, the Certificate of Birth Resulting in Stillbirth becomes available as a public record. The certification is not considered proof of a live birth and copies are available from 1947 to the present. An informational brochure, How to Apply for a Florida Certificate of Birth Resulting in Stillbirth, is available to the funeral director when meeting with families. Contact the CDR for a supply.

There is a specific application for this certificate, the Application for Florida Certificate of Birth Resulting in Stillbirth, which is available on the website at:

http://www.doh.state.fl.us/planning_eval/phstats/index.html

Client requests for this service must be directed to the state office, Client Services Unit.

To obtain and use a Florida vital record under false or fraudulent purposes is a third-degree felony, punishable by the terms and conditions set forth in Florida Statutes.

APOSTILLE OR EXEMPLIFIED COPIES OF VITAL RECORDS

An apostille or exemplified copy of a vital record includes a statement signed by the Florida Secretary of State attesting that the state registrar is the custodian of the vital records of this state as shown in the official records of the Florida Department of State. Inquiries for such copies should be referred to the state vital statistics office.

The signature of the state registrar is registered with the Florida Department of State. **The certification must be one that is issued from the state office** and contains the statement for the secretary of state to sign. Accordingly, one that is issued from a county vital statistics office **is invalid** for the purposes of obtaining an apostille or exemplified copy.

The fee for an apostille or exemplified copy certified by the secretary of state is \$10.00 (check must be made payable to the "Secretary of State"). This fee is in addition to the \$29.00 fee for birth records and \$25.00 fee for all other records (check made payable to the Office of Vital Statistics) required by the state office for search, certification, processing, and forwarding of the certified copy to the secretary of state.

There is a brochure explaining the apostille. Contact the chief deputy registrar to order a supply of the brochure. For further information on the apostille process, contact Client Services Unit at the state office.

MICROFILM

The state registrar is authorized to reproduce or photograph the original of any or all vital records received. Records so reproduced have the same force and effect as the original and are to be treated as the original for the purpose of admissibility in evidence. A certification of a vital record is equally admissible.

CONSULTANT ASSISTANCE

The state registrar is at all times willing to help with local vital records registration problems. A cooperative relationship between state and local vital statistics offices is essential to the operation of a successful statewide vital records registration program. The Quality Assurance Unit was developed to assist with local registration problems as well as to provide education and training for vital statistics staff, funeral home personnel, hospital staff and other professionals involved in vital record registration.

RETENTION OF VITAL RECORDS

Florida statutes impose various retention schedules on different types of records. If there is a question as to the retention of certain vital statistics documents, contact the state office.

CUSTODIAN OF RECORDS

The state registrar is the official custodian of vital records of the state and is required to maintain such records in the manner prescribed by law.

DISASTER PREPAREDNESS PLAN

In the event of an emergency that affects the normal registration process of Florida vital records, there must be a plan to handle various scenarios. The State Office of Vital Statistics has constructed an outline to be followed should such a situation occur.

Birth Certificate -- Hospital/Birthing Center

1. Hospital is operational, but the county health department where they normally send the birth records is non-operational
 - a. Prepare the birth certificates and Healthy Start forms as you normally would;

- b. Send the records and Healthy Start forms directly to the state office at the following address:
 Office of Vital Statistics
 Current Registration
 P.O. Box 210
 Jacksonville, FL 32231-0042
- c. Include a cover letter indicating who sent the records and a telephone number should there be any questions;
- d. If parents ask about obtaining certified copies, they can go to the nearest county office that is operational, for a **birth** certification, **or** they can contact the state office at 904/359-6900 ext. 9000. The vital statistics website is another option for obtaining certifications:
http://www.doh.state.fl.us/planning_eval/vital_statistics/index.html
- 2. Hospital forced to close for a period of time
 - a. Secure any birth certificates that have been completed, but not yet mailed to the local office; once stable, mail to the county office, if operational, if not, mail to the state office at address shown above;
 - b. When facility is operational, complete any outstanding birth certificates and follow above instructions. If parent is unavailable for signature, type mother's name in item 22 and put a note on the back, in the upper right margin, indicating mother unavailable due to hurricane evacuation.
- 3. If a birth occurs at a facility that *does not normally deliver*, hospital staff can contact the state office at 904/359-6900, either Paula Mundy at ext.1005 or Jim Ballard at ext. 1013.
 - a. We will send some blank birth certificate forms and walk them through the process in getting the record completed and filed;
 - b. There is a handbook on the website that goes item-by-item through the record and how to complete each item:
http://www.doh.state.fl.us/planning_eval/vital_statistics/index.html
- 4. State office is Non-operational
 - a. If county office is open, hospitals and birthing centers should file records locally, as they normally would;
 - b. If county office is non-operational, facility should hold completed records in pending file until county office or state office is operational.

NOTE: If the hospital is without power the birth certificate and Healthy Start forms may be legibly handwritten, preferably in black ink. Hospitals should keep a supply of the blank forms for such emergencies.

Death Certificate – funeral director/medical examiner

- 1. Funeral home is operational, but the county office where the death certificate should be filed is non-operational
 - a. Registrars from other counties are to accept and review these records for acceptability, just as they would their own;
 - b. Registrars will issue certifications accordingly;
 - c. Burial Transit Permits should also be filed with the nearest operational county. If there is no subregistrar, the CDR can issue the permit.
 - d. Due to power outages, records may be handwritten, preferably in black ink. Please print neatly and ensure all information is legible;
 - e. The operational health department will forward all records to the state office;
 - f. The state office will provide local file copies for those affected counties once they are up and running;

- g. During this period of recovery, concerns over noncompliance for timely filing during this period of emergency may be suspended;
 - h. Should funeral directors receive questions regarding missing persons, presumed dead, they should refer those questions to Ken Jones, Deputy State Registrar at 904/359-6982 or ken_jones@doh.state.fl.us for Presumptive Death filing
2. Funeral home is non-operational, but has death certificates to be filed
 - a. File the records with the nearest operational county office;
 - b. If using a computer software package to generate the DC and have lost power, use the hard copy of the form;
 - c. If funeral home does not have a supply of blank forms on hand, the funeral director should contact the nearest operational county office for forms;
 - d. Due to power outages, records may be handwritten, preferably in black ink. Please print neatly and ensure all information is legible.
 3. If there is no funeral director available in the disaster affected area, the closest operational funeral home will step in to process the paperwork as well as handle the remains (per Board of Funeral and Cemetery Services Emergency Preparedness Committee Meeting, September 25, 2007).
 4. If death occurs in a hospital and the physician is unavailable, the funeral director should contact the hospital chief of staff to assist in providing the medical certification for a death occurring in the facility.
 5. If death occurs at home and the physician is unavailable, the medical examiner may be asked to assist in providing the medical certification.
 6. Medical Examiner has a body and the funeral home is non-operational, the ME should:
 - a. Complete the death certificate with all available information (demographic as well as medical);
 - b. Obtain the burial transit permit from the nearest operational county office;
 - c. File the record with the nearest operational county office;
 - d. If death occurs at home and the physician is unavailable, the ME may be asked to assist in providing the medical certification.

County Vital Statistics Office

If hospitals and funeral homes are affected by a natural disaster, such as a hurricane, chances are the local vital statistics office will also be affected. Normal compliance times will be relaxed in such situations. The following guidelines have been established to assist the local vital statistics office in establishing a plan of action in such occurrences.

1. Birth Certificates – see hospital instructions.
 1. The state office will file the records received directly from the affected facility;
 2. Local file copies will be mailed to the county office once back in operation;
 3. Fatal errors encountered in the review process will be handled on a case-by-case basis.
2. Death Certificates – see funeral director instructions.
 1. CDRs may issue burial transit permits for deaths occurring outside of their county.

What if state office is affected? Should the county office be operational, but the state office is temporarily non-operational due to a hurricane or other such disaster, the local office will still continue to function as follows:

1. Review, file, and issue certifications as usual;
2. Hold all original records until word comes from state office as to how to proceed;
3. If office has accepted records for out of county events, be sure to maintain in separate file;
4. Construct file for any amendment questions received. Forward to state office once operational.

Questions regarding this plan should be directed to quality assurance at the state office.

CHAPTER 2 - REGISTRATION OF LIVE BIRTHS

DEFINITION

“Live birth” is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born (s. 382.002 (9), F.S.).

NEED FOR REGISTRATION

Birth records have long been a statement of facts important to the protection of individual and property rights. Proof of age is now needed for employment, to enter school, to obtain a driver's license, to obtain a marriage license, to register to vote, to qualify for pension and retirement benefits, and for other purposes. Proof of parentage is needed for welfare assistance, veteran's benefits, social security benefits to dependents and inheritance of property. Proof of citizenship is needed for employment and for obtaining a United States passport. The birth record is a fundamental document where proof is required of age, citizenship, or family relationship.

STATISTICAL DATA

Birth records provide information on numbers of births and birth rates for geographical areas and population groups. They are used to estimate and forecast family size and population growth. Health authorities use them in planning and evaluating a broad range of health programs, such as maternal and child health programs. Economists use birth statistics to estimate the future size of labor force, and producers of consumer goods use them to estimate the future market demand for their product.

BIRTH INFORMATION CONFIDENTIAL

Information contained on Florida birth records is confidential, and Florida statute and administrative rule provide a number of safeguards to protect records from unnecessary and indiscriminate inspection, handling, or disclosure. The hospital and parents are assured that every legal and administrative measure possible is used to protect the child and his parents from disclosure of confidential information. The vital statistics law specifies those persons who are eligible to obtain copies of birth records.

RECORD TO BE FILED (S. 382.013, F.S.)

Each live birth as defined in paragraph one of this chapter must be registered in accordance with prescribed laws and rules. If the child breathes or shows any evidence of life (per the physician) after complete expulsion, the birth must be registered as a live birth and a death record filed should subsequent death occur.

WHEN MUST A BIRTH RECORD BE FILED

Within five calendar days after the date of each birth, the hospital administrator or designated representative of the facility where the birth occurred, or if the birth is non-institutional, the attendant at such birth, is required to register a complete and accurate birth record with the local registrar of the county in which birth occurred.

WHO FILES

A birth record must be filed by the hospital administrator or designated representative of the facility where the birth occurred, physician, midwife, or other person in attendance at the birth.

If there is no person in attendance at the birth, the father, mother, or person in charge of the premises where the birth occurred, must report the facts of birth to the local registrar within five days. The local registrar then has responsibility for the preparation and registration of this record.

BIRTH RECORD - FORM (S. 382.003 (7), F.S.)

The original record of birth must be filed on a form approved by the state registrar. This record will contain all of the items declared necessary for legal, social, and health research purposes. There are state approved software packages for printing birth records. For specifics on the approved packages, contact the state office.

Information concerning medical details is to be recorded on a separate section of the birth record specifically indicated for this purpose. All original, new, or amended records of birth are identical in form, color, size, wording, and arrangement of items, regardless of the marital status of the parents or of the fact that the child is adopted or of undetermined parentage.

Delayed records of birth may be on such forms as the state registrar deems proper and may differ in format from the standard certificate.

BIRTH RECORD - SIGNATURES

Before a record can be considered to be a legal one, each birth record must bear the signature in permanent black ink of the certifier and the initials of the local registrar or his/her designee. In addition, it is provided by state law that at least one of the parents must attest to the accuracy of the data which is done by signing the record after it has been completed.

ELECTRONIC BIRTH REGISTRATION

Electronic Birth Registration (EBR) is the mechanism by which births are registered via the Internet. It is designed to allow a hospital birth registrar to electronically enter and register a child's birth record, and capture and store any required signatures. This registration process eliminates the need for hospitals to forward original hard copy birth records to county health departments. EBR streamlines the birth registration process, making it virtually paperless, improving customer service, and eliminating courier service for hospitals.

In order for the hospital and state office to ensure a record is filed for every delivery, and that no fraudulent record is filed, the birth registrar must fax the local county vital statistics office a labor and delivery log for the CDR to reconcile against the records entered into the database.

Detailed information on the EBR system can be found in the EBR Hospital Manual, found on the website at: http://www.doh.state.fl.us/planning_eval/vital_statistics/index.html How Healthy Start operates within EBR is addressed later on in this chapter.

ENUMERATION AT BIRTH

The Enumeration at Birth Program is coordinated through the Social Security Administration (SSA). By requesting on the birth record that a social security number be issued for a child, the SSA will issue a social security card for the child within 6 – 8 weeks of the date of birth. This card will be helpful to the parents in filing taxes, obtaining a passport for the child, admission to day care programs, school entrance and other programs. If the card is not received within this timeframe, the parents should contact Social Security for a status update on their child's number. Should the parents need a certification, SSA requires the certification to have the state file number.

NOTE: SSA does not issue a social security number:

1. On a deceased child
2. For an unnamed child through the enumeration program, but once the child is named, the parents can apply for the child's number.
3. SSA does not mail the card outside of the United States or to an overseas military address.

PLURAL BIRTHS

Multiple births are to be reported on separate records, and each record is to be completed in the usual manner. If record indicates multiple births, hospital must be sure that a record is filed for each birth. If sibling dies prior to reaching 20 weeks gestation and no record is filed, the hospital birth registrar should make note of this on the back of the record, in the upper right margin.

FOUNDINGS

A birth record must be registered for every child of unknown parentage (refer to "Certificate to be Filed" and "Who Files"). The hospital must file a record for any foundling brought to their facility. This record should show all known or approximate facts relating to the child. Information concerning the place and circumstances under which the child was found should be shown. That portion of the birth record relating to medical and health details should be completed with the available information. If needed, the reverse of the record, in the upper right margin, can be used for any additional information.

The birth record should indicate "Unknown" in the child's name field (item 1); the word "Found" or "FND" should be used, along with the appropriate facts, in items for date, county, facility name, and location, (items 3, 6, 8, 9); mother's name should indicate "foundling" in the Mother's Maiden Name field (item 14a). Signature of Parent (item 22) should indicate foundling; all other information should show Unknown unless it can be determined. *Do not leave items blank.*

In the event that a foundling child is subsequently identified to the satisfaction of the state registrar, the state registrar makes available a record with the new information for the child. This record bears the same file number as the original record. The record originally prepared will be sealed and filed, not to be opened to any person except upon receipt of an order of a court of competent jurisdiction. All local registrar copies of the original record will be recalled by the state.

ABANDONED BABIES

The identity of a parent who leaves a newborn infant, three days old or less, at a hospital or a fire station, in accordance with s. 383.50 and 383.51, F.S., is confidential and exempt from the provisions of s. 119.07(1), F.S. Abandoned babies come in two forms, the most common being the newborn left at a fire station or hospital ; the other when the mother delivers in a facility, but leaves the child, in effect abandoning the child at the facility.

1. Newborn dropped off at fire station or hospital -- there is nothing known about the facts of this birth - the hospital must prepare a birth record for any newborn brought to their facility. Items should be completed as follows:
 - a. "Unknown" in the name fields – child, mother's current surname, and father;
 - b. Date of birth, item 3, should have the date the newborn was left and "Found" or "FND";
 - c. Place Where Birth Occurred, item 7, should have Unknown typed to the right of the home birth checkbox, do not use the term found in this item;
 - d. Facility name, item 8, and City, Town or Location of Birth, item 9, should have the address of the fire station or hospital where the newborn was left along with the term Found;
 - e. County of birth, item 6, should have the county where the newborn was abandoned and the term Found.
 - f. Mother's Maiden Name must indicate "abandoned baby" in the name field, item 14a;
 - g. All other information must show Unknown.
 - h. Signature of Parent, item 22, should indicate, abandoned baby;
 - i. Birth registrar should notate name of hospital completing the record on the back of the record, upper right margin.

2. Newborn left at the hospital after delivery -- there is information available regarding the delivery, but only those items directly related to the baby can be entered; the mother's anonymity **must** be protected. In this scenario, the mother just walks away, abandoning the baby at the facility. Items should be completed as follows:
 - a. Unknown in the name fields – child, mother's current surname, and father;
 - b. Complete date, location, county, and facility name according to the facts of the birth;
 - c. Mother's Maiden Name should indicate abandoned baby;
 - d. Signature of Parent, item 22, should indicate, abandoned baby;
 - e. All other items on the record pertaining to the mother and/or father should indicate Unknown;
 - f. Other child related items, items 50 - 55, should be answered according to the information in the child's medical record;
 - g. All other items on the record should indicate Unknown.

The CDR should notify the state office immediately of any babies that fall into this category. Include the name of the hospital, date of event and known circumstances of the birth.

EVIDENTIAL WEIGHT OF RECORDS

By statute, birth records, when filed in the manner and within the time limit required by law, are prima facie evidence of the facts stated therein. Further, a certification of the original record in the custody of the state registrar, and prepared under the seal of his office, has the same evidential value when admitted into evidence, as does the original record.

HOSPITAL'S RESPONSIBILITY IN BIRTH REGISTRATION

It is most important that hospital staff is familiar with the vital statistics laws and regulations on birth registration. The administrator or designated representative of the facility where the birth occurred must certify to the fact of birth by signature before the birth record is acceptable for registration. Physicians in attendance at institutional births may also sign birth records, but timely registration must still be observed. Specifically, the hospital is charged with responsibility to:

1. Collect and record demographic and medical information as required on the birth record;
2. Prepare a correct and legible record, making certain that each item on the record is completed before certifying the record;
3. Any "unusual" entry on the record should have explanation on back of record;
4. Have the mother or the father sign the record **after** it has been completed. If signature is not obtainable, type mother's name in item 22 with an explanation on the back of the record.
5. If mother is unmarried and wishes to have the father listed on the record, the hospital should make every effort to assist in the completion of the paternity acknowledgment on the front of the record, keeping in mind that the record cannot be held beyond the **five days**, waiting for the father to sign;
6. If mother and child are brought **immediately** to the hospital after a home delivery, the hospital should prepare the record with what facts are available. The birth registrar should notate name of hospital completing the record on the back of the record, in the upper right margin.

7. The record should then be filed in the county where the delivery occurred.
8. Register the record with the proper local registrar within the five-day time specified.

HUSBAND TO BE SHOWN

When the mother of a child is married at the time of birth, she must list her husband as the father of the child regardless of circumstances. Local registrars are asked to require that such birth record be completed in accordance with these instructions.

If the mother desires to show anyone *other than* her husband as father of her child, she should be advised to institute proceedings in the courts to determine the true facts of parentage. If the court decrees that the husband is not the father and the child is thus declared illegitimate, the decree of the court will be followed in filing or changing the birth record.

Should a married mother refuse to supply information on her husband because he is not the biological father of her child, the following statement should be entered on the record in item 19: "Mother refuses information on husband." All other father information, items 20, 21, 25b, 33, 34, and 35, should indicate "Unknown."

If the husband dies prior to the birth of the child, the husband's name, date of birth and birthplace may be entered on the birth certificate as father of the child in items 19 –21. "Is Mother Married?" item 15, should, indicate "No." A notation of "widowed" should be entered in the upper right margin of the back of the record.

SURROGATE MOTHERS OR GESTATIONAL SURROGACY (S. 382.013, 742.16, F.S.)

The hospital birth registrar should contact the local vital statistics office Chief Deputy Registrar for assistance in instances of gestational surrogacy. Any subsequent court action will go through the state office.

BABIES TRANSFERRED

When an infant is born in a facility that does not normally have deliveries, e.g. emergency delivery, and transferred to another facility, it is the responsibility of the hospital that actually *delivered* to complete and file the birth record. If the receiving hospital wishes to file the birth record, that is acceptable as long as both do not file records. It is important that the facilities communicate with one another to avoid the possibility of duplicate records being filed. This can become especially important if the transfer is to another county.

HEALTHY START

The Healthy Start Program is a voluntary program that provides care coordination services to infants who are at-risk of dying in their first year of life. These at-risk infants are identified by health and environmental factors found on the birth certificate or by a provider's referral found on the Healthy Start Postnatal Risk Screening Instrument, DH 3135.

Hospitals using the Brookins Inc. software to generate the birth certificate can also generate the Healthy Start form through Brookins. The Healthy Start scoring is automatically calculated based on the birth certificate information. The consent checkboxes on the top of the birth certificate and the consent items on the Healthy Start form should be consistent. These checkboxes should be completed on every birth certificate, whether by hand or automatically.

When completing the Healthy Start items at the top of the birth certificate it will be necessary to have the infant's Healthy Start Postnatal Risk Screening Instrument. Responses to the screen consent, program consent, and info consent questions on the Healthy Start Postnatal Risk Screening Instrument are simply transferred to the corresponding items at top of the birth certificate. The appropriate checkbox should be marked for each item based on the mother's responses on behalf of the infant. It is expected that the responses at the top of the birth certificate will be exactly the same as those found on the Healthy Start Postnatal Risk Screening Instrument.

Screen Consent Y N

Each mother is given the opportunity to have her child screened for Healthy Start. When the mother consents for her infant to be screened, then "Yes" is checked on the Healthy Start Postnatal Risk Screening Instrument form and also for the screen consent on the birth certificate. If the mother does not consent to screening, then "No" will be marked on the Healthy Start Postnatal Risk Screening Instrument form and the birth certificate for screen consent.

Program Consent Y N

The Healthy Start Postnatal Risk Screening Instrument form is used to document a mother's desire for her infant to participate in Healthy Start. When a mother has indicated she wants her infant to participate in Healthy Start, then "Yes" should be checked for program consent on the Healthy Start Postnatal Risk Screening Instrument form and the birth certificate. Otherwise, "No" should be checked for program consent on both forms.

Info Consent Y N

Individual information cannot be released regarding Healthy Start screening unless the mother consents to this release. When the mother consents for her infant's information to be released, then "Yes" should be checked for info consent on the Healthy Start Postnatal Risk Screening Instrument form and the birth certificate. Otherwise, "No" should be checked for info consent on both forms.

Further information on the Healthy Start Program can be obtained from the Healthy Start Care Coordinator in the county.

BIRTH AMENDMENTS

Amendment, as used by the state office, is a generic term that includes a correction to a birth record resulting from error or omission, or legal change to a birth record resulting from an adoption, paternity action, or legal name change. Amendments can only be made by the state office.

BIRTH AMENDMENTS - FEES

Except for a Child Support Enforcement (CSE) Title IV-D, case, a fee of \$20.00 is required for an amendment made to a birth record that has been filed with the state office. The fee includes the issuance of one certification of the amended or new record. In the case of a CSE action, the regular certification fee of \$9.00 is required if the parents want a certification of the new record.

BIRTH CORRECTIONS

Birth records may be corrected at any time, in accordance with procedures set forth in Florida Statutes and Florida Administrative Code. Refer clients to the state office.

PATERNITY ACKNOWLEDGMENT, IN-HOSPITAL

- A. Paternity Acknowledgement on the front of the birth record -- in situations where the mother is unmarried and the father is acknowledging paternity, the acknowledgement on the front of the birth record is available for completion in the hospital/birthing center at the time of birth. Both the mother and the father's signatures must be notarized, or witnessed by two witnesses, and all items completed in order for the acknowledgement to be valid. When using the notary, the preferred method, all rules under the notary statute, s. 117.05, F.S., apply. This acknowledgement can only be completed during the time the hospital has the original birth record. It cannot be sent to the county office for completion.

Two Witness Option

When a notary is unavailable or when the father has no acceptable identification, the two-witness option can be exercised as allowed in s. 742.10, F.S. The following provides details related to the use of two witnesses for the in-hospital paternity acknowledgment:

1. Signature Requirements and Options:
 - a. Both parents must sign the acknowledgment.
 - b. If either parent is a minor, the minor is encouraged to obtain the consent of his or her legal guardian before signing the acknowledgment. However, under law, a minor can sign the acknowledgment without the consent of their parent or legal guardian.
 - c. The mother and father may not witness each other's signature.
 - d. The last name of the parents on the birth certificate and Paternity Acknowledgment section must match the signatures. If there is some discrepancy in the names, such as the Spanish tradition of two last names, but the names are identifiable as the same person listed, then the signature is acceptable.
 - e. The signature is both an acknowledgment of the information and a verification of the information.

2. When using the two-witness option, there are no statutory requirements related to either the witnesses or parents providing **identification**.
 - a. Hospital staff can serve as witnesses and will often be personally known to the birth clerk or person that is facilitating the paternity acknowledgment, and it can be expected that at other times the parents will provide their own witnesses that are not personally known to hospital staff.
 - b. Statute does allow minors to acknowledge paternity and have their signatures witnessed using this option. However, we encourage the use of a notary public in situations involving minors signing legal documents.
 - c. If parents provide witnesses that are willing and able, hospital staff cannot refuse to facilitate the paternity acknowledgment based upon a lack of identification for any of the parties. However, we encourage hospital staff to use good judgment when they are themselves serving as witness to parental signatures.
 - d. If any prospective witness is uncomfortable witnessing any individual signature because of the lack of identification, the birth clerk (or other person facilitating the paternity acknowledgment) should consider the use of another witness, if available or notary public instead.

The hospital must provide the parents with the information sheet, “What You as a Parent Must Know before Signing This Acknowledgement”. They should read this information *before* signing the Paternity Acknowledgment. Copies of this information sheet can be obtained from the Chief Deputy Registrar or on our website at:

http://www.doh.state.fl.us/planning_eval/vital_statistics/template3.htm

B. Paternity establishment *after* birth record is filed:

1. If, at any time after the birth of a child born to an unmarried mother, both parents wish the name of the father, as well as other particulars included on the birth record, the local registrar should refer the parents to the state office where a new birth record can be filed through the amendment process;
2. The registrar must keep a supply of the Acknowledgement of Paternity, DH 432, and the Application for Amendment to Florida Birth Record, DH 429 form to provide to those parents requesting to add a father after the original record has been filed;
3. Once the proper paperwork is filed and accepted, the original record, together with any related papers, are retained;

The local registrar's copy of the old record is recalled – it is crucial that these documents are pulled from the county files immediately upon request of the state office to prevent accidental issuance of a document.

Detailed instructions on the proper completion of the paternity acknowledgment can be found in Chapter 3, Preparing the Birth Certificate. Another good resource is the Child Support Enforcement (CSE) Resource Guide which can be obtained from the local CSE coordinator or on the department's vital statistics Intranet web site at: <http://dohiws/>

PROSPECTIVE ADOPTIONS - NEW BIRTHS

The preparer of the record should note all prospective adoptions as, “adoption,” on the back of the birth record, in the upper right margin.

LATE REGISTRATION OF BIRTHS

Birth registration for a child *under one year of age* that was not done at the time of birth may be registered and processed by the local registrar, using the regular standard birth record and in the same manner as current records. An explanation for the lateness should be shown on the back of the record, in the upper right margin.

DELAYED BIRTH RECORDS

A fee paid search of state office files must officially determine that the birth of a child *over one year of age* has never been recorded; then a delayed birth record may be filed if sufficient evidence can be obtained. This must be done in accordance with procedures set forth in Florida Statutes and Florida Administrative Code, and an additional filing fee is required. Local registrars are requested to refer inquiries concerning this procedure to the state office.

BIRTH OCCURRING IN ANOTHER REGISTRATION DISTRICT/COUNTY

Local registrars are not to accept nor forward to the state office records for births not occurring in the registrar's county.

NON-FLORIDA BIRTH

The local registrar may not register records of births not occurring in this state. The state registrar may file birth records for foreign-born children adopted by U.S. citizens who live in Florida. Questions regarding foreign adoptions should be referred to the Adoption Unit at the state office.

BIRTHS THAT OCCURRED IN OTHER STATES, OUTLYING U.S. AREAS, AND OVERSEAS BIRTHS INVOLVING U.S. NATIONALS

The U.S. Public Health Service, Centers for Disease Control, National Center for Health Statistics (NCHS) maintains information on where to write for information regarding other states etc. It is available on their Internet website at: cdc.gov/nchswww. This is an excellent source of information on this subject for use by registrars.

Births occurring overseas involving U.S. nationals may not be registered in the State of Florida. Information on foreign births of U.S. citizens can be found in the attachments of this handbook. Inquiries may be referred to the state office. For a foreign adoption by a Florida resident, the department will, upon request of the adoptee or the adopting parent, prepare and file a birth record upon receipt of a certified copy of the adoption decree (s. 382.017, F.S.).

CHAPTER 3 - PREPARING THE CERTIFICATE OF LIVE BIRTH

HEALTHY START ITEMS

The Healthy Start Program is a voluntary program that provides care coordination services to infants who are at-risk of dying in their first year of life.

The appropriate checkbox should be marked for each item based on the mother's responses on behalf of the infant. It is expected that the responses at the top of the birth certificate will be exactly the same as those found on the Healthy Start Postnatal Risk Screening Instrument.

Screen Consent Y N

Each mother is given the opportunity to have her child screened for Healthy Start. When the mother consents for her infant to be screened, then "Yes" is checked on the Healthy Start Postnatal Risk Screening Instrument form and also for the screen consent on the birth certificate. If the mother does not consent to screening, then "No" will be marked on the Healthy Start Postnatal Risk Screening Instrument form and the birth certificate for screen consent.

Program Consent Y N

When a mother has indicated she wants her infant to participate in Healthy Start, then "Yes" should be checked for program consent on the Healthy Start Postnatal Risk Screening Instrument form and the birth certificate. Otherwise, "No" should be checked for program consent on both forms.

Info Consent Y N

Individual information cannot be released regarding Healthy Start screening unless the mother consents to this release. When the mother consents for her infant's information to be released, then "Yes" should be checked for info consent on the Healthy Start Postnatal Risk Screening Instrument form and the birth certificate. Otherwise, "No" should be checked for info consent on both forms.

DEMOGRAPHIC PORTION OF THE LIVE BIRTH CERTIFICATE

Items 1 - 22 are contained in what is termed the "legal" portion of the birth certificate. These items are necessary for the identification of the individual and for a description of where and when the birth occurred. These are the items of information that are furnished when a person requests a certified copy of his/her birth certificate

1. CHILD'S NAME (First, Middle, Last)

Enter and space out the child's first, middle and last names, and suffix, if applicable, in this item. Names should be spaced in a reasonable manner so that the last name of the child can be easily identified. It is suggested that there be three spaces between each name field and one space between each name in the same field, e.g. Paula Jean Ella Mae Smith Barney. Do not abbreviate.

If the parents do not have *given names* selected for the child, enter the last name only to the far right of the field, allowing sufficient room to add names at a later date. *Never* enter "Baby Girl" or "Infant Boy," etc.

If the mother is married at the time of birth, the mother and father listed on the birth certificate shall select the *surname* of the child or the parent who will have custody of the child shall select the surname. This is true unless the surname has been decreed by a court of competent jurisdiction.

If the mother is not married at the time of birth, the person who shall have custody of the child (in most cases, this will be the mother) shall select the surname of the child. If the father of the child born to an unmarried woman wishes to claim paternity, this may be done by the completion of the paternity acknowledgement on the front side of the birth certificate.

For cases in which parents wish to enter multiple names it is suggested that a first name, and last name be entered as provided in item 1, then above the name: "additional names recorded on back." The additional names should be neatly entered on the back of the certificate, in the upper right margin.

If parents disagree on the surname of the child and have joint custody, the surname selected by the mother and the surname selected by the father will appear in alphabetical order separated by a hyphen. If parents disagree on the given names of the child and have joint custody, the given names will not be entered on the birth certificate until a joint written agreement is supplied to the department (state office) of the selection of the given names.

Entries of Jr (Junior), Sr (Senior), I (first), II (second), III (third), IV (fourth), V, (fifth) etc., following the last name are acceptable. Do not use periods.

THIS ITEM IDENTIFIES THE INDIVIDUAL FOR WHOM THE CERTIFICATE IS BEING PREPARED.

2. SEX

Enter male or female. Do not abbreviate or use other symbols. If sex and name are inconsistent, verify both entries. If sex cannot be determined after verification with medical records, mother of child, informant, or other sources, enter "Unknown", and note on back of record, upper right margin, that the sex is undetermined.

THIS ITEM AIDS IN IDENTIFICATION OF THE CHILD. IT IS ALSO USED IN ESTIMATING POPULATION AND FOR STATISTICAL RESEARCH.

3. DATE OF BIRTH (Month, Day, Year) (Child)

Enter the exact month, day, and year the child was born. Enter the full or abbreviated name of the month (Jan., Feb., March, etc.). Do **not** use a number for the month. Pay particular attention to the entry of month, day, and year when the birth occurs around midnight or on December 31. Consider a birth at midnight to have occurred at the beginning of one day rather than at the end of the previous day.

If the child is a foundling or abandoned baby, the word “Found” or “FND” should be entered along with the date of birth for those babies left at a fire station or hospital. Do not use the term if the mother simply leaves the baby at the hospital where she delivered.

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 OF LAST NORMAL MENSES TO ESTABLISH LENGTH OF GESTATION FOR HEALTH STATISTICS AND RESEARCH STUDIES.

4. BIRTH WEIGHT

Enter the birth weight of the child as it is recorded on the hospital record, either measured in pounds and ounces or grams – do not enter both; do not convert. Do not enter fractions or decimals, e.g. if the weight is 6 lbs. 4 ½ oz, round *up* to 6 lbs 5 oz or if weight is 7 lbs 3.3 oz, round *down* to 7 lbs 3 oz. When using pounds and ounces and there are no ounces you must still enter something in that space, e.g. 7 lbs. 0 oz. This system of measurement is based on NCHS recommendation.

THIS IS THE SINGLE MOST IMPORTANT CHARACTERISTIC ASSOCIATED WITH INFANT MORTALITY. IT IS ALSO RELATED TO PRENATAL CARE, SOCIOECONOMIC STATUS, AND OTHER FACTORS SURROUNDING THE BIRTH AND CONSEQUENTLY, IS USED WITH OTHER INFORMATION TO PLAN FOR AND EVALUATE THE EFFECTIVENESS OF HEALTH CARE.

5. TIME OF BIRTH

Time of birth should be recorded in the 24 hour clock format. Enter the exact time the child was born, according to local time. If daylight savings time is the official prevailing time when birth occurs, it should be used to record the time of birth. Enter 12 noon as "1200". One minute after 12 noon is entered as "1201". Enter 12 midnight as "0000". One minute after 12 midnight is entered as "0001". Remember that midnight is the beginning of the new day.

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

THIS ITEM DOCUMENTS THE EXACT TIME OF BIRTH FOR VARIOUS LEGAL USES SUCH AS THE ORDER OF BIRTH IN PLURAL BIRTHS. WHEN THE BIRTH OCCURS AROUND MIDNIGHT, THE EXACT HOUR AND MINUTE MAY AFFECT THE DATE OF BIRTH. FOR BIRTHS OCCURRING AT THE END OF THE YEAR, THE HOUR AND MINUTE AFFECT NOT ONLY THE DAY BUT THE YEAR OF BIRTH, A FACTOR IN ESTABLISHING DEPENDENTS FOR INCOME TAX PURPOSES. IT IS ALSO OFTEN AN ITEM OF PERSONAL INTEREST TO THE PARENTS AND LATER TO THE INDIVIDUAL.

6 - 9 PLACE OF BIRTH

If the child was a foundling or abandoned baby, the word “Found” or “FND” should be entered in these items for those babies left at a fire station or hospital (exception is item 7 where Unknown is all that should be entered). Do not use the term if the mother simply leaves the baby at the hospital where she delivered.

6. COUNTY OF BIRTH

Enter the name of the county where the birth occurred. For births occurring on a moving conveyance, enter county where the child was first removed from the conveyance. If the birth occurred in international waters or airspace, contact the state office for instructions.

THESE ITEMS IDENTIFY THE PLACE OF BIRTH. PROOF OF PLACE OF BIRTH IS NECESSARY ANYTIME A PERSON IS CALLED UPON TO PROVE THAT HE OR SHE IS A CITIZEN OF THE UNITED STATES. PLACE OF BIRTH INFORMATION TOGETHER WITH RESIDENCE INFORMATION PROVIDES DATA TO EVALUATE THE SUPPLY AND DISTRIBUTION OF OBSTETRICAL SERVICES.

7. PLACE WHERE BIRTH OCCURRED

Mark the line that applies to the type of place where the birth occurred. A birthing center located in and operated by a hospital is considered part of the hospital and should be reported as occurring in the hospital. Freestanding birthing centers include those facilities that are operated independently from hospitals. The "clinic/doctor's office" category includes other non-hospital outpatient facilities where births usually occur.

If the birth occurs in a penal institution, check “Other (*Specify*)” and enter Public Building.

For “EN ROUTE” births, “Other (*Specify*)” should be checked and enter the phrase “EN ROUTE.” Any other related information should be entered on the back of the record in the upper right margin, e.g. father delivered baby in car on way to hospital.

Indicate if this was a home birth and if it was a planned or unplanned delivery at home.

If a foundling or abandoned baby, enter Unknown to the right of the home birth checkbox.

THIS ITEM IDENTIFIES HOME BIRTHS, BIRTHS IN FREESTANDING BIRTHING CENTERS, AND BIRTHS IN NONHOSPITAL CLINICS OR PHYSICIANS' OFFICES. SUCH INFORMATION PERMITS ANALYSIS OF THE NUMBER AND CHARACTERISTICS OF BIRTHS BY TYPE OF FACILITY AND IS HELPFUL IN DETERMINING THE LEVEL OF UTILIZATION AND CHARACTERISTICS OF BIRTHS OCCURRING IN SUCH FACILITIES.

8. FACILITY NAME (If not institution, give street and number)

Enter the name of the facility where birth occurred. When birth occurs in a mental hospital or penal institution; enter the street address of the facility and put a note on the back of the record in the upper right margin, indicating the name of the facility/institution. If the birth occurred on a moving conveyance en route to or on arrival at a facility, the name of the facility should be entered.

If the birth occurred at home (home is considered *any* residence), enter the house number and street name of the place where birth occurred. If the birth occurred at some place other than those described above, enter the number and street name of the location. If there is no street address, give best geographical description of the place that will assist in identifying the exact location.

If birth occurred on a moving conveyance other than 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 OFFICE AND IS OF HISTORICAL VALUE TO THE PARENTS AND CHILD. IT MAY ALSO BE USED TO PRODUCE STATISTICAL DATA BY SPECIFIC FACILITY.

9. CITY, TOWN OR LOCATION OF BIRTH

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

10 - 13. CERTIFIER/ATTENDANT INFORMATION

If the certifier, item 10, and the attendant, item 12, are the same, *both* items must be completed on the record.

10. CERTIFIER'S SIGNATURE AND TITLE

Obtain the signature of the hospital administrator or designated representative, if an institutional birth, or the physician certified nurse midwife, licensed midwife or other person in attendance at the birth. Check the box that reflects the title of the person who signs.

M.D. - doctor of medicine

D.O. - doctor of osteopathy

C.N.M. - certified nurse midwife

L.M. - licensed midwife

Hospital Admin. - hospital administrator

If "Other (Specify)" is checked, type the title of the certifier in the space provided.

THIS ITEM PROVIDES INFORMATION ABOUT THE CERTIFIER AND INDICATES THE TYPE OF PERSON WHO ATTENDED THE BIRTH WHEN THE CERTIFIER IS THE ATTENDANT.

11. DATE SIGNED (Month, Day, Year)

Enter the date the certifier signed the certificate. Do not back date. Enter the full or abbreviated name of the month. Do not use a number to designate the month.

12. ATTENDANT'S NAME and TITLE

Enter the name of the attendant at birth. Check the appropriate line to identify his/her title:

- M.D. - doctor of medicine
- D.O. - doctor of osteopathy
- C.N.M. - certified nurse midwife
- L.M. - licensed midwife

If "Other (Specify)" is checked, type or print the title of the attendant in the space provided and that person's relationship to the child. If an unmarried mother and the father deliver the baby, use the term Father only if the paternity acknowledgment has been completed, other wise, enter Friend.

THE ATTENDANT'S NAME IS IMPORTANT IN CASE OF QUERIES. THE TITLE PROVIDES INFORMATION ON THE TYPE OF ATTENDANT, WHICH IS USED TO ASSESS THE SERVICE RENDERED. THIS INFORMATION WILL PERMIT SEPARATE IDENTIFICATION OF DELIVERIES ATTENDED BY CERTIFIED NURSE MIDWIVES, LICENSED MIDWIVES, AND OTHER PERSONS.

13. DATE FILED BY REGISTRAR (Month, Day, Year) (Reg. Initials)

This item will be completed by the local, deputy, or state registrar when the certificate is received. The date entered should be the actual date the record was received in the county vital statistics office. Do not use a number to designate the month. The CDR should initial this item *after* record has been reviewed and accepted for registration.

THE DATE DOCUMENTS WHETHER THE BIRTH CERTIFICATE WAS REGISTERED WITHIN FIVE CALENDAR DAYS AFTER BIRTH (s. 382.013, F.S.).

14a. MOTHER'S MAIDEN NAME (First, Middle, Maiden)

Enter the first, middle, and maiden last names of the mother. If maiden name is not known, enter Unknown.

If the child is a foundling, the word "foundling" should be entered in the mother's maiden name field. If the child is an abandoned baby, the words "abandoned baby" should be entered in the mother's maiden name field.

14b. MOTHER'S CURRENT SURNAME, IF DIFFERENT THAN 14a.

Enter the current surname of the mother if different from that entered in 14a. If child is either a foundling or an abandoned baby, enter "Unknown."

THESE ITEMS ARE DOCUMENTARY EVIDENCE OF PARENTAGE. THE MOTHER'S MAIDEN NAME IS AN IMPORTANT PART OF AN INDEX TO A BIRTH FILE. IT IS ESPECIALLY USEFUL SINCE THE MAIDEN NAME REMAINS CONSTANT, EVEN THOUGH THE LAST NAME OF THE INDIVIDUAL BEING REGISTERED AND THE MOTHER'S MARRIED NAME MAY CHANGE SEVERAL TIMES.

15. IS MOTHER MARRIED?

Enter "Yes" if the mother is married at the time of birth. Otherwise, enter "No". Remember, a woman is married even if she is legally separated.

If the husband dies prior to the birth of the child, the husband's information may be entered on the record in all items related to the father. "Is Mother Married?" item 15, should, indicate "No." A notation of "widowed" should be entered in the upper right margin of the back of the record.

THIS INFORMATION IS NEEDED TO STUDY THE SOCIAL PROBLEMS RELATED TO OUT-OF-WEDLOCK BIRTHS. IT IS EVEN MORE IMPORTANT AS A TOOL IN STUDYING HEALTH PROBLEMS OF THESE CHILDREN AND THEIR MOTHERS; FOR EXAMPLE, WHETHER THESE CHILDREN ARE OF LOWER BIRTH WEIGHT, HAVE HIGHER INFANT MORTALITY, OR ARE BORN TO MOTHERS WITH LESS PRENATAL CARE.

16. DATE OF BIRTH (Month, Day, Year) (Mother)

Enter the exact month, day, and year that the mother was born. Enter the full or abbreviated name of the month. Do not use a number to designate the month.

THIS ITEM IS USED TO CALCULATE THE AGE OF THE MOTHER, WHICH IS ONE OF THE MOST IMPORTANT FACTORS IN THE STUDY OF CHILDBEARING AND CONSEQUENTLY IS WIDELY USED IN DEVELOPING STATISTICAL DATA. FOR EXAMPLE, STUDIES HAVE BEEN DONE TO SHOW THE RELATIONSHIP OF THE HEALTH OF THE CHILD AND AGE OF THE MOTHER.

17. BIRTHPLACE (State, Territory or Foreign Country)

If the mother was born in the United States, enter the name of the state. If the mother was born in Canada, enter the name of the Province, Canada, e.g. Vancouver, British Columbia. If the mother was born in another 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 "Unknown." If the mother was born in a foreign country, but the country is unknown, enter "Unknown." If no information is available regarding place of birth, enter "Unknown."

THIS ITEM IS USED WITH THE CENSUS DATA TO COMPARE CHILDBEARING OF WOMEN WHO RESIDE IN THE STATE WHERE THEY WERE BORN WITH THAT OF WOMEN WHO RESIDE IN A STATE OTHER THAN THEIR STATE OF BIRTH.

18a-g. MOTHER'S RESIDENCE

Mother's residence is the place where she has set up housekeeping. This is not necessarily the same as her "home state", "voting residence", "mailing address", or "legal residence". Never enter a temporary residence such as one used during a visit, business trip, or a 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 a child is considered to be temporary and should not be entered here. Place of residence during a tour of military duty or during attendance at college is not considered as temporary and should be considered as place of residence of mother for entry on the certificate.

Do not enter a Post Office Box as the mother's residence. If the location has no number and street name, enter the rural route number and box number, or a geographical description of place that will aid in identifying the precise location

18a. MOTHER'S RESIDENCE - STATE

Enter the name of the state in which the mother resides. This may differ from the state used in her mailing address. If the mother lives in a foreign country, enter the name of the country.

18b. COUNTY

Enter the name of the county in which the mother resides. If the mother lives in Canada, enter the name of the Province. If the mother lives in another foreign country this item should be left blank.

18c. CITY, TOWN, OR LOCATION

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

18d. STREET AND NUMBER (Include Apt. No.)

Enter the house number and street name of the place where the mother resides. It is important to include any street indicators, e.g., N., N.W., etc. (Example: 126 S.E. Broadway Ct.). If this location has no number and/or street name, enter the rural route number or a geographical description of the place that will aid in identifying the precise location. Never enter a Post Office Box.

18e. ZIP CODE

Enter the zip code that corresponds with the address in items 18a-18d. If it is a foreign address, leave item blank. A U.S. zip code is required for mailing of a social security card.

18f. INSIDE CITY LIMITS?

Enter "Yes" if the location entered in item 18d (Street and number) is within the city limits of 18c (City, Town, or Location). Otherwise, enter "No."

MOST 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. BIRTHS BY PLACE OF RESIDENCE OF THE MOTHER ARE USED TO PREPARE POPULATION ESTIMATES AND PROJECTIONS. THESE DATA ARE USED IN PLANNING FOR EVALUATING COMMUNITY SERVICES AND FACILITIES, INCLUDING MATERNAL AND CHILD HEALTH PROGRAMS, SCHOOLS, ETC. PRIVATE BUSINESSES AND INDUSTRIES ALSO USE THESE DATA FOR ESTIMATING DEMANDS FOR SERVICES.

18g. MOTHER'S MAILING ADDRESS

Enter the mailing address of the mother only if it is different from the residence address. If it is the same, mark “check here if same.” It is important to distinguish between the mother's mailing address and her residence address when they are different, as each serves a different purpose and they are not substitutes for one another.

A U.S. zip code is required for mailing of a social security card. Foreign and military overseas addresses may not be used.

THIS ITEM IS USED TO MAIL A BIRTH NOTIFICATION RECORD, SOCIAL SECURITY CARD FOR CHILD (IF ENUMERATION AT BIRTH WAS DESIRED), AND TO ASK THE MOTHER FOR CLARIFICATION OF BIRTH CERTIFICATE ENTRIES, WHEN NEEDED. IT IS ALSO USED FOR FOLLOW-BACK STUDIES TO OBTAIN ADDITIONAL INFORMATION ABOUT THE BIRTH.

19. FATHER'S NAME (First, Middle, Last)

1. If the child was born to a mother who was married at the time of birth:
 - a. Enter the name of her husband, or
 - b. If the husband dies prior to the birth of the child, the husband's name may be entered on the birth certificate as father of the child and marital status, item 15 should, indicate “No.”
 - c. A married mother refuses to give information on her husband, the birth certificate should be completed as follows: Item 15 "Is mother married?" should be completed as "yes." In items 19 (Father information) the following statement should be entered: "Mother refuses information on husband." Other items, 20,,21, 25b, 33, 34, and 35, associated with the father should be shown as “Unknown”. NOTE: If the husband is present and states he wants to be listed on the record as the father, his name must be entered as such.
2. If the child was born to an unmarried mother:
 - a. Make no entry regarding the father’s name and omit all father related items. All father information should be left blank, or
 - b. If the father has acknowledged paternity as previously outlined, items 19-21, and any other father items will be completed, or
 - c. If the child was conceived by means of artificial insemination, “Artificial Insemination Donor” may be entered in item 19, the father’s name field, or the father information is left blank and artificial insemination may be listed in item 43, History Factors for this Pregnancy.

ITEM NEEDED FOR IDENTIFICATION AND AS DOCUMENTARY EVIDENCE OF PARENTAGE.

20. FATHER’S DATE OF BIRTH (Month, Day, Year)

Enter the exact month, day, and year that the father was born. Do not use a number to designate the month. Enter the full or abbreviated name of the month. Remember, a child born at midnight is born at the beginning of the day.

AGE IS USED IN THE STUDY OF CHILDBEARING AND HEALTH.

21. FATHER’S BIRTHPLACE (State, Territory or Foreign Country) (Father)

If the father was born in the United States, enter the name of the state. If the mother was born in Canada, enter the name of the Province, Canada, e.g. Vancouver, British Columbia. 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 "Unknown." If the father was born in a foreign country, but the country is unknown, enter "Unknown." If no information is available regarding place of birth, enter "Unknown."

THIS IS A STATISTICAL ITEM USED WITH CENSUS DATA TO STUDY BIRTHS OF CHILDREN WHO’S FATHERS, AT THE TIME OF BIRTH OF THE CHILD, RESIDED IN THE STATE WHERE THEY WERE BORN AND CHILDREN WHOSE FATHERS RESIDED IN A STATE OTHER THAN THEIR STATE OF BIRTH.

22. INFORMANT STATEMENT AND SIGNATURE - I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE. SIGNATURE OF PARENT:

Obtain the signature of the parent who provided the personal facts after the information has been entered on the certificate and reviewed by such person.

If there is no parent available to sign the record (mother transferred to another facility or is in a coma, deceased, etc.) the name should be typed in item 22 and a brief note written on the back of the record, in the upper right margin, stating, "Mother unavailable to sign record".

If the record is for an abandoned baby or a foundling, enter "abandoned baby" or "foundling" in place of the mother’s signature.

THE CERTIFICATION VALIDATES THE ACCURACY OF THE INFORMATION RECORDED ON THE CERTIFICATE AND IS SPECIFICALLY MANDATED BY STATE LAW.

PATERNITY ACKNOWLEDGMENT

In situations where the mother is unmarried and the father is acknowledging paternity, the paternity acknowledgement on the front of the birth certificate is available for completion at the time of birth. Both the mother’s and the father’s signatures must be notarized or signed before two witnesses and all items completed in order for the acknowledgment to be valid. When using the notary, the preferred method, all rules covered under the notary statute, s. 117.05, F.S., apply.

A good resource is the Child Support Enforcement (CSE) Resource Guide which can be obtained from the CSE Coordinator.

TWO WITNESS OPTION

When a notary is unavailable or the father has no identification, the two-witness option can be exercised as allowed in s. 742.10, F.S. The following provides details related to the use of two witnesses for the in-hospital paternity acknowledgment:

2. Signature Requirements and Options:
 - f. Both parents must sign and date the acknowledgment.
 - g. If either parent is a minor, the minor is encouraged to obtain the consent of his or her legal guardian before signing the acknowledgment. However, under law, a minor can sign the acknowledgment without the consent of their parent or legal guardian.
 - h. The mother and father may not witness each other's signature.
 - i. The last name of the parents on the birth certificate and Paternity Acknowledgment section must match the signatures. If there is some discrepancy in the names, such as the Spanish tradition of two last names, but the names are identifiable as the same person listed, then the signature is acceptable.
 - j. The signature is both an acknowledgment of the information and a verification of the information.
2. When using the two-witness option, there are no statutory requirements related to either the witnesses or parents providing **identification**.
 - e. Hospital staff can serve as witnesses and will often be personally known to the birth clerk or person that is facilitating the paternity acknowledgment, and it can be expected that at other times the parents will provide their own witnesses that are not personally known to hospital staff.
 - f. Statute does allow minors to acknowledge paternity and have their signatures witnessed using this option. However, we encourage the use of a Notary Public in situations involving minors signing legal documents.
 - g. If parents provide witnesses that are willing and able, hospital staff cannot refuse to facilitate the paternity acknowledgment based upon a lack of identification for any of the parties. However, we encourage hospital staff to use good judgment when they are themselves serving as witness to parental signatures.
 - h. If any prospective witness is uncomfortable witnessing any individual signature because of the lack of identification, the birth clerk (or other person facilitating the paternity acknowledgment) should consider the use of another witness, if available, or notary public instead.

The birth record **cannot** be held beyond the required five-day filing period, waiting for a father to acknowledge paternity. If the father is unavailable to sign the in-hospital paternity, the hospital should provide the mother with the form DH 432, Acknowledgement of Paternity, which can be filed directly with the state office at any time after the birth of the child. A supply of this form is available at the county vital statistics office.

23. FATHER'S ADDRESS

Enter the residence address of the father acknowledging paternity.

FOR ADMINISTRATIVE USE ONLY

The following information is for administrative use only and is not part of any certification.

24. SOCIAL SECURITY NUMBER REQUESTED FOR CHILD

The Enumeration at Birth program allows parents to request a social security number be issued for child through the birth registration process. The state office transmits information to the Social Security Administration who in turn mails the parents a social security card as requested for their child.

Certain situations require “No” to be checked. If the child:

1. Is unnamed
2. Is to be placed for adoption
3. Is critically ill and not expected to survive
4. Has died prior to completion of birth certificate

There are some instances when the parents request a number to be assigned for their child, but they do not receive the card in the mail. These cases may be due to Social Security’s computer program limitations that prevent printing a card automatically, e.g. use of numerals or special characters in the name, or undeliverable mailing addresses (no U.S. zip code or overseas military). The parents should contact Social Security for them to process the request manually.

25a. and 25b. MOTHER AND FATHER SOCIAL SECURITY NUMBER(S)

Enter the social security numbers of each parent. If parents refuse to give their social security numbers, complete this item with Unknown. If parent(s) do not have a social security number, enter None or Unknown.

THE SOCIAL SECURITY NUMBERS NEVER APPEAR ON CERTIFIED COPIES OF THE BIRTH CERTIFICATE.

26. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY

Check the appropriate entry of “private insurance,” “Medicaid,” “self pay,” or “other-specify.” Some examples of “Other” would be Champus/Tricare or Indian Health. An HMO or PPO is considered as private insurance.

THIS INFORMATION IS USED FOR PUBLIC HEALTH PURPOSES SINCE IT HAS BEEN SHOWN THAT THERE ARE DISTINCT DIFFERENCES IN SOCIO-ECONOMIC STATUS AND BIRTH OUTCOMES AMONG PAYMENT CATEGORIES.

27. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY

WIC is the Department of Agriculture’s nutrition program for Women, Infants and Children. WIC provide pregnant women and/or their children formula, food, checks or vouchers for food.

Check “No” if the mother did not get WIC food for herself during this pregnancy; check “Yes” if she participated in the WIC program.

NUTRITION IS AN IMPORTANT FACTOR IN IMPROVING PREGNANCY OUTCOME FOR BOTH MOTHER AND CHILD.

28a. WAS MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY (If “Yes,” specify name of facility transferred from)

Check “No” if this is the first facility to which the mother was admitted for this delivery or if delivery took place at home and mother came to the facility right after delivery. Check “Yes” if the mother was transferred from one facility to another facility before the child was delivered.

If the mother was transferred before the delivery, enter the name of the facility from which she was transferred, e.g. mother started labor at freestanding birthing center, but was taken to the hospital for the delivery. If the mother was transferred more than once, enter the name of the last facility from which she was transferred.

THIS INFORMATION IS USED TO STUDY TRANSFER PATTERNS AND DETERMINE WHETHER TIMELY IDENTIFICATION AND MOVEMENT OF HIGH-RISK PATIENT IS OCCURRING.

28b. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY (If “Yes,” specify name of facility transferred to)

Check “No” if the infant was not transferred to another facility. Check “Yes” if the infant was transferred from this facility to another facility after delivery. If the infant was transferred, enter the name of the facility to which the infant was transferred. If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.

THIS INFORMATION IS USED TO EXAMINE TRANSFER PATTERNS AND PERINATAL OUTCOMES BY THE TYPE OF HOSPITAL OR LEVEL OF CARE. IT MAY ALSO BE USED TO FOLLOW UP AND DETERMINE THE SURVIVAL STATUS OF AN INFANT TRANSFERRED TO A DIFFERENT FACILITY.

29a. IS INFANT LIVING AT TIME OF REPORT (If “No,” complete items 29b-29c)

Check “Yes” if the infant is alive at the time of preparation of the birth certificate. Check “No” if the infant has died then complete items 29b and 29c. Check “Infant transferred, status unknown” if the infant was transferred and the status is unknown.

If the facility notifies the county of the death of the infant after they have filed the record, the CDR should put a note on back in upper right margin, indicating deceased. Include the date of death if known.

29b. DATE OF DEATH (Month, Day, Year)

Enter the Month, Day, and Year the infant died. Enter the full or abbreviated name of the month. Do not use numerical entry.

29c. COUNTY OF DEATH

Enter the county where the death occurred.

ITEMS 29A-29C PROVIDE INFORMATION ON THE STATUS OF THE INFANT AT THE TIME THE BIRTH CERTIFICATE IS PREPARED. COMPLETION OF THESE ITEMS ASSISTS IN THE INFANT DEATH MATCH OF BIRTH CERTIFICATES WITH DEATH CERTIFICATES OF INFANTS. IT ALSO PREVENTS THE NOTICE FOR BIRTH NOTIFICATIONS AND IMMUNIZATIONS FROM BEING MAILED TO GRIEVING PARENTS.

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

The information for medical and health studies are separated from the identifying information so that they can be excluded from certified copies of the certificate. They are used for a wide range of research and medical purposes.

Information obtained for this portion of the birth certificate should come from the physician’s prenatal record for the mother, labor and delivery records, neonatal unit records or other hospital medical records.

30-35. PARENT INFORMATION – if parent information is not known, enter Unknown after item heading line

30. RACE (Specify the race/races to indicate what mother considers herself to be. More than one race can be specified)

Check the race of the mother as obtained from the informant. Item 30 should be completed for the mother on all certificates. Mark all entries that apply. Complete “other, specify” as needed, e.g. Hispanic. If not known, enter Unknown after item heading line. Do not leave this item blank.

THIS ITEM ALLOWS FOR MULTIPLE ENTRIES FOR “RACE” IN ORDER TO OBTAIN MORE SPECIFIC INFORMATION. IT IS USED TO STUDY HEALTH CHARACTERISTICS FOR RACIAL GROUPS (CHILDBEARING TRENDS, INFANT MORTALITY, BIRTH

WEIGHT, ETC.). RACE IS AN IMPORTANT VARIABLE IN PLANNING FOR AND EVALUATING THE EFFECTIVENESS OF HEALTH PROGRAMS, AND IT IS ALSO USED IN PREPARING POPULATION ESTIMATES.

31. OF HISPANIC OF HAITIAN ORIGIN? (Specify if mother is of Hispanic or Haitian Origin)

Check only one. Specify "Yes" or "No." If "Yes" is checked, indicate the appropriate choice as obtained from the parent(s) or other informant. Item 31 should be marked for the mother on all certificates. The entry in this item should reflect the response of the informant. If there is more than one, Check Other Hispanic (Specify) and enter Puerto Rican/Cuban or Mexican/Guatemalan, etc. If not known, enter Unknown after item heading line. Do not leave this item blank.

For the purposes of this item, "Hispanic" refers to those people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

There is no set rule as to how many generations are to be taken into account in determining Hispanic or Haitian origin. A person may report Hispanic or Haitian origin based on the country of origin of a parent, grandparent, or some far-removed ancestor. The response should reflect what the person considers himself or herself to be and is not based on percentages of ancestry. Although the prompts include the major Hispanic groups of Cuban, Mexican, and Puerto Rican, other Hispanic groups should also be identified in the space provided.

This item is *not* a part of the Race item. A person of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.

HISPANICS COMPRISE THE LARGEST ETHNIC MINORITY IN THIS COUNTRY, AND IN FLORIDA, HAITIANS ALSO COMPRISE A LARGE MINORITY. THIS ITEM PROVIDES DATA TO MEASURE DIFFERENCES IN FERTILITY AND PREGNANCY OUTCOME AS WELL AS VARIATIONS IN HEALTH CARE FOR PEOPLE OF HISPANIC, HAITIAN, AND NON-HISPANIC OR HAITIAN ORIGIN. WITHOUT COLLECTION OF DATA ON PERSONS OF THESE GROUPS, IT IS IMPOSSIBLE TO OBTAIN VALID DEMOGRAPHIC AND HEALTH INFORMATION ON THIS IMPORTANT GROUP OF AMERICANS.

32. EDUCATION (Specify the mother's highest degree or level of school completed at time of delivery)

Mark the appropriate line that reflects the level of education of the mother. Count formal schooling. Do not include beauty, barber, trade, business, technical, or other special schools in this entry. If parent is from another country and has completed secondary education, check "high school diploma or GED." If not known, enter Unknown after item heading line.

EDUCATION IS CLOSELY RELATED TO FERTILITY, HEALTH PRACTICES, AND BIRTH OUTCOME. IT IS ALSO USED AS AN INDICATOR OF SOCIOECONOMIC STATUS.

33. RACE (Specify the race/races to indicate what father considers himself to be. More than one race can be specified)

If a father is listed on the certificate, check the race of the father as obtained from the informant. Mark all entries that apply. Complete "other, specify" as needed, e.g. Hispanic. If father is not known, enter Unknown after item heading line. Do not leave this item blank.

THIS ITEM ALLOWS FOR MULTIPLE ENTRIES FOR "RACE" IN ORDER TO OBTAIN MORE SPECIFIC INFORMATION. IT IS USED TO STUDY HEALTH CHARACTERISTICS FOR RACIAL GROUPS (CHILDBEARING TRENDS, INFANT MORTALITY, BIRTH WEIGHT, ETC.). RACE IS AN IMPORTANT VARIABLE IN PLANNING FOR AND EVALUATING THE EFFECTIVENESS OF HEALTH PROGRAMS, AND IT IS ALSO USED IN PREPARING POPULATION ESTIMATES.

34. OF HISPANIC OF HAITIAN ORIGIN? (Specify if father is of Hispanic or Haitian Origin)

If a father is listed on the certificate, check only one. Specify "Yes" or "No." If "Yes" is checked, indicate the appropriate choice as obtained from the parent(s) or other informant. The entry in this item should reflect the response of the informant. If there is more than one, check Other Hispanic (Specify) and enter Puerto Rican/Cuban or Mexican/Guatemalan, etc. If father is not known, enter Unknown after item heading line. Do not leave this item blank.

For the purposes of this item, "Hispanic" refers to those people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

There is no set rule as to how many generations are to be taken into account in determining Hispanic or Haitian origin. A person may report Hispanic or Haitian origin based on the country of origin of a parent, grandparent, or some far-removed ancestor. The response should reflect what the person considers himself or herself to be and is not based on percentages of ancestry. Although the prompts include the major Hispanic groups of Cuban, Mexican, and Puerto Rican, other Hispanic groups should also be identified in the space provided.

This item is *not* a part of the Race item. A person of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.

HISPANICS COMPRISE THE LARGEST ETHNIC MINORITY IN THIS COUNTRY, AND IN FLORIDA, HAITIANS ALSO COMPRISE A LARGE MINORITY. THIS ITEM PROVIDES DATA TO MEASURE DIFFERENCES IN FERTILITY AND PREGNANCY OUTCOME AS WELL AS VARIATIONS IN HEALTH CARE FOR PEOPLE OF HISPANIC, HAITIAN, AND NON-HISPANIC OR HAITIAN ORIGIN. WITHOUT COLLECTION OF DATA ON PERSONS OF THESE GROUPS, IT IS IMPOSSIBLE TO OBTAIN VALID DEMOGRAPHIC AND HEALTH INFORMATION ON THIS IMPORTANT GROUP OF AMERICANS.

35. EDUCATION (Specify the father's highest degree or level of school completed at time of delivery)

If a father is listed on the certificate, check the appropriate line that reflects the level of education of father. Count formal schooling. Do not include beauty, barber, trade, business, technical, or other special schools in this entry. If father is from another country and has completed secondary education, check “high school diploma or GED.”

EDUCATION IS CLOSELY RELATED TO FERTILITY, HEALTH PRACTICES, AND BIRTH OUTCOME. IT IS ALSO USED AS AN INDICATOR OF SOCIOECONOMIC STATUS.

36a-42e. PREGNANCY HISTORY

36a. PRENATAL CARE RECEIVED? (If no, skip to # 37)

Check “Yes” or “No,” as appropriate. If no entry, leave items 36b-d blank.

36b. DATE OF FIRST PRENATAL VISIT (Month, Day, Year)

Enter the date of the first prenatal visit after becoming pregnant, when the mother first received care from a physician or other health professional or attended a prenatal clinic, as listed in the health care practitioner’s record.

If the exact day is unknown, but the month and year are known, obtain an estimate of the day from the mother or her physician. If an estimate of the date cannot be obtained, enter only the month and year. **This date cannot be after the child’s date of birth.**

THIS INFORMATION, IN CONJUNCTION WITH THE DATE OF LAST NORMAL MENSES, PROVIDES DATA FOR THE MONTH THAT PRENATAL CARE BEGAN. THIS ITEM IS NEEDED AS THE BASIS FOR MEASURES OF HOW SOON WOMEN INITIATE PRENATAL CARE AND FOR MEASURES OF THE APPROPRIATE UTILIZATION OF SERVICES.

36c. DATE OF LAST PRENATAL VISIT (Month, Day, Year)

Enter the date of the mother’s last prenatal visit before delivery as recorded in the health care practitioner’s record. If the exact day is unknown, but the month and year are known, obtain an estimate of the day from the mother or her physician. If an estimate of the date cannot be obtained, enter only the month and year.

THIS ITEM WILL ENSURE THAT ALL PRENATAL VISITS ARE COUNTED.

36d. PRENATAL VISITS

Enter the number of visits made for medical supervision from a physician or other health care provider during the pregnancy.

THIS INFORMATION IS USED TO DETERMINE THE RELATIONSHIP OF PRENATAL CARE TO THE HEALTH OF THE CHILD AT BIRTH.

37. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)

Enter the exact date (month, day, and year), as obtained from the physician or hospital record, of the beginning of the mother's last normal menstrual period. If the information is unavailable from these sources, obtain it from the mother.

It is preferred that a written date entry, rather than numerical, be made.

If the exact day is unknown, but the month and year are known, obtain an estimate of the day from the mother or her physician. If an estimate of the date cannot be obtained, enter only the month and year.

If mother never has had a menses, enter "Never had menses."

Enter "Unknown" if the date cannot be determined.

THIS ITEM, IN CONJUNCTION WITH THE DATE OF BIRTH, IS USED TO DETERMINE THE LENGTH OF GESTATION, WHICH IS RELATED TO INFANT MORBIDITY AND MORTALITY. LENGTH OF GESTATION IS ASSOCIATED WITH BIRTH WEIGHT IN DETERMINING THE MATURITY OF THE CHILD AT BIRTH AND THUS IS IMPORTANT IN MEDICAL RESEARCH.

38. MOTHER'S HEIGHT

Enter mother's height in feet and inches. Ideally, height should be measured without shoes. Verify entries of 2-3 feet and 7-8 feet; put notation on back of record in upper right margin. Do **not** enter inches only; of 66 inches, enter 5 ft. 6 in. There should be no fractions or decimals, only whole number feet and inches. If 5 ft. 6 ½ in., enter 5 ft. 6 in.; if 5 ft. ¼ in., enter 5 ft. 4 in. If no inches, enter 5 ft. 0 in.

MOTHER'S HEIGHT, IN CONJUNCTION WITH PRE-PREGNANCY AND AT-DELIVERY WEIGHT, CORRELATES WITH POSSIBLE OBESITY AND ITS EFFECT ON THE HEALTH OF THE MOTHER AND A HEALTHY OUTCOME FOR THE CHILD.

39a-b. MOTHER'S WEIGHT (in pounds)

Enter mother's weight at first prenatal visit and at delivery. Ideally, weight should be taken without shoes. Enter "Unk" if the weight cannot be determined or is unknown for either item. There should be no fractions or decimals, only a whole number. If 140 ½ lbs, enter 140 lbs; if 150.3 lbs, enter 150 lbs.

MOTHER'S WEIGHT, PRE-PREGNANCY AND AT-DELIVERY, IN CONJUNCTION WITH MOTHER'S HEIGHT, CORRELATES WITH POSSIBLE OBESITY AND ITS EFFECT ON THE HEALTH OF THE MOTHER AND A HEALTHY OUTCOME FOR THE CHILD.

40. TOBACCO USE DURING PREGNANCY

Check "Yes" for tobacco use if the mother smoked tobacco at any time during the pregnancy. Specify the average number of cigarettes the mother smoked per day during her pregnancy. If the mother smoked *but quit* during the pregnancy, mark "Yes, but quit"; specify the average number of cigarettes the mother smoked per day *before* she quit. If, on the average, she smoked less than one cigarette per day, enter "Less than 1" (<1).

Check "No" if the mother did not smoke during the entire pregnancy. Do not make any entry on the line requesting the average number of cigarettes per day.

This information should be taken from the physician's prenatal record for the mother.

41. ALCOHOL USE DURING PREGNANCY

Check "Yes" for alcohol use if the mother consumed alcoholic beverages at any time during her pregnancy. Check "No" if the mother did not consume any alcoholic beverages during her entire pregnancy.

This information should be taken from the physician's prenatal record for the mother.

SMOKING AND DRINKING DURING PREGNANCY MAY HAVE AN ADVERSE IMPACT ON PREGNANCY OUTCOME. THIS INFORMATION IS USED TO EVALUATE THE RELATIONSHIP BETWEEN CERTAIN LIFESTYLE FACTORS AND PREGNANCY OUTCOME AND TO DETERMINE AT WHAT LEVELS THESE FACTORS CLEARLY BEGIN TO AFFECT PREGNANCY OUTCOME.

42a-e. PREVIOUS LIVE BIRTHS (Do not include this child)

The birth registrar should be sure the information entered for these items agree with the information provided in items 51a-b having to do with multiple births.

42a. Number Now Living

Enter the number of prior children born alive to this mother who are still living at the time of this birth. Do not include this child or children by adoption. If this is the first pregnancy for the mother, enter "0." If not known, enter "Unknown" or "Unk."

42b. Number Now Dead

Enter the number of prior children born alive to this mother who are no longer living at the time of this birth. Do not include this birth or any children by adoption. If this is the first pregnancy for the mother, enter "0." If not known, enter "Unknown" "Unk."

42c. DATE OF LAST LIVE BIRTH (Month, Year)

Enter the date of birth (month and year) of the last live-born child of the mother. It is preferred that the literal name of the month, in abbreviated form, be used.

If this certificate is for the second birth of a twin set, enter the date of birth for the first baby of the set, if it was born alive. Similarly, for triplets or multiple births, enter the date of birth

of the previous live birth of the set. If all previously delivered members of a multiple set were fetal deaths, enter the date of the mother's last delivery that resulted in a live birth.

Enter "None" if mother has not had a previous live birth. If not known, enter "Unk."

42d. OTHER PREGNANCY OUTCOMES (spontaneous, induced, ectopic)

Include each recognized loss of a product of conception such as miscarriage, fetal death, and abortion (spontaneous and induced). Enter "0" if this is the first pregnancy for this mother or if all previous pregnancies resulted in live-born infants. If not known, enter "Unk."

If there is a twin pregnancy, and one twin dies prior to delivery and the second twin is carried to term, this item should include the twin who died. *Do not leave this item blank.*

42e. DATE OF LAST OTHER OUTCOME (Month, Year)

Enter the date (month and year) of the last other outcome of pregnancy that was not a live birth regardless of the length of gestation. It is preferred that the literal name of the month, in abbreviated form, be used. If the mother has never had a termination, enter "None." If not known, enter "Unk." *Do not leave this item blank.*

If this certificate is for the second birth of a twin set and the first was a fetal death, enter the date of delivery of that fetal death. Similarly, for other multiple births, if any previous member of the set was a fetal death, enter the date of delivery of that fetal death. If all previously born members of a multiple set were live births, enter the date of the mother's last delivery that resulted in a fetal death.

THESE ITEMS ARE USED TO DETERMINE LIVE BIRTH ORDER AND TOTAL BIRTH ORDER THAT ARE IMPORTANT IN STUDYING TRENDS IN CHILDBEARING AND CHILD SPACING. THEY ARE ALSO USEFUL IN STUDYING HEALTH PROBLEMS (e.g., HEALTH PROBLEMS ASSOCIATED WITH FIRST BIRTHS TO OLDER MOTHERS, RELATIONSHIP OF INFANT MORTALITY TO BIRTH ORDER, ETC.).

THE DATES OF LAST LIVE BIRTH AND OTHER OUTCOMES ARE USED TO COMPUTE THE INTERVALS BETWEEN LIVE BIRTHS AND FETAL DEATHS AND BETWEEN PREGNANCIES IN STUDYING CHILD SPACING. THEY ARE ALSO IMPORTANT IN DETERMINING WHETHER THERE ARE HEALTH PROBLEMS ASSOCIATED WITH CLOSE SPACING OR WITH THE OUTCOME OF THE PREVIOUS PREGNANCY (WHETHER OR NOT IT WAS A LIVE BIRTH).

43-49. MEDICAL AND HEALTH INFORMATION

The following medical and health items are formatted into check-off lines. It has been demonstrated that this format produces higher quality and more complete information than open-ended items. If information is unknown or unavailable, do not mark any item; enter "Unknown" after the item heading line.

Please review each item listed and carefully check the appropriate line(s). The mark should not overlap more than one line. If an item is not listed, mark, "Other (specify) and make the appropriate entry.

The information for these items should come from the mother's prenatal record and her medical record.

43. HISTORY FACTORS FOR THIS PREGNANCY (Check all that apply)

Mark all that apply. Check each of the medical history factors that the mother experienced during this pregnancy. If the mother experienced medical history factor(s) not identified in the list, check "Other" and enter the history factor on the line provided. Medical history factors should be identified from the hospital or physician record.

For diabetes, designate whether it was Prepregnancy or Gestational. **Do not check both.** For Hypertension, designate whether it was Prepregnancy, Gestational or Eclampsia; **make only one entry.** If there were no medical history factors, check "None." *Do not leave this item blank.*

THIS INFORMATION ALLOWS FOR THE IDENTIFICATION OF SPECIFIC MATERNAL CONDITIONS THAT ARE OFTEN PREDICTIVE OF POOR MATERNAL AND INFANT OUTCOME. IT CAN BE USED FOR PLANNING INTERVENTION AND PREVENTION STRATEGIES.

44. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply)

Mark all that apply.

ALL OF THE LISTED INFECTIONS ARE KNOWN TO CAUSE FETAL AND/OR SUBSEQUENT NEONATAL INFECTION AND HAVE SIGNIFICANT PUBLIC HEALTH IMPLICATIONS.

45. OBSTETRIC PROCEDURES (Check all that apply)

Mark all that apply. If External cephalic, it can't be both successful and failed – check only one.

OBSTETRIC PROCEDURES DETECT POSSIBLE PROBLEMS WITH THE FETUS THAT, WHEN DETECTED, CAN BE CORRECTED OR TREATED PRIOR TO OR IMMEDIATELY AFTER BIRTH AND CAN POSSIBLY HELP TO PREVENT PREMATURE DELIVERY.

46. ONSET OF LABOR (Check all that apply)

Mark all that apply. Precipitous and Prolonged cannot both be checked, it is either one or the other.

MONITORING OF MEDICAL INDUCTION OF LABOR IS NEEDED TO ASSESS ITS EFFECT ON CAESAREAN DELIVERY RATES AND PERINATAL AND MATERNAL OUTCOMES. NON-VERTEX PRESENTATION IS A RISK FACTOR THAT MAY BE AN INDICATION FOR CAESAREAN DELIVERY.

47. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply)

Mark all that apply.

INFORMATION ON STEROIDS FOR FETAL LUNG MATURATION SUPPORTS THEIR USE IN THREATENED PRETERM DELIVERY PRIOR TO 32 WEEKS GESTATION TO REDUCE RISK FOR MULTIPLE ADVERSE NEONATAL OUTCOMES.

CLINICAL CHORIOAMNIONITIS INFORMATION IS NEEDED TO CORRELATE WITH ANTIBIOTIC USE AND PRETERM DELIVERY DUE TO AN INCREASE IN INFORMATION THAT SUGGESTS INFECTION AS A MAJOR PRECIPITATING FACTOR FOR PRETERM LABOR AND CAUSATION OF PALSY.

48. METHOD OF DELIVERY

Complete **all** items A through D. This information should be obtained from the mother's medical chart or the physician. If the information is unknown, enter Unknown after the appropriate item.

Information should be consistent e.g.:

Item A - if **delivery with forceps** was attempted and successful, item A must indicate No; item D should have Vaginal/Forceps checked;

Item B - if **vacuum delivery** was attempted and successful, item B must indicate No; item D should have Vaginal/Vacuum checked;

Item C - Vertex is the same as Cephalic;

Item D – If **Cesarean delivery**, answer Yes or No to Was a trial of labor attempted

THIS INFORMATION IS USED TO RELATE METHOD OF DELIVERY WITH BIRTH OUTCOME, TO MONITOR CHANGING TRENDS IN OBSTETRIC PRACTICE, AND TO DETERMINE WHICH GROUPS OF WOMEN ARE MOST LIKELY TO HAVE CESAREAN DELIVERY.

THE METHOD OF DELIVERY IS RELEVANT TO THE HEALTH OF MOTHERS, ESPECIALLY IF IT IS BY CESAREAN SECTION. INFORMATION FROM THIS ITEM CAN BE USED TO MONITOR DELIVERY TRENDS ACROSS THE UNITED STATES.

49. MATERNAL MORBIDITY (complications associated with labor and delivery)

Mark all that apply.

LABOR/DELIVERY COMPLICATIONS MAY AFFECT THE MOTHER'S ABILITY TO BECOME PREGNANT IN THE FUTURE.

50-57. NEWBORN**50. CLINICAL ESTIMATE OF GESTATION**

Enter the number of *completed* weeks as estimated by the attendant. Do not compute this information from the date last normal menses began and date of birth. If the attendant has not done a clinical estimate of gestation, enter "Not Done." *Do not leave this item blank.*

THIS ITEM PROVIDES INFORMATION ON GESTATIONAL AGE WHEN THE ITEM ON DATE LAST NORMAL MENSES BEGAN CONTAINS INVALID OR MISSING INFORMATION. FOR A RECORD WITH A PLAUSIBLE DATE LAST NORMAL MENSES BEGAN, IT PROVIDES A CROSSCHECK WITH LENGTH OF GESTATION BASED ON ULTRASOUND OR OTHER TECHNIQUES.

51a-b. PLURALITY (*Birth Order*)

When a multiple birth occurs, prepare and register a separate certificate for each child or fetus. Register certificates relating to the same multiple birth set at the same time, unless doing so will result in late filing. If records not filed at the same time or one of the deliveries results in a fetal death, put a note on the back in the upper right margin.

In incidents where there is a twin pregnancy, and one twin dies prior to delivery and the second twin is carried to term, the certificate should include the deceased twin in the number of other outcomes (42d), and the date of last outcome (42e). Plurality (51a) should indicate "twin." Conjoined twins must have a birth record filed for each twin.

If this is a multiple birth, the birth registrar should verify if the pregnancy was a result of infertility treatment. If the answer is "yes," item 43, in "History Factors," should be checked.

51a. PLURALITY (*Single, twin, etc.*)

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

51b. IF NOT SINGLE BIRTH (*Born first, second, etc.*)

Specify the order in which the child being recorded was born-first, second, etc. If this is a single birth, leave the item blank. For multiple births still in the womb and for multiple births that include a fetal death under 20 weeks gestation, make a note on the back of the record in the upper right margin, indicating which multiple.

THESE ITEMS ARE RELATED TO OTHER ITEMS ON THE CERTIFICATE THAT HAVE BEEN SHOWN TO HAVE HEALTH IMPLICATIONS, ESPECIALLY BIRTH WEIGHT. THE OCCURRENCE OF PLURAL BIRTHS IS RELATED TO THE AGE OF THE MOTHER AND BIRTH ORDER OF THE CHILD.

52. IS INFANT BEING BREASTFED?

Mark "Yes" or "No." If infant has died, Mark "No." This answer should be based on the mother's intent while still in the hospital.

53. APGAR SCORES

Enter the Apgar score taken at five minutes, as assigned by the delivery room personnel. If the five-minute Apgar score is less than six, the Apgar should be taken again at 10 minutes and the 10 minute score should also be entered. If the Apgar is not done at ten minutes, put a note on the back of the record, in the upper right margin, stating, "ten minute not done."

If Apgar is not taken at five minutes, enter "not done." If Apgar scores are unknown, enter UNK in both the five and 10 minute items.

THE FIVE-MINUTE APGAR SCORE IS A VALID PREDICTOR OF THE INFANT'S HEALTH. IF THE APGAR SCORE IS LESS THAN SIX AT FIVE MINUTES, THE APGAR SHOULD BE TAKEN AGAIN AT 10 MINUTES. IF IT IS NECESSARY TO TAKE A TEN MINUTE APGAR SCORE IT WILL MOST LIKELY BE PERFORMED IN THE NEONATAL INTENSIVE CARE UNIT.

THE APGAR SCORE IS REGARDED AS A RELIABLE SUMMARY FOR EVALUATING THE HEALTH OF THE INFANT AND IS VALUABLE IN RESEARCH AND STATISTICAL ANALYSIS WHEN RELATED TO OTHER ITEMS ON THE CERTIFICATE.

54. ABNORMAL CONDITIONS (Check all that apply)

Check each abnormal condition associated with the newborn infant. If more than one abnormal condition exists, check each condition. If an abnormal condition is present that is not identified in the list, check "Other" and specify the condition on the line provided. This information should be obtained from the mother's and infant's physicians or the medical records (obstetric and pediatric). If Assisted Ventilation, **check only one**. *Do not leave this item blank.*

INFORMATION ON ABNORMAL CONDITIONS OF THE NEWBORN HELPS MEASURE THE EXTENT INFANTS EXPERIENCE MEDICAL PROBLEMS AND CAN BE USED TO PLAN FOR THEIR HEALTH CARE NEEDS. THIS ITEM ALSO PROVIDES A SOURCE OF INFORMATION ON ABNORMAL OUTCOME IN ADDITION TO CONGENITAL ANOMALY OR INFANT DEATH. THESE DATA ALLOW RESEARCHERS TO ESTIMATE THE NUMBER OF HIGH-RISK INFANTS WHO MAY BENEFIT FROM SPECIAL MEDICAL SERVICES.

55. CONGENITAL ANOMALIES (Check all that apply)

Check each anomaly of the child. Do not include birth injuries. The anomalies listed should be only those that are *obvious* at birth. The checklist of anomalies is grouped according to major body systems. If an anomaly is present that is not identified in the list, check "Other" and specify the anomaly on the line provided. If Cleft Palate is indicated, **check only one**; **do not check both** Cleft Lip with or without Cleft Palate and Cleft Palate alone.

If there are no congenital anomalies of the child, check "None."

This information should be obtained from the mother's and infant's physicians or the medical records (obstetric and pediatric). *Do not leave this item blank.*

INFORMATION ON CONGENITAL ANOMALIES IS USED TO IDENTIFY HEALTH PROBLEMS THAT REQUIRE MEDICAL CARE AND MONITOR THE INCIDENCE OF THE

STATED CONDITIONS. IT IS ALSO USED TO STUDY UNUSUAL CLUSTERS OF SELECTED ANOMALIES, TO TRACK TRENDS AMONG DIFFERENT SEGMENTS OF THE POPULATION, AND TO RELATE THE PREVALENCE OF ANOMALIES TO OTHER CHARACTERISTICS OF THE MOTHER, INFANT, AND THE ENVIRONMENT.

CHAPTER 4 – REGISTRATION OF DEATHS

GENERAL

The registration of the death certificate is the responsibility of the funeral director/direct disposer who first assumes custody of a dead body. There is no mechanism for placing a death record on file except through the funeral director or person acting as such. In the event death occurs without medical attendance, is known or suspected to be an accident, homicide, or suicide, the signature of the medical examiner is required on the death certificate. For natural deaths, the attending physician must sign the death record.

The funeral director must deliver a completed death certificate to the registrar of the county where death occurred within five calendar days after death or before final disposition or shipment of the decedent out of state. He/she must also obtain a burial-transit permit within five days or before final disposition of the decedent. See Chapter 6, The Burial Transit Permit, for information on the burial transit permit.

In cases where there is an attending physician, the following persons, when duly licensed (pursuant to chapters 458, 459, and 460, F.S.) and registered in our state, are entitled to complete and sign the medical certification of the death certificate: medical doctors, osteopaths, and chiropractors. Where death occurs without medical attendance, the medical certification on the death certificate must be signed by the medical examiner. (Refer to s. 382.011 (1), F. S.)

CERTIFICATE TO BE FILED

All deaths in the state must be registered in accordance with s. 382.008, F.S. The death certificate shall be registered with the local registrar of the county in which the death occurred within five calendar days after such death or discovery of death. If the place of death is unknown, the death certificate shall be registered in the county in which the death is discovered. If death occurs on a moving conveyance, the death certificate shall be registered in the county in which the dead body is first removed from such conveyance.

DEATH RECORD - FORM

The original certificate of death shall be on a form approved by the state registrar. The death certificate shall contain the information required by the department, plus those items declared necessary for legal, social, and health purposes. The personal and statistical particulars on the form shall be obtained from the best source available.

RESPONSIBILITIES OF LOCAL REGISTRARS IN DEATH REGISTRATION

The local registrar reviews all incoming death certificates to determine acceptability and compliance with state law. He/she must take all necessary action to insure compliance, document and report to the state registrar those cases requiring further action. Particular attention is exercised in screening death certificates to determine if any fall within the jurisdiction of the medical examiner and should, therefore, have been reviewed and signed by him/her. Should the funeral director or subregistrar fail to notify the medical examiner if any such cases are discovered, the local registrar must make the proper notification to the medical examiner.

Local registrars may issue burial-transit permits for those deaths that occur in *their county* only. The permit is used for tracking to make sure the death certificate is filed on time. For all records not received within five days, an informal investigation will be initiated by the local registrar and the person or persons responsible for the delay are required to report the reasons for the delay. The state registrar must be notified in writing regarding persons who repeatedly violate this section of the vital statistics law.

FUNERAL DIRECTOR/DIRECT DISPOSER'S RESPONSIBILITY

The funeral director/direct disposer who first assumes custody of the decedent must obtain the required personal and statistical particulars and present the death certificate to the attending physician, or to the medical examiner when applicable, for signature and medical certification of the cause of death. He/she must place on the record the facts relative to place of burial or other disposition, sign the record, list his or her address, and present the completed record to the local registrar or a subregistrar.

The funeral director/direct disposer must deliver a burial-transit permit to the person in charge of the place of final disposition before interring or otherwise disposing of the decedent or attach the permit to the shipping container when the decedent is transported out of state. To obtain this permit, he must complete and sign the application for burial-transit permit and present it to the subregistrar or deputy registrar. If a completed death certificate will accompany the application, check box 5a, under section A of the application for burial transit permit. In those cases where a certificate of death does not accompany the permit, check box 5b or 5c, as appropriate, of the burial-transit permit application.

BURIAL WITHOUT FUNERAL DIRECTOR

If no licensed funeral director/direct disposer buries or otherwise disposes of the decedent, responsibility for preparing and registering the required death certificate as stated above, and obtaining the burial-transit permit rests upon the person in charge of such burial or disposition.

If the hospital makes final disposition (in cases of infant or fetal death), they must prepare and register the death certificate, obtain the permit as stated above and notify the medical examiner as provided in s. 406.11 (1) (c), F.S.; and follow all laws and rules regarding disposition as provided in ch. 470, F.S.

If the decedent is to be used in medical study and/or cremated at a later date, the hospital must notify the medical examiner as noted above. In preparing the record, "Other Specify" should be checked in item 26a and "Hospital Disposition" entered. Items 24-25a-b should show the hospital name and location. The chief of staff, head of pathology, or other appropriate hospital official will act as funeral director and should sign in item 27b and return the permit to the local registrar after his or her endorsement showing disposition.

APPOINTMENT OF SUBREGISTRARS

The state registrar may appoint one or more subregistrars for each licensed funeral home or registered direct disposal establishment based upon the request of the director of the establishment and the recommendation of the county local registrar. In regards to vital statistics issues, these subregistrars are subject to the supervision and control of the state registrar and subject to the same penalties for neglect of duty, as are all deputy registrars. Subregistrars may be terminated from such positions by the state registrar as the result of their neglect or failure to properly perform the duties of the office.

A licensed funeral director or registered direct disposer may be appointed as a subregistrar as long as he/she does not issue burial-transit permits to himself/herself. Each subregistrar must:

1. Be a notary public commissioned in the state of Florida;
2. Attend a subregistrar training class;
3. Sign an acceptance form.

The subregistrar's commission authorizes him/her to issue burial-transit permits for deaths that occur in this state. When a subregistrar terminates association with an establishment, the subregistrar's commission is canceled. It is the responsibility of the person in charge of the establishment to notify the state office through the local registrar's office. The commission should then be returned to the state office.

If an establishment has a name change, it is the responsibility of the subregistrar to notify the local vital statistics office. A new application must be completed with the new establishment name.

If a former subregistrar becomes associated with another establishment, he/she can again be commissioned as a subregistrar at the new location by following the regular application procedure.

RESPONSIBILITIES OF SUBREGISTRARS

Upon receipt of a properly completed burial-transit permit application and accompanying death certificate, the subregistrar is authorized to process and issue a burial-transit permit. Funeral establishment subregistrars are an extension of the local registrar and are to adhere to legal compliance and cooperate fully with local registrars and their staff.

Subregistrars should review all death certificates to prevent errors and/or omissions and to accept or reject records accordingly. Prior to signing the death certificate in item 37, the subregistrar should review the record *after* the certifier has completed the cause of death information. It is their responsibility to determine that the medical examiner reviews and signs all death certificates that fall under his/her jurisdiction. The medical examiner and county local registrar must be notified immediately when there is a doubt as to whether a situation qualifies as a medical examiner's case.

Burial-transit permits are made in triplicate and must be numbered in consecutive order, prefaced by year and the funeral establishment number or direct disposal establishment registration number. For example, the first permit issued at a funeral establishment with license number 250 would be 2004-250-1. Upon numbering and completion of the permit, the original (white) accompanies the body, the first copy (yellow) is retained by the funeral

establishment, and the second copy (pink) is to be delivered or mailed within 24 hours after issuance to the county local registrar in the county health department of the county where death occurred.

If the subregistrar works out of more than one establishment, the permit number must be the next sequential number of the establishment *where the subregistrar is commissioned*, as shown on the commission itself. If a subregistrar issues a permit to any establishment other than the one where commissioned, again, the permit number must be the next sequential number of the establishment *where the subregistrar is commissioned*, as shown on the commission itself. (See ASSIGNING THE BURIAL TRANSIT PERMIT NUMBER Chapter 6, Preparing the Burial-Transit Permit.)

The subregistrar will notify the local registrar of any death that has not been registered within 5 days. Subregistrars are not authorized to issue certified copies or any copy that may appear to be a certified copy of a death certificate.

NOTE: When processing burial-transit permits, keep in mind that a funeral director/direct disposer cannot issue himself/herself a burial-transit permit.

BURIAL-TRANSIT PERMIT REQUIRED (S. 382.006 F.S.)

The funeral director/direct disposer who first assumes custody of a dead body must obtain a burial-transit permit prior to final disposition of the decedent or removal of the body from the state, and in all cases within five calendar days after the death occurred or was discovered. To obtain this permit, he must complete and sign the application for burial-transit permit (section A) and present it to either the local registrar of the county in which the death occurred or to a subregistrar (funeral establishment) within five calendar days of death. The name listed on the permit should be the legal name of the decedent.

A funeral director/direct disposer cannot issue a burial-transit permit to himself. The permit must be mailed or delivered to the local registrar within 24 hours after issuance.

Subregistrars within funeral establishments can issue a burial-transit permit for a death that occurs in any county. However, local registrars can issue these permits only for deaths that occur within their county.

For detailed information on the burial-transit permit and its completion, refer to Chapter 6, Preparing the Burial-Transit Permit.

BURIAL WITHOUT PERMIT

If final disposition has been made of the decedent before a burial-transit permit has been issued, subsequent issuance will not remedy this violation of the vital statistics laws, nor does its issuance serve any other useful purpose. These cases should be documented by the local registrar and reported to the state registrar.

DISINTERMENT/REINTERMENT PERMIT

The Disinterment/reinterment permit was repealed effective July 1, 1997. All other statutory requirements for disinterring human remains are still in place. The repeal of the disinterment/reinterment permit is the only thing that changed.

It is suggested that the funeral director type on funeral home letterhead stationery a statement indicating that the form no longer exists and send the letter, accompanied by a certified copy of the death certificate, along with the remains. The funeral director **cannot** complete another burial transit permit for this purpose – remember, the BTP is for the “newly dead” and it’s only one per customer.

PHYSICIAN'S RESPONSIBILITY IN DEATH REGISTRATION

The primary responsibility of the physician in death registration is:

1. To complete the medical certification section of the death certificate;
2. The medical certification section of the record must be completed, signed and made available to the funeral director/direct disposer within 72 hours after receipt;
3. The physician is deemed responsible for knowledge of state statutes and the physician handbook regarding medical certification of causes of death.

When death occurs without medical attendance or when death is due to or with mention of trauma, whether from accident, homicide or suicide, the physician should report the case to the medical examiner.

When inquiry is required by the medical examiner, within 72 hours after taking charge of the case:

1. This official shall investigate the cause of death;
2. Complete and sign the medical certification, or
3. Complete a temporary record, indicating the cause of death is pending further investigation;
4. Make application for the burial transit permit if there is no funeral home yet assigned to the case;
5. He/she is also responsible for cooperating with the local and state registrars by replying promptly to medical queries concerning the medical certification of cause of death.

The medical certification shall be completed and signed by the physician in charge of the decedent's care for the illness or condition that resulted in death, or by the physician in attendance either at the time of death or immediately before or after. The certifier shall specify the time when death occurred (24 hour clock); and he shall further state the cause(s) of death, so as to show the course of events or sequence of causes resulting in the death, stating:

1. First the condition causing death (terminal);
2. Followed by any contributing (secondary) cause(s);
3. Then the underlying cause or initiating disease condition with the corresponding durations.

The cause of death should be the physician's best medical opinion. Terms such as “possible”, “probable”, etc. can be used when the certifier is not comfortable making an exact diagnosis. Death records can be amended at any time should additional information become available.

Deaths that may be the result of either disease or violence shall be carefully defined; and if trauma is mentioned, items 46 – 52b, the means of injury, shall be completed. Any information that is not available to the certifier may be indicated as unknown or unavailable. The Manner of Death, item 39, should be completed for all deaths, indicating whether it was probably from natural causes, accident, suicide, homicide, or undetermined. If the manner is stated to be other than natural or undetermined, a trauma must be reported in Part I or Part II.

Subregistrars are also responsible for reviewing the record and the medical certification to insure that traumatic deaths are reported to the medical examiner's office.

WHO MAY SIGN MEDICAL CERTIFICATION

In cases where there is an attending physician, the following persons, when duly licensed (pursuant to chapters 458, 459, and 460, F.S.) and registered in our state, are entitled to complete and sign the medical certification of the death certificate: medical doctors, osteopaths, and chiropractors. Where death occurs without medical attendance, the medical certification on the death certificate must be signed by the medical examiner. (Refer to s. 382.011 (1), F. S.). Nurse practitioners (ARNP) and physicians' assistants (PA) are not authorized under statute to certify cause of death.

PROBLEM GETTING PHYSICIAN TO SIGN RECORD

The physician in charge of the patient's care for the illness or condition that resulted in death must complete the medical certification of the certificate of death within 72 hours after being presented the death record by the funeral director.

Many times the physician is reluctant to sign a death record. He/she may feel they are not completely sure of the actual cause of death or that it had been some time since they had last seen the decedent. The statute and the death record itself (item 30) states that the physician should determine cause of death to the best of their ability. The funeral director must explain to the physician their responsibility and reference s. 382.008 (3) F.S. regarding who the rightful certifier might be. The following are some suggestion for the funeral director:

1. Funeral director (FD), not funeral home staff, must speak to the physician to verify that he/she is willing to sign the DC. Law enforcement is not authorized to speak for the physician;
2. Funeral director must speak to the physician personally, not their staff, and explain the statutory responsibility for certifying cause of death;
3. Funeral director must provide written documentation that shows all their efforts to have the physician certify the death (Death Registration Delay Report);
4. Why is the physician refusing to sign the DC according to the FD?
 - a. Not physician's patient;
 - b. Covering physician;
 - c. Hadn't seen within 30 days;
 - d. Not expected to die;
 - e. Should be ME case
5. Where did the death occur?
 - a. If at home:

- 1). Was there a police report? If so, the CDR should get a copy.
- 2). Was the ME notified?
- 3). If ME, as the district legal authority in these matters, has determined all signs point to natural causes, the attending physician should certify the death
- b. Did the death occur in a hospital or other facility?
 - 1). Contact the Administrator or Risk Management office of the facility for assistance;
 - 2). Explain that this death was attended by at least one physician with admitting privileges to this hospital and the appropriate physician should sign the death certificate;
6. Remind the physician: the cause of death should be the physician's best medical opinion. Terms such as "possible", "probable", etc. can be used when the certifier is not comfortable making an exact diagnosis. Death records can be amended at any time should additional information become available.
7. Keep the CDR informed of what is going on with the case;
8. If above efforts are unsuccessful, the CDR can assist in getting the record filed;
9. If the CDR is unsuccessful, the next step is for the Local Registrar to contact the certifier and apprise them of their responsibilities under the law;
10. The medical examiner, in some districts, can be of assistance when trying to get a physician to understand their responsibility in certifying a death record. The CDR or Local Registrar may contact the ME for assistance.
11. When all local efforts have failed to produce a death record, the state office must be contacted.

RESPONSIBILITY IN DEATHS WITHOUT MEDICAL ATTENDANCE

In s. 382.011(1), F. S., a death occurring more than 30 days after the decedent was last treated by a physician, except where death was medically expected as certified by an attending physician, should be reported to the medical examiner. It is presumed if a physician is treating a patient and prescribing prescription(s) for a medical condition, this physician is "attending", even though the patient has not been seen by the physician in the last 30 days. A physician covering for an absent colleague has access to the patient's medical records and can also be considered as attending. Pursuant to s. 406.11, F.S., the medical examiner is responsible for the medical certification of cause of death in those cases where the death is unattended by a physician.

Under that portion of the statute dealing with unattended deaths, the funeral director/direct disposer or other person to whose knowledge the death may come, is required to notify the medical examiner that a death occurring without medical attendance has come to his or her attention. The funeral director/direct disposer may not dispose of the decedent prior to registering the death certificate and/or obtaining a burial-transit permit.

The local registrar will take whatever steps deemed necessary to insure that a proper death certificate is prepared and registered prior to authorizing a permit for disposition of the body. If the medical examiner has not been notified, the registrar should refer the case to the district medical examiner for investigation and certification.

RESPONSIBILITY OF CEMETERY SEXTON

Sextons, owners or managers of cemeteries, crematoriums, mausoleums, or other premises on which interments or other dispositions of decedents are made are required to have presented to them a properly issued burial-transit permit before permitting disposition of the body. Such person must endorse upon the burial-transit permit the date and method of disposal, must affix his or her signature attesting to the facts of disposition, and return the permit to the local registrar of the county where final disposition took place within ten days from the date of disposition, as required by s. 382.007 F.S.

If no such person is available, the funeral director is to sign and date the permit and forward it accordingly (s. 382.007, F.S.).

DEATH REGISTRATION DELAY REPORT (DH 1355)

Whenever a death certificate is not submitted to the local vital statistics office within the statutory time of five calendar days (s. 382.008, F.S.), or after an extension of time has been granted by a subregistrar or deputy registrar, a Death Registration Delay Report (DRD), form DH 1355, must be submitted by the funeral director/direct disposer to the chief deputy registrar of the county of death.

The DRD report is to be used when a physician or medical examiner has not completed the cause of death on the death certificate within 72 hours (s. 382.008(3) or 382.011(2) F.S.). All of the funeral director's attempts to obtain the death certificate from the physician/medical examiner should be documented on this form.

The DRD report should only be used when a death certificate cannot be filed on time, due to the physician or medical examiner delaying the certificate. It should not be used to justify delays resulting from the use of the mail.

A death certificate should not be held up for filing if personal information is missing. Any personal information not available at the time of filing should be entered as "unknown" or "unobtainable" on the death certificate and the record must be submitted within the required statutory time limit. The death certificate can be amended at a later date should the personal information become available.

TEMPORARY (PENDING) DEATH RECORDS (s. 382.008 (4,5) F.S.)

When the medical certification of the cause of death cannot be completed, pending autopsy or medical examiner's report, within the allotted time, a temporary (pending) death certificate is to be registered with the local registrar. A temporary death record is to be registered only in cases where the cause of death is unknown, pending autopsy or official investigation, or where the decedent has not been identified. Temporary records are to be forwarded to the state office in the usual manner. The CDR should keep a log or record of all outstanding temporary records and follow-up with the funeral director after 30 days to check on the status.

A temporary death certificate is to be registered only in cases where the cause of death is unknown, pending autopsy, official report or investigation. Registering of a temporary death certificate relieves the funeral director/direct disposer and certifier of possible violation of Florida Statutes and allows the burial-transit permit to be issued for disposition of the decedent.

- A. Filing of temporary records:
1. Should be registered before final disposition of the decedent, removal from state, or within five days after death or discovery of death;
 2. Must be completed with all information available at time of filing, except for the cause of death, and must be signed by the physician/medical examiner in charge of the case and the funeral director/direct disposer;
 3. The cause of death should be shown as "pending autopsy", "pending investigation," etc. followed by an estimated date of replacement;
 4. A death certificate on an unknown decedent is considered a temporary record. The filing of a record must not be held up while waiting for identification of the remains. If the decedent is subsequently identified, the record can be replaced with a permanent record as outlined below.
- B. Filing of permanent replacement records when the attending physician/medical examiner completes and determines the cause of death for a temporary death record already registered:
1. When the attending physician or medical examiner completes and determines the cause of death for a temporary death record already registered or the identity of the decedent, a new and complete record is to be registered as soon as practical as a permanent replacement for the temporary record;
 2. Any information that was unknown or incorrect on the temporary record may be completed and/or corrected on the permanent record;
 3. Changed or corrected information **must** be documented on the back of the record, in the left margin, accompanied by either the funeral director's, physician's, or medical examiner's signature and date.
e.g. "Items 4, 7 and 18 corrected. John Q. Funeral, LFD, 3/15/2004"

Temporary records can be amended prior to the filing of the permanent record. This is often done when the family needs a certified copy right away and cannot wait for the permanent record to be filed. Just be sure when the permanent record is filed that the information is in agreement.

When the permanent replacement record is received while the local registrar still holds the temporary record, it may be replaced at the local level. This replacement/permanent record simply becomes an original record. The temporary record should be destroyed and only the original (permanent replacement) record forwarded to the state office.

The local registrar should review the permanent record carefully to assure that all changes have been authorized. If there are changes and there is no authorization, the record must be returned to the funeral director for such authorization by the funeral director or physician.

UNIDENTIFIED BODIES

A death certificate must be registered for unidentified human remains. The decedent's name should be listed as "Unknown." This certificate should show all known or approximate facts related to the body. The medical examiner should provide all information concerning the place and circumstances under which the body was found. That portion of the record relating to medical certification of the cause of death should be completed to the extent possible.

An "Unknown" is considered a temporary record. If a body is later identified to the satisfaction of the medical examiner and registrar, a new death certificate must be prepared.

This certificate will bear the same number as the original certificate and should be processed as any permanent replacement of a temporary record.

ACCESS TO DEATH CERTIFICATES

The state registrar may issue certifications of the death certificate to any applicant, exclusive of that portion containing the medical certification of cause of death, upon receipt of a written request and the required statutory fee.

A certification of a death certificate including the cause of death information may be issued only to the decedent's:

1. Spouse or parent;
2. Child, grandchild, or sibling, if of legal age; or
3. To any person providing a will, insurance policy or other document demonstrating their interest in the estate of the decedent, or
4. Any person who provides documentation that they are acting on behalf of any of these persons; or
5. Upon order of a court of competent jurisdiction;
(s. 382.025(2), F.S.)

After 50 years from the date of death, cause of death information is no longer exempt from s. 119.07 F.S. Anyone may obtain a certified copy showing cause of death on those records.

FUNERAL DIRECTOR APPLICATION FOR DEATH CERTIFICATIONS

Applications for death certifications were revised in 2003. A generic funeral director application, DH 1969, and an Affidavit for Release of Cause-of-Death Information, DH 1959, were created. Instructions on how to complete the forms are included on the form itself.

Applying at the state office -- the funeral director should use either:

1. Application for Florida Death Record, DH 727, which can also be found on the vital statistics website at www.doh.state.fl.us OR
2. Application for Florida Death Record (Funeral Director Use Only), DH 1969, which can be obtained from the local vital statistics office or from the state office.
3. Applications should be completed in their entirety, including the funeral director license number.

Applying at the county vital statistics office:

1. When requesting certifications from the county vital statistics office where the funeral home is located, it is suggested that the funeral director use the county Application for Florida Death Record (CHD Use Only), DH 1961. This form is designed to include all specific information related to that county.
2. When the funeral director is requesting certifications from a county other than their home county, the Application for Florida Death Record (Funeral Director Use Only), DH 1969 should be used. It is the responsibility of the funeral director to ensure that the correct fees are provided with the application.

The state office provides a county phone list that includes fees for certifications, addresses and phone numbers for all 67 county vital statistics offices along with the names of the

Local, Chief and Deputy Registrars. This list is updated quarterly and found on the vital statistics website at: http://www.doh.state.fl.us/planning_eval/vital_statistics/index.html
The funeral director should verify all fees with the county office should there have been changes since the last update.

OBTAINING CAUSE-OF-DEATH ON THE DEATH CERTIFICATION

Anyone may obtain a death certification *without* cause of death upon completion of an application and payment of the appropriate county or state fee. Death certifications *with* cause-of-death are confidential and issued to the authorized persons listed below, as outlined in s. 382.025(2), F.S.:

1. Decedent's spouse;
2. Decedent's child, grandchild, or sibling, if of legal age;
3. Any person who provides a will, insurance policy or other document that demonstrates his or her interest in the estate of the decedent;
4. Any person who provides documentation that he or she is acting on behalf of any of the above named persons; or
5. Court order.

The funeral director, if representing an authorized person, may obtain the certification with cause of death information. It is not required that the funeral director be associated with the funeral home of record. As a licensed professional authorized in statute to represent families, the Office of Vital Statistics recognizes this relationship, however, if the funeral director misrepresents that relationship, it is a violation of statute and will be treated as such.

When completing the request for certifications, the funeral director should complete the application in its entirety, being sure to include her/his professional license number.

CORRECTION OF DEATH CERTIFICATES

Non-medical amendment: Correction or amendment of filed death records can only be made by the state office. Certain errors may be corrected by the Affidavit of Amendment to Death Record (DH 433). In addition to the affidavit, documentary evidence is needed in support of major corrections. Changes to marital status that affect the surviving spouse item require a court order. A \$20.00 statutory amendment fee is required and includes the issuance of one certification of the amended record.

Medical amendments: The notarized Affidavit of Amendment to Medical Certification of Death, DH 434A (for deaths in 2005 forward) or DH 434 (for deaths 2004 or older), is used for any of these amendments. The form must be an original form; copies will not be accepted.

Section 64V-1.007, F.A.C., states that the certifying physician or medical examiner must make any change and/or correction to the Medical Certification of the Cause of Death. This includes not only the cause of death and manner of death, but also "...the date of death, hour or time of death or the place of death other than street address...".

If there is an attending physician listed on the death certificate in item 35, that physician, as well as the certifying physician listed in item 34b, has the authority to amend the cause of death at any time, should it be necessary.

The medical affidavit is not the **normal** mechanism by which the medical examiner assumes jurisdiction of a case *recently* filed with the state office. Contact the Chief Deputy Registrar for assistance in these instances.

There is no amendment fee associated with a medical amendment; however, if a certification of the amended death record is needed, a fee of \$5.00 for the first copy and \$4.00 for each subsequent copy ordered at the same time is required. The Application for a Florida Death Record, DH 727, is available on the website at:

http://www.doh.state.fl.us/planning_eval/vital_statistics/index.html

DELAYED DEATH CERTIFICATES

A delayed death record is filed for a death that occurred before the current or prior year. The funeral director or person acting as such should file the record directly with the state office, furnishing a written explanation for the delay in filing on the back of the record. In the case where a funeral home failed to file a death record with the vital statistics office, the funeral home should assist the family with necessary paperwork to support the filing of a delayed death record. The attending physician or medical examiner with current jurisdiction must be available and willing to certify as to the cause of death. An amendment fee of \$20.00 is required and includes the issuance of one certification of the death record.

PRESUMPTIVE DEATHS

A presumptive death is a determination by a court of competent jurisdiction that a death of a resident of this state has occurred or is presumed to have occurred, but the body of the person involved has not been located or recovered; or a death of a nonresident of this state has occurred or is presumed to have occurred in this state, but the body of the person involved has not been located or recovered.

Presumptive death records are filed directly with the state office. The local registrar is not to accept for registering a death record based upon a presumptive death. The state office will accept for filing a presumptive death record when so ordered by a court of competent jurisdiction and the judge issuing the order signs the medical certification (s. 382.012, F.S.). Since there is no body, the services of a funeral director are not required.

Examples of situations when a presumptive record would be filed are a drowning accident in which the remains were never recovered, a person leaves for the store and is never heard from again, a plane crash in the ocean where no body is recovered, etc. Normally the family or their legal representative initiates the filing of a presumptive death record. A packet of information on filing procedures is available from the state office

CREMATION

It is unlawful for any person, firm, or corporation to cremate any dead human body prior to the expiration of 48 hours after the death of such human body and without the consent of the appropriate medical examiner. (Refer to s. 872.03(1), F.S., Offenses Concerning Dead Bodies and Graves)

If a body is removed from state and the funeral director knows that cremation will be the final disposition, the medical examiner must grant approval. If death occurs in another state and the remains are brought into Florida and to be cremated once in the state, the medical examiner must also grant approval before cremation can proceed. The consent process may differ from one district to another. Written consent is required in some districts whereas telephone approval may be sufficient in other districts. However, in no district will written approval be made in the death certificate margins or in such a way to deface the record.

When the above conditions are met, the burial-transit permit will be considered authority to cremate in accordance with the wishes of the next-of-kin. Immediately following cremation, the permit should be handled as though burial had taken place and returned to the county wherein cremation took place. Following cremation, no further permit is needed for any disposition of the cremated remains within our state.

TRANSPORTATION OF BODIES

A dead human body shall be transported only when accompanied by a completed burial-transit permit.

A dead human body transported by common carrier or agencies or individuals authorized to carry human bodies must be placed in a carrying container adequate to prevent the seepage of fluids and escape of offensive odors. No particular type container or casket meeting this requirement is specified.

DEAD BODY TRANSPORTED FROM OUTSIDE THE STATE

When a dead body is transported from outside the state into a county in Florida for burial, the burial-transit permit issued in accordance with the laws and health regulations of the place where the death occurred shall be given the same force and effect as a local permit, and no other permit shall be required. If a dead body is brought into the state from a location that does not issue burial permits, a certification of the death record may be used instead of a burial permit.

UNCLAIMED BODIES

See Chapter 406, Part II F.S., regarding disposition of unclaimed dead human bodies.

BODIES DONATED TO MEDICAL SCIENCE

Inquiries concerning donation of decedents' remains after death should be directed to:

Anatomical Board of the State of Florida
University of Florida College of Medicine
P.O. Box 100235
Gainesville, Florida 32610-0235

OR

University of Miami School of Medicine
Department of Cell Biology and Anatomy
P.O. Box 016960 (R-124)
Miami, Florida 33101

The above applies only to those who wish to donate their bodies after death for promotion of medical science within this state. Those wishing to be donated to out-of-state institutions should be instructed to contact the receiving institution directly.

DEATH THAT OCCURS IN ANOTHER COUNTY (REGISTRATION DISTRICT)

Local registrars are not to accept death certificates presented by funeral directors/direct disposers that did not occur in their county, nor to accept permits for disposition.

DEATH THAT OCCURS OUTSIDE OF FLORIDA

Local registrars are not to accept death certificates for deaths occurring outside Florida, whether U.S. citizens or not. This has particular application to death certificates presented by military authorities where the deceased died outside the United States and the decedent has been returned to Florida. This does not preclude acceptance of a proper death certificate of a death occurring in a Florida port or aboard ship or other moving conveyance where the body is first removed from the conveyance into a Florida county.

CHAPTER 5 – PREPARING THE DEATH CERTIFICATE

DETAILED INSTRUCTIONS FOR PREPARING THE DEATH CERTIFICATE

Under state law, the completion of the death certificate is the responsibility of the funeral director/direct disposer or whoever first assumes custody of the body. This is true even though the physician/medical examiner completes the medical portion of the certificate. The record must be typewritten in black ink and has tabs in the margin indicating who is responsible for completion of the delineated information.

It is important that the information is easily readable. The following instructions and information will be helpful in filling out the death certificate. The items are numbered to conform to the Florida death certificate.

DEMOGRAPHIC SECTION OF RECORD TO BE COMPLETED BY FUNERAL DIRECTOR

The demographic portion of the death record is, generally, the personal information the funeral director gathers at the time of the initial preparation of the record.

1. DECEDENT'S NAME (First, Middle, Last)

Enter and space out the full first, middle, and last names of the decedent. Do not abbreviate. Do **NOT** use titles, i.e., General, Sister, Father, Doctor, Lord, etc. (Occupation, item 15a-b, can reflect this information as related). If the decedent's name was simply initials, such as "J. C. Harris" or "F. Lee Bailey", then that is how the name should be entered on the record. If decedent's name is not known, "Unknown" should be entered. Entries of Jr., II, etc., following the last name are acceptable. If there is no middle name, leave this space blank. Do *not* enter "no middle name" or "NMN."

If the deceased used an alias or AKA (Also Known As), the funeral director/direct disposer should complete item 1 according to the following instructions:

AKA: John Q. Public

This entry must appear *in item 1, above* the name originally entered. If more than one AKA is required, enter original first, middle, and last names as provided above, enter above these names "AKAs recorded on back of certificate." The AKA should be neatly entered on the back of the certificate, in left margin. This is to ensure that the record will be properly indexed under the original name and not the AKA (s. 382.008(1)(a) F.S.).

If the decedent is under 30 days old and the parents have not selected given names, enter the surname only. Do not enter "Baby Boy" or "Infant Girl."

THIS ITEM IS USED TO IDENTIFY THE DECEDENT FOR WHOM THE CERTIFICATE IS BEING PREPARED.

2. SEX

Enter male or female. Do not abbreviate or use other symbols. If sex cannot be determined after verification with medical records, inspection of the body, or other sources, enter "Unknown."

THIS ITEM HELPS IN THE IDENTIFICATION OF THE DECEDENT. IT IS ALSO USED IN RESEARCH AND STATISTICAL ANALYSIS OF MORTALITY OF THE MALE AND FEMALE POPULATIONS.

3. DATE OF BIRTH (Month, Day, Year)

Enter the exact month, day, and year that the decedent was born. Enter the full or abbreviated name of the month (Jan., Feb., Mar., etc.). Do not use a number for the month. If age is unknown, enter "Unknown."

THIS ITEM IS USEFUL IN IDENTIFICATION OF THE DECEDENT FOR LEGAL PURPOSES.

4a-c. AGE

Make one entry in 4a, 4b, or 4c, depending on the age of the decedent.

4a. AGE-Last Birthday (Years)

Enter the age of the decedent at last birthday. If the decedent was under one year of age, leave this item blank.

4b. UNDER 1 YEAR (Months, Days)

Enter the age of the infant in months or days at time of death. If the infant was between 1 and 11 months of age inclusive, enter the age in completed months. If the infant was less than 1 month old, enter the age in days. If the infant was over 1 year or less than 1 day of age, leave this item blank.

4c. UNDER 1 DAY (Hours, Minutes)

Enter the number of hours or minutes the infant lived. If the infant was between 1 and 23 hours old, inclusive, enter the age in completed hours. If the infant was less than 1 hour old, enter age in minutes. If the infant was more than 1 day old, leave this item blank.

AGE IS ONE OF THE MOST IMPORTANT CHARACTERISTICS IN STUDYING MORTALITY. THE "UNDER 1 YEAR" AND "UNDER 1 DAY" PORTIONS PROVIDE INFORMATION FOR EVALUATION OF INFANT, NEONATAL, AND PERINATAL MORTALITY.

5. DATE OF DEATH (Month, Day, Year)

Enter month, day, and year that death occurred. Enter the full or abbreviated name of the month (Jan., Feb., Mar. etc.). Do not use a number for the month. Pay particular attention to the entry of month, day, and year when the death occurs around midnight or December 31. Consider a death at midnight to have occurred at the beginning of the following day rather than the end of that day.

If the date of death is unknown, enter the date the body was discovered; the words "found on" should be entered in item 5, above the date of death.

THIS ITEM IS USED IN CONJUNCTION WITH THE TIME OF DEATH TO ESTABLISH THE EXACT TIME OF DEATH OF THE DECEDENT. IT ALSO PROVIDES DATA FOR RESEARCH INTO DATE OF DEATH AS IT RELATES TO OTHER ITEMS ON THE CERTIFICATE.

6. SOCIAL SECURITY NUMBER

Enter the United States social security number, or Canadian equivalent, of the decedent. If the decedent has neither, enter "None." If the social security number is not known, enter "Unknown." *Do not leave blank.*

THIS ITEM IS USEFUL IN IDENTIFYING THE DECEDENT AND FACILITATES THE FILING OF SOCIAL SECURITY CLAIMS. IT IS IMPORTANT TO HAVE A VALID NUMBER IN ORDER TO PREVENT DELAYS IN PROCESSING OF CLAIMS.

7. BIRTHPLACE (City and State, or Foreign Country)

If the decedent was born in the United States, enter the name of the city and state or county name and state, if a rural area. Do **not** enter the city or county name by itself; always include the state. If only the state is known and not the city, enter "Unknown, Alabama". If the city and state are both unknown, enter "U.S. - Unknown."

If the decedent was not born in the United States, enter the name of the country of birth. If the country is unknown, enter "Foreign - Unknown."

Enter the name of the place of birth in full. Do not use abbreviations, unless necessary and then only the longest form of the abbreviation is acceptable.

If no information is available regarding place of birth, enter "Unknown."

THIS ITEM IS USED TO MATCH BIRTH AND DEATH CERTIFICATES OF A DECEASED INDIVIDUAL. MATCHING THESE RECORDS PROVIDES INFORMATION FROM THE BIRTH CERTIFICATE THAT IS NOT LISTED ON THE DEATH CERTIFICATE AND MAY GIVE INSIGHT INTO WHICH CONDITIONS LED TO DEATH. INFORMATION FROM THE BIRTH CERTIFICATE IS ESPECIALLY IMPORTANT IN EXAMINING THE CAUSES OF INFANT MORTALITY.

8. COUNTY OF DEATH

Enter the name of the county where death occurred.

If the death occurred on a moving conveyance in the United States and the body was first removed from the conveyance in this state, enter the county where the body was first removed from the conveyance.

If the death occurred on a moving conveyance in international waters, international airspace, or in a foreign country or its airspace and the body was first removed from the conveyance in this state, register the death in the county where the body was first removed from the conveyance.

INFORMATION ON PLACE OF DEATH IS NEEDED TO DETERMINE WHO HAS JURISDICTION FOR DEATHS THAT LEGALLY REQUIRE INVESTIGATION BY A MEDICAL EXAMINER. THESE ITEMS ARE ALSO USED FOR RESEARCH AND STATISTICS COMPARING HOSPITAL AND NON-HOSPITAL DEATHS. VALUABLE INFORMATION IS PROVIDED FOR HEALTH PLANNING AND RESEARCH ON THE UTILIZATION OF HEALTH FACILITIES.

9. PLACE OF DEATH (Check only one)

Check the type of place where death occurred:

HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival

A state mental hospital that provides long-term psychiatric care would be classified as a "Hospital" and "Inpatient" would be the appropriate item to check.

NON-HOSPITAL:

Hospice Facility – **see detailed instructions below.**

Nursing Home/Long Term Care Facility -- If death occurred at a nursing home or licensed long-term care facility offering skilled nursing care that is not a hospital, check this item. If death occurred at a licensed ambulatory/surgical center or birthing center, check "Other (Specify)."

Decedent's Home -- If death occurred at the residence of the deceased, check the "Decedent's Home" item. An ALF/ACLF (Adult Congregate Living Facility) or other assisted living facility may be considered as the decedent's residence.

If death occurred at *any other residence*, check "Other (Specify)." If not the full-time residence of the decedent, "Other" should be checked and "winter residence," "vacation home," "friend's residence", etc. should be entered.

Other (Specify) -- specify location, for example, physician's office, highway, shopping center, office building, daughter's house, Gulf of Mexico, ALF/ACLF, etc. If the decedent's body was "found", the place where the body was found should be entered as the place of death.

HOSPICE DEATHS

It is important to be able to determine the number of deaths that occur in a hospice; accurate data is vital. There are **three** different hospice situations and below are instructions for each:

1. Freestanding hospice facility – a separate building that operates independent of any hospital. The preparer should complete the record as follows:
 - Item 9**, Place of Death, NON-HOSPITAL: Hospice Facility
 - Item 10**, Facility Name -- should be completed with the name of the hospice, such as Earl Hadlow Community Hospice.
2. Hospice unit within a hospital – hospice actually *is part of the hospital* or is a unit of the hospital. The preparer should complete the record as follows:
 - Item 9**, Place of Death, HOSPITAL: Inpatient
 - Item 10**, Facility Name – should be completed with the name of the hospital only, such as Broward General Medical Center, in order for the data to be captured as a hospital inpatient death as directed by the National Center for Health Statistics (NCHS).
3. Hospice located within the confines of the hospital, but not part of the hospital -- if they rent/lease the space from the hospital, a simple business arrangement, then the hospice is not actually part of the hospital, but is a hospice facility and should be treated as a “freestanding” facility. The preparer should complete the record as follows:
 - Item 9**, Place of Death, NON-HOSPITAL: Hospice Facility
 - Item 10**, Facility Name – Enter only the name of the hospice, such as J. Robert Lauer Hospice. **Do not enter the hospital name** in order for the data to be captured as a hospice death as directed by NCHS.

There is also the possibility that a nursing home may have a hospice unit on the premises. The same rationale applies. If the nursing home has a unit designated as a hospice unit, but is *part of* the nursing home, Nursing Home/Long Term Care Facility must be checked.

1. Hospice unit within a nursing home – hospice actually *is part of the nursing home* or is a unit of the nursing home. The preparer should complete the record as follows:
 - Item 9**, Place of Death, NON-HOSPITAL: Nursing Home/Long Term Care Facility
 - Item 10**, Facility Name – should be completed with the name of the nursing home only, such as Park Ridge Nursing Home, in order for the data to be captured as a nursing home death as directed by NCHS.
2. Hospice located within the confines of the nursing home, but not part of the nursing home -- if they rent/lease the space from the nursing home, a simple business arrangement, then the hospice is not actually part of the nursing home, but is a hospice facility and should be treated as a “freestanding” facility. The preparer should complete the record as follows:
 - Item 9**, Place of Death, NON-HOSPITAL: Hospice Facility
 - Item 10**, Facility Name – Enter only the name of the hospice, such as Lasting Care Hospice. **Do not enter the nursing home name** in order for the data to be captured as a hospice death as directed by NCHS.

10. FACILITY NAME (If not institution, give street and number)

Hospital Deaths:

1. In a hospital, enter the full name of the hospital.

2. En route to or on arrival at a hospital, enter the full name of the hospital. Deaths that occur in an ambulance or emergency vehicle en route to a hospital fall into this category.

Non-hospital Deaths:

- a. In a hospice facility, see detailed instructions under item 9, Place of Death, Hospice Deaths.
- b. In a nursing home/long term care facility, enter the name of the facility.
- c. At decedent's home or at a residential address, enter the house number and street name.
- d. In an ALF/ACLF or assisted living facility, enter either the street address and/or the facility name.
- e. Some place other than those described above, enter the number and street name of the place.
- f. At Sea/Air, enter the name of the vessel, for example, "S.S. Emerald Seas (at sea)" or "Delta Airlines Flight 296 (in flight)." (At sea = more than 24 miles off the coast, per U.S. Coast Guard).
- g. In a body of water, such as Gulf of Mexico or Atlantic Ocean, and the body is picked up and brought ashore, the place of death should be wherever the body was brought ashore. Enter the latitude and longitude, if available, or the best geographical indicators, such as, "7 miles off the coast of Clearwater."
- h. On a moving conveyance in the United States and the body was first removed from the conveyance in this state, enter as the place of death the address where the body was first removed from the conveyance.
- i. In an area with no known address (such as a rural area, in the woods), enter the best geographical markers available, for example, "2 miles north of mile marker 7, Highway 17."
- j. Do **not** enter a Post Office Box for place of death.

11a. CITY, TOWN, OR LOCATION OF DEATH

Enter the name of the city, town, or location where death occurred. Do not abbreviate.

If the death occurred on a moving conveyance in international waters, international airspace, or in a foreign country or its airspace and the body was first removed from the conveyance in this state, enter "Sea/Air."

11b. INSIDE CITY LIMITS?

Enter "Yes" if the place of death listed in item 9a is within the city limits of the city/town listed in 11, otherwise, enter "No."

12 MARITAL STATUS - Married, Married but Separated, Never Married, Widowed, Divorced (Specify)

Check the marital status of the decedent at time of death. Common law marriages are not recognized in Florida. If marital status cannot be determined, enter "Unknown."

If "Simultaneous Death" (see item 13), and the couple is legally married at that time, status should be "Married".

THIS ITEM IS USED TO STUDY DIFFERENCES IN MORTALITY FOR MARITAL STATUS GROUPS.

13. SURVIVING SPOUSE (If wife, given maiden name)

If decedent was married at time of death, enter name of surviving spouse. If the surviving spouse is the wife, give full maiden name.

If both husband and wife die at the same time or exact time of death cannot be determined, "Simultaneous Death" may be entered, along with the name of the spouse; item 12, Marital Status should indicate "Married". This can only be decided by the medical examiner.

THIS ITEM AIDS IN THE ESTABLISHMENT OF THE RELATIONSHIP OF SURVIVING SPOUSE TO THE DECEDENT FOR THE PURPOSE OF INSURANCE AND OTHER SURVIVOR BENEFITS.

14a-g RESIDENCE OF DECEDENT

This is the geographic location of the usual place of residence of the deceased. The usual residence of a decedent means the city, town, or location where the deceased lived prior to death.

1. If the deceased was military personnel and lived in a city, town, or location one year or more, his or her usual residence would be that city, town, or location.
2. If deceased lived in a city, town, or location less than one year, his or her home address prior to that address should be given.
3. If the deceased is a child, his or her residence should be given as that of his or her mother, legal guardian, or custodial agency.
4. If the child was born in a hospital or institution and died there before leaving, his or her residence should be given on the death record as that of his or her mother and as was shown on the birth record.
5. If deceased was a transient, residence is specified as the place he considered his or her regular home. If residence is not known, enter "Unknown".
6. In the case of patients of tuberculosis sanitariums, mental hospitals, nursing and convalescent homes, and other institutions in which patients remain for some time, the place where the deceased lived prior to admission should be reported.
7. If the deceased was a resident of the United States, the name of the state is entered. If a foreign resident, the name of the country in which he was a resident is given.

14a. RESIDENCE - STATE

Enter the name in full. Do not use abbreviations, unless necessary and then only the longest form of the abbreviation is acceptable.

14b. COUNTY

Enter the name in full. Do not use abbreviations, unless necessary and then only the longest form of the abbreviation is acceptable.

14c. CITY, TOWN, OR LOCATION

When residence is inside city limits of a city or town, give the name of the city or town, regardless of size. When residence is outside city limits of a city or town, give name of the suburban area or the name of the community in this space. Do not use abbreviations, unless necessary and then only the *longest* form of the abbreviation is acceptable.

14d. STREET ADDRESS

Enter in full. Do not use abbreviations, unless necessary and then only the longest form of the abbreviation is acceptable. A Rural Route and Box Number is acceptable, but a *Post Office Box Number is not acceptable*. When there is no street address, give best geographical location.

14e. APT. NO.

If the decedent lived in an apartment or other type multiunit building, enter the unit number. If there is no apartment number this item should be left blank.

14f. ZIP CODE

Enter the five-digit zip code of the place where the decedent lived. This may differ from the zip code used in the mailing address.

14g. INSIDE CITY LIMIT?

Check "Yes" if residence is inside city limits. Check "No" if residence is not inside city limits.

CORRECT INFORMATION ON DECEDENT'S RESIDENCE IS IMPORTANT AND MEANINGFUL IN THE COMPUTATION OF DEATH RATES. MANY PERSONS GO FOR MEDICAL CARE TO AN AREA HAVING HOSPITAL OR MEDICAL CENTER FACILITIES, AND CONSEQUENTLY, DEATH RATES BY PLACE OF RESIDENCE ARE NEEDED TO REFLECT THE TRUE MORTALITY EXPERIENCE OF A POPULATION. WHERE CERTAIN COMMUNICABLE DISEASES ARE INVOLVED, THE PLACE OF RESIDENCE IS ESSENTIAL AS A STARTING POINT IN TRACING THE SOURCE OF INFECTION.

15a-b. OCCUPATION AND INDUSTRY OF DECEDENT

These items are to be completed for all decedents. Enter the information even if the decedent was retired, disabled, or institutionalized at time of death.

If a decedent has used a title in conjunction with their name, "Occupation and Industry" is a mechanism by which this fact can be reflected on the record (titles cannot be used in item 1, "Decedent's Name"), for example, General Thomas Jones – 15a "general", 15b "U.S. Army" or "U. S. armed services".

15a. DECEDENT'S USUAL OCCUPATION (*Indicate type of work done during most of working life. Do not use "Retired"*)

Enter the usual occupation of the decedent. This is not necessarily the last occupation of the decedent. "Usual occupation" is the kind of work the decedent did during most of his/her working life, such as claims adjuster, farmhand, coal miner, housewife, janitor, store manager, college professor, civil engineer, etc.

If the decedent was:

1. A homemaker at the time of death, but had worked outside the household during his or her working life, enter that occupation;
2. A homemaker during most of his or her working life and never worked outside the household, enter "Homemaker";
3. Student at the time of death and never regularly employed, enter "Student";
4. Infant, enter "never worked";
5. Disabled or for other reasons has never been employed, enter "Never worked."

15b. KIND OF BUSINESS/INDUSTRY

Enter the kind of business or industry to which the occupation listed in item 10a was related, such as insurance, farming, coal mining, hardware store, retail clothing, university, government, etc. Do not enter firm or organization names. If decedent never worked as stated above, enter "None."

THESE ITEMS ARE USEFUL IN STUDYING OCCUPATION RELATED MORTALITY AND IN IDENTIFYING JOB-RELATED RISK AREAS. FOR EXAMPLE, CORRELATING ASBESTOS USED IN PARTICULAR OCCUPATIONS IN THE SHIPBUILDING INDUSTRY TO RESPIRATORY CANCER WAS POSSIBLE WITH THIS INFORMATION.

16. DECEDENT'S RACE (*Specify the race/races to indicate what the decedent considered himself/herself to be. More than one race can be specified*)

Check the race as obtained from the informant. Mark all entries that apply. Complete "other, specify" as needed, e.g. Hispanic. If not known, enter Unknown after item heading line. Do not leave this item blank.

THIS ITEM ALLOWS FOR MULTIPLE ENTRIES FOR "RACE" IN ORDER TO OBTAIN INFORMATION THAT IS MORE SPECIFIC. IT IS USED TO STUDY HEALTH CHARACTERISTICS FOR RACIAL GROUPS. RACE IS AN IMPORTANT VARIABLE IN PLANNING FOR AND EVALUATING THE EFFECTIVENESS OF HEALTH PROGRAMS.

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin)

Check only one. Specify "Yes" or "No." If "Yes" is checked, indicate the appropriate choice as provided by the informant. If there is more than one, check Other Hispanic (Specify) and enter Puerto Rican/Cuban or Mexican/Guatemalan, etc. If not known, enter Unknown after item heading line. Do not leave this item blank.

For the purposes of this item, "Hispanic" refers to those people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

There is no set rule as to how many generations are to be taken into account in determining Hispanic or Haitian origin. A person may report Hispanic or Haitian origin based on the country of origin of a parent, grandparent, or some far-removed ancestor. The response should reflect what the person considers himself or herself to be and is not based on percentages of ancestry. Although the prompts include the major Hispanic groups of Cuban, Mexican, and Puerto Rican, other Hispanic groups should also be identified in the space provided.

This item is *not* a part of the Race item. A person of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.

HISPANICS COMPRISE THE LARGEST ETHNIC MINORITY IN THIS COUNTRY, AND IN FLORIDA, HAITIANS ALSO COMPRISE A LARGE MINORITY. RELIABLE DATA ARE NEEDED TO IDENTIFY AND ASSESS PUBLIC HEALTH PROBLEMS OF THESE GROUPS AND TO TARGET EFFORTS TO THEIR SPECIFIC NEEDS. INFORMATION FROM ITEM 14 WILL PERMIT THE PRODUCTION OF MORTALITY DATA FOR THE HISPANIC/HAITIAN POPULATIONS.

18. DECEDENT'S EDUCATION (Specify decedent's highest level of school completed at time of death)

Mark the appropriate line that reflects the level of education of the decedent. Count formal schooling. Do not include beauty, barber, trade, business, technical, or other special schools in this entry. If decedent is from another country and has completed secondary education, check "high school diploma or GED."

THIS ITEM IS USED IN STUDIES OF THE RELATIONSHIP BETWEEN EDUCATION AND MORTALITY AND PROVIDES AN INDICATOR OF SOCIOECONOMIC STATUS, WHICH IS ALSO CLOSELY ASSOCIATED WITH MORTALITY. THIS INFORMATION IS VALUABLE IN MEDICAL STUDIES OF CAUSES OF DEATH AND IN PREVENTION PROGRAMS.

19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes or No

Check "Yes" or "No." If the information is unknown, so state. This would include merchant seaman who served in active oceangoing service between December 7, 1941 and August 15, 1945. Civil Service crewmembers aboard US Army Transport Service and Naval Transportation Service vessels are eligible for benefits. *Do not leave this item blank.*

THIS ITEM IS USED TO IDENTIFY DECEDENTS WHO WERE VETERANS AND IS OF INTEREST TO VETERAN GROUPS AS WELL AS FAMILIES TRYING TO OBTAIN VETERAN'S BENEFITS.

20-21. PARENTAGE

If parentage is unknown, *do not leave these items blank*; enter "Unavailable" or "Unobtainable."

20. FATHER'S NAME (First, Middle, Last, Suffix)

Enter the full name of the father of the decedent. If last name is unknown, enter "Unavailable" as the last name.

21. MOTHER'S NAME (First, Middle, Maiden Surname)

Enter the full maiden name of the mother of the decedent. This is the name given at birth or subsequent court directed legal name change, not a name acquired by marriage. If maiden name is unknown, enter "Unavailable" as the maiden name.

THE NAMES OF THE DECEDENT'S MOTHER AND FATHER AID IN IDENTIFICATION OF THE DECEDENT. THESE ITEMS ARE ALSO OF IMPORTANCE IN THE TRACING OF FAMILY GENEALOGY.

22a-b. IDENTITY OF INFORMANT**22a. INFORMANT'S NAME**

Enter the name of the person who supplied the personal facts about the decedent and his or her family.

If the decedent pre-arranged his/her funeral arrangements, the name of the decedent may be placed in item 22a, e.g. John Doe (pre-arranged) or the name of the funeral home may be entered in item 22a, e.g. Smith Funeral Home Records (pre-arranged).

There may be instances where item 22a may be completed with the name of a medical institution, social worker, police record, or medical examiner. These entries are acceptable with item 23a-d listing the address of the police facility, medical institution, or medical examiner's office.

22b. RELATIONSHIP TO THE DECEDENT

Enter the relationship of the informant to the decedent, e.g. spouse, daughter, sister, neighbor, friend, etc.

23a-d – INFORMANT’S ADDRESS

23a. INFORMANT’S MAILING - STATE

Enter the name of the state where the informant receives mail.

23b. CITY OR TOWN

Enter the name of the city or town where the informant receives mail.

23c. STREET ADDRESS

Enter the correct street address of the informant. A post office box is acceptable for an address for the informant.

23d. ZIP CODE

Enter the correct zip code of the address provided in 20e.

THE NAME, RELATIONSHIP AND MAILING ADDRESS OF THE INFORMANT ASSISTS IN IDENTIFYING THE INFORMANT AND ARE USED TO CONTACT THE INFORMANT WHEN INQUIRIES MUST BE MADE TO CORRECT OR COMPLETE ANY ITEMS ON THE DEATH CERTIFICATE.

24. PLACE OF DISPOSITION (*Name of cemetery, crematory, or other place*)

Enter the name of the cemetery, crematory, or other place of final disposition. If the body was removed to another state, specify the name of the cemetery, crematory, or other place of disposition in that state to which the body was removed.

If the body is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, give the name of that institution. If the hospital makes final disposition of the remains, enter the name of that institution.

25a-b. – LOCATION OF PLACE OF FINAL DISPOSITION

25a. LOCATION - STATE

Enter the state where the place of disposition is located.

25b. LOCATION – CITY OR TOWN

Enter the city or town where the place of disposition is located.

If body is to be used for scientific or educational purposes, enter the name of the city or town, where institution is located. If the hospital makes final disposition of the remains, give the name of the city or town and where institution is located.

26a. METHOD OF DISPOSITION

Check the box corresponding to the method of disposition of the decedent's body. *Only one* box should be checked:

- Burial
- Entombment (Includes Mausoleum)
- Cremation
- Removal from State -- The term "Removal" is used when a body is moved out of state (do not also check "burial" "cremation", etc. – Removal equals Final Disposition for statistical; tabulation based on NCHS guidelines).
- Donation -- If the body is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, enter "Donation" and specify the name and location of the institution in items 24 and 25a-b.
- Other (Specify) _____ -- Specify the type of disposition (e.g., Storage, Burial-at-Sea, Calcination, Hospital Disposition etc.). If a body is to be buried at sea, enter in item 26b "Burial-at-Sea," item 24 should be completed with the name of the body of water (e.g., Atlantic Ocean), and item 25a-b should be completed with the county name (e.g., coast of Duval County, Florida).

If the funeral director knows that, after a body is to be removed from state, cremation, donation or burial at sea will be utilized, the funeral director should obtain the approval from the medical examiner of the district in which the death occurred.

THESE ITEMS INDICATE WHETHER THE BODY WAS PROPERLY DISPOSED OF AS REQUIRED BY LAW AND IS USED TO STUDY TRENDS AND DIFFERENCES IN TYPES OF DISPOSITION.

26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL Granted? Yes or No

If final disposition was cremation, donation or burial at sea, has medical examiner approval been granted? Answer Yes or No. This item must be in agreement with the entry shown in 26a.

In the event you receive a record with any of the dispositions listed above and item 26b has a "No" entry, the subregistrar should contact the medical examiner immediately, inform him/her of the case, and receive the necessary approval. The funeral director/subregistrar who notifies the medical examiner should strike through the word No in item 26b, indicate "Yes," and initial. If the chief or deputy registrar notes this discrepancy, they should proceed

as indicated, contact the medical examiner, make the change as indicated and file the record.

Upon notification, before granting approval, the medical examiner may ask to see a copy of the record in order to review the cause of death. He/she may wish to contact the attending physician for more information and/or may decide to accept jurisdiction and certify a new death certificate based on what is learned. This action should be decided by the medical examiner. It is important that only one certificate is accepted for permanent filing.

THIS ITEM DIFFERENTIATES BETWEEN NOTIFYING THE MEDICAL EXAMINER BASED ON FINAL DISPOSITION RATHER THAN FOR CAUSE OF DEATH AS SPECIFIED IN ITEM 40. THESE ARE TWO ENTIRELY DIFFERENT PROCESSES.

27a-b. -- FUNERAL SERVICE LICENSEE/FACILITY

27a. LICENSE NUMBER (of Licensee)

Enter the personal state license number of the funeral service licensee (FD, FE, or KA). If some person other than a licensed funeral director or direct disposer assumes custody of the body, enter "None." An entry of None would be used only when the family or their representative is assuming custody of the decedent or the medical examiner's office or other medical institution is storing or disposing of the body.

27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH

The funeral service licensee or other person first assuming custody of the body and who is charged with the responsibility for completing the death certificate should sign here. If there is no funeral director involved, have the person who assumes custody of the decedent sign the record, for example, pathologist at hospital where remains have been donated for scientific study or medical examiner/medical examiner representative when body is held in storage at the ME's office.

THESE ITEMS IDENTIFY THE PERSON WHO IS RESPONSIBLE FOR REGISTERING THE CERTIFICATE WITH THE REGISTRAR.

28. NAME OF FACILITY

Enter the name and address of the facility handling the body prior to burial or other disposition.

29a. FACILITY'S MAILING - STATE

Enter the state where the establishment receives mail.

29b. CITY OR TOWN

Enter the city or town where the establishment receives mail.

29c. STREET ADDRESS

Enter the street address of the establishment.

29d. ZIP CODE

Enter the zip code of the address listed in item 29c.

THESE ITEMS IDENTIFY THE ESTABLISHMENT THAT IS RESPONSIBLE FOR REGISTERING THE CERTIFICATE WITH THE REGISTRAR.

30. CERTIFIER (check one)

- Certifying Physician** – To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
- Medical Examiner** – On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.

Check the appropriate box. If the certifier is a private physician, check the box “Certifying Physician.” If it is a medical examiner case, “Medical Examiner” should be checked. See instructions for item 40 to determine if case falls under medical examiner jurisdiction.

31a. (Signature and Title of Certifier)

The physician who certifies to the death signs the certificate. The signature should be followed by degree or title of the physician.

31b. DATE SIGNED (mm/dd/yyyy)

Enter the numerical month, day, and year that the certifier signed the certificate.

32. TIME OF DEATH (24 hr.)

The physician should enter the exact time of death in the 24-hour clock format. Enter the exact time the decedent died, according to local time. If daylight savings time is the official prevailing time when death occurs, it should be used to record the time of death.

Enter 12 noon as "1200." One minute after 12 noon is entered as "1201". Enter 12 midnight as "0000". One minute after 12 midnight is entered as "0001". Remember that midnight is the beginning of the new day.

ESTABLISHES THE EXACT TIME OF DEATH, WHICH CAN BE IMPORTANT IN INHERITANCE CASES WHEN THERE IS A QUESTION OF WHO DIED FIRST. THIS IS OFTEN IMPORTANT IN THE CASE OF MULTIPLE DEATHS IN THE SAME FAMILY.

33. MEDICAL EXAMINER’S CASE NUMBER

Case number is to be entered by medical examiner. If none is given, leave blank.

34a. LICENSE NUMBER of CERTIFIER

Enter the license number of the physician certifying the medical certification of cause of death.

34b. CERTIFIER'S NAME

Enter the name of the certifier.

35. NAME OF ATTENDING PHYSICIAN (if other than Certifier)

If the certifier was not the attending physician, enter the name of the attending physician here. If the certifier is the attending physician, no entry is necessary.

IF THERE IS AN ATTENDING PHYSICIAN LISTED, THAT PHYSICIAN, AS WELL AS THE CERTIFIER LISTED, HAS THE AUTHORITY TO AMEND THE CAUSE OF DEATH AT ANY TIME, SHOULD THAT BE NECESSARY. THIS IS IMPORTANT IF THE ATTENDING PHYSICIAN IS UNAVAILABLE TO SIGN THE ORIGINAL RECORD AND AN ASSOCIATE OR COVERING PHYSICIAN IS ACTING AS CERTIFIER.

36a. CERTIFIER'S MAILING – STATE

Enter the state where the certifier receives mail.

36b. CITY OR TOWN

Enter the city or town where the certifier receives mail.

36c. STREET ADDRESS

Enter the street address of the certifier.

36d. ZIP CODE

Enter the zip code of the address listed in item 35c.

THESE ARE LEGAL ITEMS ATTESTING THAT THE FACTS CONCERNING THE DEATH ARE CORRECT. THEY IDENTIFY THE PERSON WHO COMPLETED THE MEDICAL PORTION OF THE CERTIFICATE. THE ADDRESS OF THE CERTIFIER IS NEEDED TO OBTAIN ADDITIONAL INFORMATION CONCERNING THE DECEDENT.

37. SUBREGISTRAR - Signature and Date

The subregistrar within the funeral establishment should sign and date this item *after* a careful review of the record for completeness and to verify that the cause of death does not need to be reported to the medical examiner's office.

If the funeral establishment does not have a subregistrar, leave this item blank.

38a. LOCAL REGISTRAR - Signature

The registrar signs the certificate when it is registered and accepted in the local vital statistics office.

38b. DATE FILED BY REGISTRAR (Month, Day, Year)

This item will be completed by the local, deputy, or state registrar when the certificate is received. The date entered should be the actual date the record was received in the county vital statistics office.

THE LOCAL REGISTRAR SIGNATURE DOCUMENTS THE FACT THAT THE CERTIFICATE WAS REGISTERED WITH AND ACCEPTED BY THE REGISTRAR. THE DATE DOCUMENTS WHETHER THE DEATH CERTIFICATE WAS REGISTERED WITHIN THE TIME PERIOD SPECIFIED BY LAW.

MEDICAL SECTION OF RECORD

These items comprise what is commonly known as the “medical portion” of the death certificate and generally come under the jurisdiction of the certifying physician/medical examiner. The cause of death should be the physician’s best medical opinion. Terms such as “possible”, “probable”, etc. can be used when the certifier is not comfortable making an exact diagnosis. Death records can be amended at any time should additional information become available.

39. PROBABLE MANNER OF DEATH

Check the appropriate line. The manner of death should be completed *by the certifying physician or medical examiner* for **all** deaths.

If the "Manner of Death" is stated to be Natural, that box should be checked.

If manner indicates Accident, Suicide, Homicide, Pending Investigation, or Undetermined, the case automatically comes under the jurisdiction of the medical examiner and, as such, the medical examiner **must** be notified. The ME must be notified in **all** of these instances.

40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? Yes or No

Whenever a case is reported to the medical examiner due to the cause of death, whether jurisdiction is accepted or declined, the entry in this item should indicate, "Yes." This would include reporting cases for trauma (accident, suicide, homicide, or undetermined) and unattended deaths as stated in s. 406.11, F.S.

If the cause of death indicates trauma or contains one of the key words outlined in “Reviewing Medical Certification on Death Certificates” as shown later in this chapter, and it has *not* been certified by the district medical examiner, the subregistrar should contact the medical examiner immediately and inform him/her of the case.

The funeral director/subregistrar or local registrar who notifies the medical examiner should strike through the word No in item 40, indicate "Yes," and initial. Please note that we are not advising you to contact the attending physician who certified the record nor question, **in any way**, the physician's clinical diagnosis for cause of death.

IT IS IMPORTANT THAT ALL CASES FALLING UNDER THE MEDICAL EXAMINER'S JURISDICTION ARE REPORTED PROMPTLY. THIS ALLOWS FOR PROPER INVESTIGATION FOR LEGAL AS WELL AS CIVIL MATTERS.

41. CAUSE OF DEATH

This section for cause of death has two parts:

Part I. Immediate cause of death and antecedent causes. In Part I, the immediate cause of death is to be listed first, meaning the disease, injury, or complication causing death.

Part I is further divided into:

- a) Immediate cause
Due to _____
- b) Intervening underlying or antecedent cause
Due to _____
- c) Underlying or intervening antecedent cause
Due to: _____
- d) Underlying cause _____

There may be no intervening or underlying cause(s) associated with the immediate cause (i.e. the immediate cause is also the underlying cause) or there may be none or one or more intervening cause(s) between the immediate cause and the underlying cause; in any case the underlying cause (the disease or condition that initiated a chain of events that ultimately resulted in death) should be the last entry in Part I. If final diagnosis is not made, entries indicating determination of cause of death pending investigation or unknown are acceptable. However, Dead on Arrival (DOA) is **not** acceptable.

Part II. Other significant conditions. Part II of the cause of death section is for other significant conditions contributing to the death but not resulting in the underlying cause given in Part I. If trauma is mentioned either in Part I or Part II, items 46 - 52, the injury related items, should be completed.

The cause of death should be the physician's best medical opinion. Terms such as "possible", "probable", etc. can be used when the certifier is not comfortable making an exact diagnosis. Death records can be amended at any time should additional information become available.

THIS IS THE MOST IMPORTANT STATISTICAL AND RESEARCH ITEM ON THE DEATH CERTIFICATE. IT PROVIDES MEDICAL INFORMATION THAT SERVES AS A BASIS FOR DESCRIBING TRENDS IN MORTALITY AND FOR ANALYZING THE CONDITION LEADING TO DEATH. IT ALSO SERVES THE FAMILY IN PERSONAL AND LEGAL MATTERS

AN AUTOPSY IS IMPORTANT IN GIVING ADDITIONAL INSIGHT INTO THE CONDITIONS THAT LEAD TO DEATH. THIS ADDITIONAL INFORMATION IS PARTICULARLY IMPORTANT IN ARRIVING AT THE IMMEDIATE AND UNDERLYING CAUSES IN VIOLENT DEATHS.

REVIEWING MEDICAL CERTIFICATION ON DEATH CERTIFICATES

When reviewing death certificates to determine acceptability for registering, an important task of the **subregistrar** is to examine the medical certification section to determine if a case falls within the jurisdiction of the medical examiner and should, therefore, be reviewed and signed by him/her. Cases where the medical examiner would have a concern include deaths that involve:

1. An act of criminal violence
2. An accident
3. Homicide
4. Suicide
5. Sudden death (includes sudden infant death syndrome or SIDS)
6. Criminal abortion
7. Poison
8. Death while in an institution or police custody
9. Any other unusual circumstances

The medical examiner should be notified immediately if such cases are detected, or if there is any doubt (s. 406.11 (1), F.S.).

Generally, causes of death that should be certified by the local medical examiner are easily recognized. However, there may be cases where unusual circumstances are not clearly indicated. In these cases, **key words/buzzwords** or phrases in the cause of death section should be noted, such as:

abrasion	hip nailing
accident	hyperthermia
bite	hypothermia
bruise	injury
burns (thermal)	laceration
concussion	MVA (motor vehicle accident)
contusion	overdose
crushing	pulmonary emboli
cut	puncture
drowning (near)	seizure disorder
electric shock	strangulation
exposure	subarachnoid hemorrhage
exsanguination	suffocation
fall	trauma
fracture	wound
hanging	
hematoma	

These terms may suggest that a traumatic event occurred prior to death.

In the event that you receive a record with any of the causes listed above or which contains one of these key words, and it has not been certified by the district medical examiner or item 40 has a "No" entry, the subregistrar should contact the medical examiner immediately and inform him/her of the case. The funeral director/subregistrar or local registrar who notifies the medical examiner should strike through the word No in item 40, indicate "Yes," and initial. Please note that we are not advising you to contact the attending physician who certified the record nor question, **in any way**, the physician's clinical diagnosis for cause of death.

Upon notification, the medical examiner may wish to contact the attending physician for more information and may decide to certify a new death certificate. This action should be decided by the medical examiner. It is important that only one certificate is accepted for permanent filing.

In the event the medical examiner does not take jurisdiction in such cases and items 46 - 52 have not been completed, the certificate must be returned to the attending physician for completion of these items. The funeral director should **not** complete these items. If any of the information is not available to the certifier, an entry of "Unknown" or "Not available" will be acceptable in the designated item.

The funeral director/subregistrar should discuss these procedures with the district medical examiner in an effort to see that all deaths that come within the jurisdiction of the medical examiner are properly completed and certified by him/her as mandated by law.

42a. WAS AN AUTOPSY PERFORMED? Yes or No

Check "Yes" if a partial or complete autopsy was performed; otherwise, check "No."

42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes or No

Check "Yes" if the autopsy findings were available to determine the cause of death. Otherwise, check "No." If no autopsy was performed, leave this item blank.

43a. IF SURGERY IS MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY

The physician certifying to the cause of death should complete this item with the appropriate information. Enter the *reason* for the surgery *not the type* of surgery listed in Part I or Part II.

43b. DATE OF SURGERY (Month, Day, Year)

Enter the month, day, and year of the surgery. A written date entry is preferred over a numerical entry.

44. DID TOBACCO USE CONTRIBUTE TO DEATH?

In the certifier's professional opinion, did the use of tobacco contribute to the decedent's death? Check the appropriate line.

TOBACCO IS A MAJOR PUBLIC HEALTH ISSUE AND FOR THAT REASON, STATISTICAL DATA ON ITS USE AND RELATION TO CAUSE OF DEATH IS IMPORTANT.

45. IF FEMALE (select one)

If deceased is male, no action is required and item 44 should be left blank.

- Not pregnant in past year
- Pregnant at time of death
- Pregnant: 1 to 42 days of death
- Pregnant: 43 days to 1 year of death
- Unknown if pregnant in past year

This item should be completed for all women of normal childbearing age.

46 – 52. INJURY RELATED ITEMS

The certifying physician/medical examiner must complete these items in cases where **trauma or injury is mentioned** in cause of death. Deaths resulting from violence normally are certified by a medical examiner. However, there may be instances in which an attending physician may be certifying to an accidental death with the approval of the medical examiner. In these cases, the attending physician is to complete items 46 - 52.

46. DATE OF INJURY (Month, Day, Year)

Enter the exact month, day, and year that the injury occurred. A written date entry for the month is preferred rather than numerical.

47. TIME OF INJURY (24 hr.)

The physician should enter the exact time of injury in the 24-hour clock format. Enter 12 noon as "1200." One minute after 12 noon is entered as "1201." Enter 12 midnight or midnight as "0000." One minute after 12 midnight is entered as "0001." Remember that midnight is the beginning of the new day.

48. INJURY AT WORK? Yes or No

Check "Yes" if injury occurred while decedent was at work; if not, check "No." If this cannot be determined, enter "Unknown."

49a-e. LOCATION OF ACCIDENT OR INJURY

49a. LOCATION OF INJURY - STATE

Enter the name of the state where the injury occurred.

49b. CITY OR TOWN

Enter the city, town or location where the injury occurred.

49c. STREET ADDRESS

Enter the address where the described injury took place.

49d. APT. NO.

If the decedent lived in an apartment or other type multiunit building, enter the unit number.

49e. ZIP CODE

Enter the zip code of the address listed in item 35f.

50. DESCRIBE HOW INJURY OCCURRED

Briefly and clearly, describe how the injury occurred, such as "fell off ladder while painting house."

51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)

Enter the general category of the place where the injury occurred. Do not enter firm or organization names, just the general category for the place of injury, such as loading platform, office building, baseball field, etc.

52a-b. IF TRANSPORTATION INJURY

If the cause of death relates to a motor vehicle accident, additional information is required to better classify cause of death.

52a. STATUS OF DECEDENT

2

Check the appropriate entry to indicate the status of the decedent – was he/she the driver, a passenger, a pedestrian or "Other"?

52b. TYPE OF VEHICLE

Check the appropriate entry to indicate the type of vehicle that was involved in the accident or, in the case of a pedestrian, the type of vehicle that struck him/her.

IN CASES OF ACCIDENTAL DEATH, THESE ITEMS ARE USED IN JUSTIFYING THE PAYMENT OF DOUBLE INDEMNITY ON LIFE INSURANCE POLICIES. THEY ARE NEEDED FOR A MORE ACCURATE DETERMINATION OF CAUSES OF DEATH. THESE

ITEMS ALSO FORM THE BASIS OF STUDIES OF DATE AND TIME OF INJURY AND OCCUPATIONAL INJURIES.

CHAPTER 6 – THE BURIAL TRANSIT PERMIT

GENERAL

The burial-transit permit (BTP) is the first notification to the vital statistics office that a death has occurred. It is imperative that BTPs are filed on time with the vital statistics office and that the CDR uses them to ensure compliance with death registration rules and guidelines.

Under state law, the completion of the BTP is the responsibility of the funeral director/direct disposer or whoever first assumes custody of the body. He/she must obtain a permit within five days or *before* final disposition of the decedent and it must be forwarded to the county of death within 24 hours of issuance.

Most funeral establishments now have subregistrars among their staff who are authorized to issue burial-transit permits. The funeral director must have the burial-transit permit in his/her possession before final disposition of the decedent is authorized. When final disposition is made within the state, the person in charge of the cemetery, crematory, or other premises must endorse and send this permit to the local registrar of the county where disposition is made. Burial-transit permits are retained by the local registrar for three years from the date of filing, after that time they may be destroyed.

There is no extension of time for filing the burial-transit permit. It is permissible, however, for the subregistrar to fax a copy of the permit to the CDR in order to meet the statutory requirements for filing of the permit. It is *not* permissible to hold the permit until the death certificate is signed unless you are filing both at the same time.

There is only *one permit filed for each decedent*, regardless of who handles the remains, if they are transferred from one establishment to another, or if the medical examiner first has custody and files the permit. If remains are disinterred at a later date and the original permit is not available, a new permit cannot be issued.

The **Disinterment/reinterment permit** was repealed effective July 1, 1997. All other statutory requirements for disinterring human remains are still in place. The repeal of the disinterment/reinterment permit is the only thing that changed. It is suggested that the funeral director type on funeral home letterhead stationery a statement indicating that the form no longer exists and send the letter, accompanied by a certified copy of the death certificate, along with the remains. The funeral director **cannot** complete another burial transit permit for this purpose – remember, the BTP is for the “newly dead” and it’s only one per customer.

The permit is a document completed in triplicate and entries must be legible on all three copies:

1. White original -- accompanies the decedent to the place of final disposition and is filed in the county of final disposition within 10 days after final disposition;
2. Yellow copy – is the funeral director’s copy;
3. Pink copy – must be filed with the county of death within 24 hours after issuance.

The burial-transit permit is a tracking form to ensure that a death certificate is filed for all deaths that occur in Florida. Notations can and should be made to this form to update information i.e., legal name now known vs. nickname shown; change of funeral home or method of final disposition.

DETAILED INSTRUCTIONS FOR COMPLETING THE BURIAL-TRANSIT PERMIT

The permit is an official document and the information on the permit should be typewritten. The following instructions and information will be helpful in filling out the BTP. The items are numbered to conform to the Florida BTP.

PARTS A and B are the same for all three copies (white original, yellow, pink).

PART A – APPLICATION FOR BURIAL TRANSIT PERMIT

1. Name of Deceased (First, Middle, Last)

Type, or print legibly, the legal name of the deceased; space out the full first, middle and last names. Do not use titles such as General, Doctor, Father, etc. If the name is unknown at the time the permit is filed, enter "Unknown." If the deceased is identified by the time the death certificate is completed, a notation can be made to the permit, indicating the change in name status.

If the decedent is under 30 days old and the parents have not selected given names, enter the surname only. Do not enter "Baby Boy" or "Infant Girl."

Date of Death (Month, Day, Year)

Enter month, day, and year that death occurred. Enter the full or abbreviated name of the month (Jan., Feb., Mar. etc.). Do not use a number for the month. Pay particular attention to the entry of month, day, and year when the death occurs around midnight or December 31. Consider a death at midnight to have occurred at the beginning of the day rather than the end of the day.

If the date of death is unknown, enter the date the body was discovered; the words "found on" should be entered above the date of death.

2. Place of Death (County, City, Town or Location; Name of Hospital or Institution)

Enter the county where death occurred, followed by the city, town or location of death. If decedent died in a hospital or other institution, enter the name of the facility. If death occurred somewhere other than a hospital or institution, give the street address for that location.

3. Name of Medical Certifier (Medical Examiner or Physician -- Address and Phone Number)

Check the box to indicate whether the certifier who has agreed to provide the medical certification of cause of death is the medical examiner or a private physician. Include the name, address and phone number of the medical examiner or physician.

4. Name of Funeral Home/Direct Disposal Establishment (Address, Florida License Number/Registration Number, Phone Number)

Indicate the name, address, telephone number and license number of the funeral home or direct disposal establishment applying for the permit.

5a-c. Check Appropriate Box (make one entry in 5a, b or c)

5a. A Complete Certificate of Death Accompanies this Application
This box is to be checked only when a completed death certificate, including cause of death, accompanies the pink (LR) copy of the permit when presented to the Local Registrar of the county of death. If the completed death certificate cannot be obtained within the five days allowed for filing the pink copy, 5b should be checked.

5b. Cause of Death from Natural Causes
Provide the name of the person contacted at the physician's office who provided assurance that the physician would complete and sign the medical certification of death on the certificate and the date he/she was contacted. This person must be either the physician or a responsible person who can speak for the physician.

When speaking with the physician or staff in his/her office there are three questions that should be asked.

- 1.) Will the physician sign the death certificate?
- 2.) Will the physician be available to sign the medical certification within 72 hours after presented by the funeral director?
- 3.) Is there any reason this death should be reported to the medical examiner for investigation?

It is *imperative* to verify this information and not accept information provided by law enforcement or someone else that might be on the scene that cannot speak for the physician.

5b should be checked for deaths from *natural causes* and only those cases that do not fall under the medical examiner's jurisdiction as outlined in s. 406.11 F.S. In those instances, 5c is the proper box to be checked, as indicated below.

5c. Medical Examiner Case
Check this box to indicate if it is a medical examiner case, as required in s. 406.11, F.S. Give the name of the person who verified that the medical examiner will complete and sign the medical certification of death on the certificate and the date the contact was made.

6. Funeral director/direct disposer (Signature, F.E. No./Reg. No., Date Signed)

Requires the signature of applicant funeral director, FE license number or direct disposer, registration number and the date the application was signed. If the funeral director is also a subregistrar, the funeral director cannot issue a permit to himself/herself. The date signed cannot be *after* the date the permit is issued.

PART B – BURIAL TRANSIT PERMIT – Permission is hereby granted to dispose of this body.

Section 382.006, F.S. requires that a burial transit permit be obtained *prior to* disposition or removal from the state and within five days after death. It shall be mailed or delivered to the local registrar in the county where death occurred within 24 hours after issuance as required in Chapter 64V-1.011, F.A.C. The permit can be faxed to the county vital statistics office. It is not necessary to wait until the funeral director/direct disposer has custody of the actual body to begin the paperwork.

A subregistrar may issue a burial-transit permit to any licensed Florida funeral director, other than himself/herself. The registrar or subregistrar who issues the permit will sign and date the Permit Application on the date issued and assign the permit number. Detailed instructions on assigning the permit number follows below.

1. Assigning the Burial-Transit Permit Number

Burial-transit permits must be numbered in consecutive order, prefaced by the year and the funeral establishment license number/ direct disposal establishment registration number. For example, the first permit issued at a funeral establishment with license number 250 would be 2004-250-1.

If the subregistrar works at more than one establishment or issues to an establishment other than his/her own, the permit number must be the next sequential number of the establishment *where the subregistrar is commissioned*, as shown on the commission itself. Remember, if a subregistrar issues a permit to any establishment *other than* the one where commissioned, the permit number must be the next sequential number of the establishment *where the subregistrar is commissioned*. In other words, whoever issues the permit “owns” the number.

Local registrars may also issue burial-transit permits for those deaths that occur in *their county* only. When issuing a permit, the registrar must:

- a. Issue the permit and assign the permit number. *This number should be the next sequential number of the county office* and should start with the county number followed by the number of the permit. For tracking purposes, it is recommended that the year be included. E.G. the first permit issued in 2004 would read “XX [county number]-2004-1” (the permit number cannot be that of the funeral home applying);
- b. Grant an extension of time if so requested;
- c. File the pink copy in the county office (the yellow copy is the funeral director’s copy and the white original accompanies the body);
- d. Local registrars do not have an obligation to issue burial-transit permits outside of regular office hours.

2. Checkboxes and time limits for filing death certificate

A completed death certificate should accompany the application for the permit *unless* completion of the death certificate within the five-day time period for filing is not possible. In this case, the funeral director/direct disposer may request a five business day extension of time.

Before checking the appropriate box, the funeral director must personally:

- a. Contact the attending physician and obtain his/ her assurance that the death was from natural causes and that he/she will certify to the cause of death; OR
 - b. If the death falls within jurisdiction of the medical examiner, item 5c of the application must be checked.
- A five-day extension of time is requested ...**
An extension of time, as stated in s. 382.008 (3)(a), F.S., can be granted by the subregistrar or local registrar issuing the permit. [This extension allows for an additional five business days.]
- No extension of time for filing the death certificate has been requested -**
If no additional time is needed, this box should be checked.

Request for Additional Time *beyond* five-day extension

If the funeral director requests additional time beyond the five-day extension, the request must be made in writing, stating the need for the additional time, to the vital statistics office in the county where death occurred only under the following conditions:

- a. The physician will sign the death certificate but will be unavailable until after the normal registration time; or
- b. The physician changes his or her mind and refuses to sign the death certificate.

The Death Registration Delay Report (DRD), DH 1355, is the mechanism by which this additional time is requested. The DRD must be submitted by the funeral director/direct disposer to the local registrar, detailing his or her efforts to complete the record if it cannot be submitted within the statutory time limits. Additional information on the DRD report can be found in Chapter 4 of this handbook.

3. Registrar or Subregistrar Signature -- Whoever issues the permit must sign here.

4. Date Issued

The burial transit permit must be obtained within five days of the date of death. The permit must be filed with the county vital statistics office within 24 hours of issuance as specified in chapter 64V-1.011, F.A.C.

5. Date Certificate Due

The date the death certificate is due is calculated based on the date of death and whether or not an extension of time is requested. Whoever issues the permit is responsible for completing this item on the permit.

- a. If no extension of time is requested, the death record is due five calendar days after death, with day one starting on the day after death. This *includes* weekends and holidays
- b. If an extension of time is requested, an additional five business days are allowed for filing. This *excludes* weekends and holidays.

In other words, the first five days are consecutive; the second five days do not include the weekend or any holiday. It is important to calculate this date correctly since it is the basis for any noncompliance issue that may occur.

PART C – AUTHORIZATION for CREMATION, DISSECTION or BURIAL AT SEA
(cemetery or crematory, white original; funeral director/direct disposer, yellow copy)

Approval for cremation, dissection, or burial at sea must be authorized by the medical examiner in the district where the death occurred. The funeral director/direct disposer should contact each medical examiner office for their procedures.

Space is provided for the Approval Number, the date approval was granted and the person in the medical examiner’s office who provided the information. In addition, the person obtaining the approval should provide their name and the date such approval was obtained.

For cremation, a waiting period of 48 hours after death must be observed and medical examiner approval obtained.

PART C – FOR LOCAL REGISTRAR USE ONLY (Pink copy)

The BTP is utilized by the CDR to track deaths that occur in the county and ensure that all death certificates are filed on time. The permit is an important part of the documentation utilized in noncompliance issues.

Notations may be made on the LR (pink) copy of the permit. The CDR can update the name of the decedent; change the physician who is to provide medical certification or change the name of the funeral home, etc.

It is permissible to fax a copy of the permit to the CDR.

PART D – CEMETERY OR CREMATORY

The **white original** of the permit travels with the body. The sexton or person in charge (funeral director/direct disposer when there is no sexton) should sign and indicate the date and place of disposition.

The appropriate box should be checked to indicate the Method of Disposition. If “Other” is checked, specify the place of final disposition.

- Burial
- Cremation
- Storage
- Other (Specify)

The white copy must be signed and returned to the county where disposition takes place *within 10 days of final disposition* as required in s. 382.007, F.S.

PART D – FOR FUNERAL DIRECTOR/DIRECT DISPOSER USE ONLY

The **yellow copy** of the permit is for funeral director/direct disposer use and should be completed as follows:

1. **Date Burial-Transit Permit (pink copy) was filed with Local Registrar**
This is the date the pink (LR) copy of the permit was filed with the local registrar in the county where death occurred. It is permissible to fax a copy of the permit if necessary. Contact the Chief Deputy Registrar if such arrangements need to be made. The pink copy is due in the county office within 24 hours of issuance.
2. **Date Temporary Certificate was filed with Local Registrar**
If a temporary (pending) death certificate was filed, enter the date filed with the local registrar in the county where death occurred.
3. **Date Permanent Certificate was filed with Local Registrar**
Enter the date the permanent (replacement) death certificate, with a completed and signed medical certification of cause of death, was filed with the local registrar in the county where death occurred.
4. **Follow-up Efforts and Activities (note parties and dates contacted)**
The funeral director/direct disposer should record any follow-up activity he/she made to obtain and file the death certificate. It is important that accurate documentation be kept.
5. **Name and Place of Disposition**
Enter the name, place and method of final disposition.
6. **Death Registration Delay Report Filed**
The Death Registration Delay Report (DH 1355) is the written documentation required in statute when additional time beyond the five-day extension is needed. If there is difficulty in obtaining the medical certification, which causes the filing of the death certificate beyond the extension as indicated in Part B of the Burial-Transit Permit, this report should be filed with the local registrar in the county where death occurred.

Indicate, “Yes” or “No” in the space provided. If “Yes,” enter the date filed.

There is further explanation of the Death Registration Delay Report in Chapter 4 of this handbook.

CHAPTER 7 - REGISTRATION OF FETAL DEATHS

DEFINITION

Fetal death means death prior to the complete expulsion or extraction of a product of human conception from its mother if the 20th week of gestation has been reached and the death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles (s. 382.002 (7), F.S.).

A delivery meeting this description must be recorded on the current certificate of fetal death prescribed by the department. If the exact period of gestation is unknown, the physician uses his/her best estimation, which may be based upon fetus weight in grams, length of fetus, or other factors. Specifically, the period of gestation for fetal deaths includes only that period or estimated period, during which the fetus is alive in utero and does not include the time between death of the fetus and later expulsion or delivery.

NOTE: If the newborn, regardless of gestational age, breathes or shows other evidence of life (per the physician) after complete expulsion or extraction, even though it is only momentary, the delivery must be registered as a live birth, a birth certificate must be prepared, and the subsequent preparation of a death certificate is required. If an infant dies at birth, the hospital should make it clear to whoever assumes custody of the remains whether a fetal death certificate (DH 428) or a death certificate (DH 512) should be filed.

FETAL DEATH REGISTRATION (S. 382.008(1), F. S.)

Every fetal death of 20 or more weeks gestation shall be registered in the registration district (county) in which delivery occurred. Fetal death records are to be registered within five calendar days after such delivery with the local registrar of the county where delivery occurred, and prior to final disposition or removal of the fetus from the state. If the delivery occurs on a moving conveyance, the record is to be registered in the county in which the fetus was first removed from such conveyance.

If a funeral director/direct disposer handles the fetal death, essentially the same procedures are followed as in cases of other deaths. The funeral director/direct disposer who first assumes custody of the remains shall register the fetal death record. In the absence of such person, the physician or other person in attendance at or after the delivery is responsible for registering the record.

In case of twins or other multiple fetal deaths, a separate record shall be prepared for each fetus.

SIGNATURES REQUIRED

The certificate of fetal death is to be signed within seventy-two hours after being presented to the physician in attendance. When inquiry is required by the medical examiner or when fetal death occurs without medical attendance, the responsible official shall sign the medical certification within 72 hours after taking charge of the case.

A midwife **may not** sign the fetal death record. If the delivery is attended by a midwife, her license number, name, and title should be entered in items 29a-c. A Certified Nurse Midwife (CNM), by statute, works under the direction of a physician. If the delivery is by a CNM, that physician would sign in item 26 and certify the cause of death. The CNM's license number, name, and title should be entered in items 29a-c. A Licensed Midwife (LM) works independently of a physician. If the delivery is by a LM and there has been no physician in attendance in the past 30 days, the cause of death must be certified by the medical examiner as an unattended death, pursuant to s. 382.011, F.S. The LM's license number, name, and title should be entered in items 29a-c.

If someone other than a physician or midwife attends the delivery, that person's name should be entered in item 29b. Other (*Specify*) should be checked in item 29c and father, grandmother, paramedic, cab driver, etc. should be entered, depending on the status of the attendant.

The funeral director/direct disposer will indicate final disposition, sign the record and file with the county vital statistics office. If applicable, the subregistrar will also sign and date the record.

RESPONSIBILITY IN FETAL DEATH REGISTRATION

The physician's primary responsibility in the case of fetal death is to complete and sign the cause of death section and enter the date of delivery. The physician will determine if the delivery is a fetal death or live birth should there be any question; make the record available, within 72 hours of receipt, to the funeral director/direct disposer in charge of the fetus so that the record may be completed and registered within the prescribed time; and to cooperate with the local and state registrars by replying promptly to queries regarding any item on the certificate.

The funeral director/direct disposer's responsibility in fetal death registration is essentially the same as in death registration. The same is true of the manager of cemeteries, crematoriums, or other premises where final disposition are made.

The hospital administrator, midwife, or physician is responsible for furnishing the required medical data, items 36-55, within 72 hours of delivery to the funeral director in charge of the arrangements. If the hospital makes final disposition, they must also comply with registration requirements. They must obtain a burial transit permit from the CDR and obtain medical examiner approval before final disposition.

If a midwife is in attendance at a delivery that results in a fetal death, she is required to report that fetal death to the medical examiner as outlined in s. 467.019, F.S.

DISPOSITION OF THE FETUS

After the proper record has been submitted for registration and a permit obtained, the fetus may be disposed of in accordance with the wishes of the family. If the remains are taken charge of by a funeral director/direct disposer, the required information, together with names and addresses, must be shown on the certificate.

If the hospital makes final disposition, they must prepare and register the fetal death certificate, obtain the permit, notify the medical examiner, and follow all laws and rules

regarding disposition as provided in chapter 470, F.S. If the remains are to be used in medical study and/or cremated at a later date, the hospital must notify the medical examiner as provided in chapter 406.11 (1) (c), F.S. Items 23a-b of the fetal death certificate must show "Hospital Disposition," the name of the hospital, and its location should be entered in items 21 and 22a-b. The chief of staff, head of pathology department, or other appropriate hospital official will act as "funeral director" and must sign the permit in item 6 and the fetal death record in item 18b. Both the completed permit and fetal death record must be sent to the local registrar within the statutory timeframe.

CONFIDENTIALITY

All information relating to cause of death, parentage, marital status, and medical information is confidential and exempt from s. 119.07(1), F.S.

CHAPTER 8 – PREPARING THE CERTIFICATE OF FETAL DEATH

Fetal death certificates are to be completed and submitted for registration by either the funeral director who assumes custody of the fetus or the hospital if fetal disposition occurs therein. An explanation of the individual items of information to be entered on the fetal death certificate follows. *All items are to be completed.*

If the 20th week of gestation has not been reached, *do not* prepare a fetal death certificate; it is a non-recordable event.

DEMOGRAPHIC PORTION OF THE FETAL DEATH CERTIFICATE

1. FETUS - NAME (First, Middle, Last)

Enter and space out the full first, middle, and last names of the fetus. Do not abbreviate. Entries of Jr., II, etc., following the last name are acceptable. If the parents do not have given names selected for the fetus, enter the last name only. DO NOT enter "baby girl" or "infant boy."

For a fetus born to a married mother, the fetus shall have the surname of choice of the mother and father listed on the fetal death certificate. In the absence of the listed father, the mother may select the surname of the fetus.

If the mother is unmarried, she shall select the surname of the fetus.

THIS ITEM IS USED TO IDENTIFY THE FETUS FOR WHOM THE CERTIFICATE IS BEING PREPARED.

2. DATE OF DELIVERY (Month, Day, Year)

Enter the exact month, day, and year that the fetus was delivered. Enter the full or abbreviated name of the month (Jan., Feb., Mar., etc.). Do not use a number to designate the month. Pay particular attention to the entry of month, day, and year when the delivery occurs around midnight or December 31. Consider a delivery at midnight to have occurred at the beginning of the day rather than the end of the previous day.

THIS ITEM IS USED TOGETHER WITH DATE OF LAST NORMAL MENSES TO CALCULATE LENGTH OF GESTATION. IT IS ALSO USED FOR HEALTH STATISTICS AND RESEARCH STUDIES.

3. SEX OF FETUS

Enter male, female, or undetermined. Do not abbreviate or use other symbols. *Do not leave this item blank.*

THIS ITEM IS USED TO MEASURE FETAL AND PERINATAL MORTALITY BY SEX.

4. WEIGHT OF FETUS (Enter lbs/ozs OR grams; grams preferred)

Enter the weight as shown in the hospital record, in either pounds and ounces or gram (grams preferred), as shown on the scales used. Do **not** convert from one measure to the other. There should be no fractions or decimals – round to the nearest whole number. E.G. If 6 lbs 4 ½ oz, round *up* to 6 lbs 5 oz; if 7 lbs 3.3 oz, round *down* to 7 lbs 3 oz.

THIS IS THE SINGLE MOST IMPORTANT CHARACTERISTIC ASSOCIATED WITH VIABILITY OF THE FETUS. IT IS ALSO RELATED TO PRENATAL CARE, SOCIOECONOMIC STATUS, LEGITIMACY AND OTHER FACTORS SURROUNDING THE DELIVERY AND CONSEQUENTLY, IS USED WITH OTHER INFORMATION TO PLAN FOR AND EVALUATE THE EFFECTIVENESS OF HEALTH CARE.

5. TIME OF DELIVERY (24 hr)

Time of Delivery should be recorded in the 24 hour clock format. Enter the exact time the fetus was delivered, according to local time. If daylight savings time is the official prevailing time when delivery occurs, it should be used to record the time of delivery. Enter 12 noon as "1200". One minute after 12 noon is entered as 1201. Enter 12 midnight as 0000; the last hour of the day is 2359. One minute after 12 midnight is entered as 0001. Remember that midnight is the beginning of the new day.

In cases of plural births, the exact time each fetus is delivered should be recorded as the hour and minute of delivery for that fetus.

If time of delivery is not known, enter "Unknown".

THIS ITEM DOCUMENTS THE EXACT TIME OF DELIVERY FOR VARIOUS USES.

6. COUNTY OF DELIVERY

Enter the name of the county where the delivery occurred. For deliveries occurring on a moving conveyance, enter the county where the fetus was first removed from the conveyance.

7. FACILITY NAME (If not institution, give street and number)

Enter the name of the facility where delivery occurred. When delivery occurs in a mental hospital or penal institution; enter the street address of the facility and put a note on the back of the record in the bottom margin, indicating the name of the facility/institution. If the delivery occurred on a moving conveyance en route to or on arrival at a facility, the name of the facility should be entered.

If the delivery occurred at home, enter the house number and street name of the place where delivery occurred. If the delivery occurred at some place other than those described above, enter the number and street name of the location. If there is no street address, give best geographical description of the place that will assist in identifying the exact location.

If delivery occurred on a moving conveyance other than en route to a facility, enter as the place of delivery the address where the fetus was first removed from the conveyance.

Non-hospital deliveries: If the delivery occurred at home, enter the house number and street name of the place where delivery occurred. If the delivery occurred at some place other than those described above, enter the number and street name of the place of delivery. If the delivery occurred on a moving conveyance other than en route to a hospital, enter as the place of delivery the address where the fetus was first removed from the conveyance.

8. CITY, TOWN, OR LOCATION OF DELIVERY

Enter the name of the city, town, or location where the delivery occurred. For deliveries occurring on a moving conveyance, enter city, town, or location where the fetus was first removed from the conveyance.

If a fetus is found in this state and the place of fetal death is unknown, the fetal death should be registered in this state. The place where the fetus was found should be considered the place of fetal death.

9. PLACE WHERE DELIVERY OCCURRED (*Check one*)

Mark the line that applies to the type of place where the delivery occurred. A birthing center located in and operated by a hospital is considered part of the hospital and should be reported as occurring in the hospital. Freestanding birthing centers include those facilities that are operated independently from hospitals. The "clinic/doctor's office" category includes other non-hospital outpatient facilities where births usually occur.

If the delivery occurs in a penal institution, check "Other (*Specify*)" and enter Public Building.

For "EN ROUTE" deliveries, "Other (*Specify*)" should be checked and enter the phrase "en route." Any other related information should be entered on the back of the record in the bottom margin, e.g. father delivered fetus in car on way to hospital.

Indicate if this was a home delivery and if it was a planned or unplanned delivery at home.

THIS ITEM IDENTIFIES HOME DELIVERIES, DELIVERIES IN FREESTANDING BIRTHING CENTERS, AND DELIVERIES IN NONHOSPITAL CLINICS OR PHYSICIANS' OFFICES. SUCH INFORMATION PERMITS ANALYSIS OF THE NUMBER AND CHARACTERISTICS OF DELIVERIES BY TYPE OF FACILITY AND IS HELPFUL IN DETERMINING THE LEVEL OF UTILIZATION AND CHARACTERISTICS OF DELIVERIES OCCURRING IN SUCH FACILITIES

10a. MOTHER's MAIDEN NAME (*First, Middle, Last*)

Enter the first, middle, and maiden last names of the mother.

10b. MOTHER'S CURRENT SURNAME (if different than 10a)

Enter the current surname of the mother if different from that entered in 14a. If child is either a foundling or an abandoned baby, enter "Unknown."

THESE ITEMS ARE DOCUMENTARY EVIDENCE OF PARENTAGE. THE MOTHER'S MAIDEN NAME IS AN IMPORTANT PART OF AN INDEX. IT IS ESPECIALLY USEFUL SINCE THE MAIDEN NAME REMAINS CONSTANT, EVEN THOUGH THE LAST NAME OF THE INDIVIDUAL BEING REGISTERED AND THE MOTHER'S MARRIED NAME MAY CHANGE SEVERAL TIMES.

11. IS MOTHER MARRIED?

Enter "Yes" if the mother is married at the time of delivery. Otherwise, enter "No". Remember, a woman is married even if she is legally separated.

THIS INFORMATION IS NEEDED TO STUDY THE SOCIAL PROBLEMS RELATED TO OUT-OF-WEDLOCK DELIVERIES. IT IS EVEN MORE IMPORTANT AS A TOOL IN STUDYING HEALTH PROBLEMS OF THE MOTHERS; FOR EXAMPLE, WHETHER LOWER BIRTH WEIGHT, HAS A HIGHER INFANT MORTALITY, OR ARE BORN TO MOTHERS WITH LESS PRENATAL CARE.

12. MOTHER'S DATE OF BIRTH (Month, Day, Year)

Enter the exact month, day, and year that the mother was born. Enter the full or abbreviated name of the month. Do not use a number to designate the month.

THIS ITEM IS USED TO CALCULATE THE AGE OF THE MOTHER, WHICH IS ONE OF THE MOST IMPORTANT FACTORS IN THE STUDY OF CHILDBEARING AND CONSEQUENTLY IS WIDELY USED IN DEVELOPING STATISTICAL DATA. FOR EXAMPLE, STUDIES HAVE BEEN DONE TO SHOW THE RELATIONSHIP OF THE HEALTH OF THE CHILD AND AGE OF THE MOTHER.

13. MOTHER'S BIRTHPLACE (State, territory or Foreign Country)

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 "Unknown." If the mother was born in a foreign country, but the country is unknown, enter "Unknown." If no information is available regarding place of birth, enter "Unknown."

THIS ITEM IS USED WITH THE CENSUS DATA TO COMPARE CHILDBEARING OF WOMEN WHO RESIDE IN THE STATE WHERE THEY WERE BORN WITH THAT OF WOMEN WHO RESIDE IN A STATE OTHER THAN THEIR STATE OF BIRTH.

14a-g. MOTHER'S RESIDENCE

Mother's residence is the place where she has set up housekeeping. This is not necessarily the same as her "home state", "voting residence", "mailing address", or "legal residence". Never enter a temporary residence such as one used during a visit, business trip, or a 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 a child is considered to be temporary and should not be entered here. Place of residence during a tour of military duty or during attendance at college is not considered as temporary and should be considered as place of residence of mother for entry on the certificate.

Do not enter a Post Office Box as the mother's residence. If the location has no number and street name, enter the rural route number and box number, or a geographical description of place that will aid in identifying the precise location

14a. MOTHER'S RESIDENCE - STATE

Enter the name of the state in which the mother resides. This may differ from the state used in her mailing address.

14b. COUNTY

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

14c. CITY, TOWN, OR LOCATION

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

14d. STREET AND NUMBER

Enter the house number and street name of the place where the mother resides. It is important to include any street indicators, e.g., N., N.W., etc. (Example: 126 S.E. Broadway Ct.). If this location has no number and/or street name, enter the rural route number or a geographical description of the place that will aid in identifying the precise location. Never enter a Post Office Box.

14e. APT.NO.

Enter the apartment number, if applicable, otherwise, leave blank.

14f. ZIP CODE

Enter the zip code that corresponds with the address in items 14a-d.

14g. INSIDE CITY LIMITS?

Enter "Yes" if the location entered in item 14d (Street and number) is within the city limits of 14c (City, Town, or Location). Otherwise, enter "No."

MOST STATISTICS ON FETAL DEATHS ARE TABULATED BY PLACE OF RESIDENCE OF THE MOTHER. THIS MAKES IT POSSIBLE TO COMPUTE FETAL DEATH RATES BASED ON THE POPULATION RESIDING IN THE AREA. FETAL DEATHS BY PLACE OF RESIDENCE OF THE MOTHER ARE USED TO PREPARE POPULATION ESTIMATES AND PROJECTIONS. THESE DATA ARE USED IN PLANNING FOR EVALUATING COMMUNITY SERVICES AND FACILITIES, INCLUDING MATERNAL AND CHILD HEALTH PROGRAMS, SCHOOLS, ETC. PRIVATE BUSINESSES AND INDUSTRIES ALSO USE THESE DATA FOR ESTIMATING DEMANDS FOR SERVICES.

15. FATHER'S NAME (First, Middle, Last)

Enter the name of the father. If no father information is available, leave items 15-17 blank.

ITEM NEEDED FOR IDENTIFICATION AND AS DOCUMENTARY EVIDENCE OF PARENTAGE.

16. FATHER'S DATE OF BIRTH (Month, Day, Year)

Enter the exact month, day, and year that the father was born. Do not use a number to designate the month. Enter the full or abbreviated name of the month. Remember, a fetus delivered at midnight is delivered at the *beginning* of the day. If no father information is available, leave blank.

AGE IS USED IN THE STUDY OF CHILDBEARING AND HEALTH.

17. FATHER'S BIRTHPLACE (State Territory or Foreign Country)

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 "Unknown." If the father was born in a foreign country, but the country is unknown, enter "Unknown." If no information is available regarding place of birth, enter "Unknown." If no father information is available, leave blank.

THIS IS A STATISTICAL ITEM USED WITH CENSUS DATA TO STUDY FETAL DEATHS WHO'S FATHERS, AT THE TIME OF DELIVERY, RESIDED IN THE STATE WHERE THEY WERE BORN AND CHILDREN WHO'S FATHERS RESIDED IN A STATE OTHER THAN THEIR STATE OF BIRTH.

18a. LICENSE NUMBER (of Licensee)

Enter the personal state license number of the funeral service licensee (FD, FE, or KA). If some other person who is not a licensed funeral director or direct disposer assumes custody of the body, identify the person and in what capacity they are acting.

18b. SIGNATURE OF FUNERAL SERVICE LICENSEE (or person acting as such)

This item is to be completed by the funeral director. If there is no funeral director involved, have the person who assumes custody of the fetus sign the record, for example, pathologist at hospital where fetus has been donated for scientific study.

19. NAME OF FUNERAL FACILITY

Enter the name of the facility handling the fetus prior to final disposition.

20a. FACILITY'S MAILING – STATE

Enter the complete mailing address of the facility handling the fetus prior to final disposition.

20b. CITY OR TOWN

Enter the city of the facility handling the fetus prior to final disposition.

20c. STREET ADDRESS

Enter the street address of the facility handling the fetus prior to final disposition.

20d. ZIP CODE

Enter the zip code of the facility handling the fetus prior to final disposition.

21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)

Enter the name of the place of final disposition, such as “Oaklawn Cemetery” or “Hatcher Cremations”, etc.

22a. LOCATION – STATE

Enter the state where the place of disposition is located.

22b. LOCATION – CITY OR TOWN

Enter the city or town where the place of disposition is located.

If the fetal remains are to be used for scientific or educational purposes, enter the name of the city or town, where institution is located. If the hospital makes final disposition of the remains, give the name of the city or town and where institution is located.

23a. METHOD OF DISPOSITION

Check the box corresponding to the method of disposition of the fetal remains.

- Burial
- Entombment (Includes Mausoleum)
- Cremation
- Donation -- If the fetus is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, enter "Donation" and specify the name and location of the institution in items 21 and 22a-b.
- Removal from State -- the term "Removal" is used when the remains are moved out of state.
- Hospital Disposition – If the family elects not to use the services of a funeral home and the hospital agrees to handle final disposition, this item should be checked. The hospital **must** notify the medical examiner before final disposition.
- Other (Specify) _____ -- Specify the type of disposition (e.g., Storage, Burial-at-Sea, Calcination, etc.). If the fetal remains are to be buried at sea, enter in item 23b "Burial-at-Sea," item 21 should be completed with the name of the body of water (e.g., Atlantic Ocean), and item 22a-b should be completed with the county name (e.g., coast of Duval County, Florida).

If the funeral director knows that, after the remains are removed from state, cremation, donation or burial at sea will be utilized, the funeral director should obtain the approval from the medical examiner of the district in which the death occurred.

THESE ITEMS INDICATE WHETHER THE REMAINS WERE PROPERLY DISPOSED OF AS REQUIRED BY LAW AND IS USED TO STUDY TRENDS AND DIFFERENCES IN TYPES OF DISPOSITION.

23b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED?

If final disposition was cremation, donation or burial at sea, has medical examiner approval been granted? Answer Yes or No. This item should be in agreement with the entry shown in 23a.

In the event you receive a record with any of the dispositions listed above and item 23b has a "No" entry, the subregistrar should contact the medical examiner immediately, inform him/her of the case, and receive the necessary approval. The funeral director/subregistrar who notifies the medical examiner should strike through the word No in item 23b, indicate "Yes," and initial. If the chief or deputy registrar notes this discrepancy, they should proceed as indicated, contact the medical examiner, make the change as indicated and file the record.

Upon notification, before granting approval, the medical examiner may ask to see a copy of the record; he/she may wish to contact the attending physician for more information and/or may decide to certify a new fetal death certificate based on what is learned. This action

should be decided by the medical examiner. It is important that only one certificate is accepted for permanent filing.

THIS ITEM DIFFERENTIATES BETWEEN NOTIFYING THE MEDICAL EXAMINER BASED ON FINAL DISPOSITION RATHER THAN FOR CAUSE OF DEATH AS SPECIFIED IN ITEM 32. THESE ARE TWO ENTIRELY DIFFERENT PROCESSES.

24. CERTIFIER (check one)

- Certifying Physician** – To the best of my knowledge, death occurred at the time, date and place stated, and the fetus was born dead.
- Medical Examiner** – On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place stated, and the fetus was born dead.

Check the appropriate box. If the certifier is a private physician, check the box “Certifying Physician.” If it is a medical examiner case, “Medical Examiner” should be checked. See instructions for item 32 to determine if case falls under medical examiner jurisdiction.

25a. LICENSE NUMBER (of certifier)

Enter the license number of the physician certifying the medical certification of cause of death.

25b. CERTIFIER’S NAME

Enter the name of the certifier.

25c. CERTIFIER’S TITLE

Indicate whether the certifier is an M.D. or a D.O.

26a. SIGNATURE OF CERTIFIER

The physician who certifies the cause of death signs the certificate.

26b. DATE SIGNED (mm/dd/yyyy)

Enter the numerical month, day, and year that the certifier signed the certificate.

27. MEDICAL EXAMINER’S CASE NUMBER

Case number is to be entered by medical examiner. If none is given, leave blank.

28a. CERTIFIER’S MAILING – STATE

Enter the state where the certifier receives mail.

28b. CITY OR TOWN

Enter the city or town where the certifier receives mail.

28c. STREET ADDRESS

Enter the street address of the certifier.

28d. ZIP CODE

Enter the zip code of the address listed in item 28c.

THESE ARE LEGAL ITEMS ATTESTING THAT THE FACTS CONCERNING THE FETAL DEATH ARE CORRECT. THEY IDENTIFY THE PERSON WHO COMPLETED THE MEDICAL PORTION OF THE CERTIFICATE. THE ADDRESS OF THE CERTIFIER IS NEEDED TO OBTAIN ADDITIONAL INFORMATION CONCERNING THE FETUS.

29a. LICENSE NUMBER (of Attendant)

29b. ATTENDANT'S NAME (if other than Certifier)

If the certifier is the attending physician, no entry is necessary. If the attendant was not a physician, the name of the attendant is entered here, such as midwife, family member, or other person.

29c. ATTENDANT'S TITLE

- C.N.M.** – certified nurse midwife.
- L.M.** – licensed midwife.
- Other.** – someone other than a physician or midwife, such as family member, friend, etc.

See Chapter 7 for detailed information on midwives and their role in fetal death registration.

IF THE DELIVERY IS ATTENDED BY A CERTIFIED MIDWIFE, THE DEATH MUST BE CERTIFIED BY THE SUPERVISING PHYSICIAN. IF DELIVERY IS ATTENDED BY A LICENSED MIDWIFE OR SOMEONE OTHER THAN A LICENSED PHYSICIAN, THE DEATH MUST BE REPORTED TO THE MEDICAL EXAMINER.

30. SUBREGISTRAR - Signature and Date

The subregistrar within the funeral establishment should sign and date this item *after* a careful review of the record for completeness and to verify that the cause of death does not need to be reported to the medical examiner's office.

If the funeral establishment does not have a subregistrar, leave this item blank.

31a. LOCAL REGISTRAR - Signature

The registrar signs the certificate when it is registered and accepted in the local vital statistics office.

31b. DATE FILED BY REGISTRAR (Mo, Day, Year)

The local registrar will complete item 31b when the death certificate is received in the local vital statistics office.

THE LOCAL REGISTRAR'S SIGNATURE DOCUMENTS THE FACT THAT THE CERTIFICATE WAS REGISTERED WITH AND ACCEPTED BY THE REGISTRAR. THE DATE DOCUMENTS WHETHER THE FETAL DEATH CERTIFICATE WAS REGISTERED WITHIN THE TIME PERIOD SPECIFIED BY LAW.

32. REPORTED TO MEDICAL EXAMINER DUE TO CIRCUMSTANCES OF DEATH

Whenever a case is reported to the medical examiner due to the circumstances of death, whether jurisdiction is accepted or declined, the entry in this item should indicate, "Yes." This would include reporting cases for trauma, hospital disposition, or as unattended deaths as stated in s. 406.11, F.S. If the case qualifies as one that should have been reported to the medical examiner and it has *not* been certified by the district medical examiner, the subregistrar should contact the medical examiner immediately and inform him/her of the case.

The funeral director/subregistrar or local registrar who notifies the medical examiner should strike through the word No in item 32, indicate "Yes," and initial.

IT IS IMPORTANT THAT ALL CASES FALLING UNDER THE MEDICAL EXAMINER'S JURISDICTION ARE REPORTED PROMPTLY. THIS ALLOWS FOR PROPER INVESTIGATION FOR LEGAL AS WELL AS CIVIL MATTERS.

33. ESTIMATED TIME OF FETAL

- Before Labor
- During Labor
- During Delivery
- Unknown time of fetal death

Indicate when the fetus died by specifying one of the above choices.

THIS ITEM CAN BE AN IMPORTANT HEALTH INDICATOR WHEN DOING STUDIES ON CAUSES OF FETAL DEATH.

34a. WAS AN AUTOPSY PERFORMED?

Check "Yes" if a partial or complete autopsy was performed; otherwise, check "No." If cause of death, item 35a indicates pending, item may be left blank.

34b. WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED?

Check Yes if a histological placental exam was performed, otherwise, check No.

34c. WERE THE AUTOPSY OR HISTOLOGICAL PLACENTAL EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH?

Check "Yes" if the autopsy or histological findings were available to determine the cause of fetal death. Otherwise, check "No." If no autopsy or histological exam was done, leave this item blank.

CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH

These items are to be completed by the certifier:

35a INITIATING CAUSE OR CONDITION: Among the choices below, please select the one cause or condition which most likely began the sequence of events resulting in the death of the fetus.

- PENDING AUTOPSY OR HISTOLOGICAL RESULTS
- MATERNAL CONDITIONS/DISEASES (*Specify*)
- COMPLICATIONS OF PLACENTA, CORD, MEMBRANES
- OTHER OBSTETRICAL OR PREGNANCY COMPLICATIONS (*Specify*)
- FETAL ANOMALY (*Specify*)
- FETAL INJURY (*Specify*)
- FETAL INFECTION (*Specify*)
- OTHER FETAL CONDITIONS (*Specify*)

Check the one cause or condition that, in your opinion, is the initiating cause that most likely began the sequence of events resulting in the death of the fetus. Be specific when listing the choice. If there are other causes or conditions related to the fetal death, they should be entered in item 35b.

Cause of fetal death should include information provided by the pathologist if an autopsy or histological exam was done. If autopsy results or histological exams for a fetal death are still pending at the time the report is filed, check "Pending". Once results are complete, a permanent or replacement record should be done, indicating the final cause.

35b. OTHER SIGNIFICANT CAUSES OR CONDITIONS: *Select or specify all other causes or conditions contributing to the death of the fetus as stated in 35a.*

List the fetal and/or maternal conditions, if any that contributed to the fetal death. Be specific when listing your choices.

THIS ITEM PROVIDES MEDICAL INFORMATION FOR RANKING CAUSES OF FETAL DEATH AND FOR ANALYZING THE CONDITIONS LEADING TO FETAL DEATH. INFORMATION ON CAUSE OF FETAL DEATH IS CORRELATED WITH INFORMATION FROM OTHER ITEMS ON THE REPORT, SUCH AS LENGTH OF GESTATION AND PRENATAL CARE.

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

This information must be furnished to the funeral director by the hospital administrator, midwife, or physician within 72 hours after the fetal death occurs. The information for medical and health studies are separated from the identifying information so that they can be excluded from certified copies of the certificate. They are used for a wide range of research and medical purposes.

Information obtained for this portion of the fetal death certificate should come from the physician's prenatal record for the mother, labor and delivery records, neonatal unit records or other hospital medical records.

36 MOTHER'S RACE (*Specify the race/races to indicate what mother considers herself to be. More than one may be specified*)

Check the race of the mother as obtained from the informant. Mark all entries that apply. Complete "other, specify" as needed, e.g. Hispanic. If not known, enter Unknown after item heading line. Do not leave this item blank.

THIS ITEM ALLOWS FOR MULTIPLE ENTRIES FOR "RACE" IN ORDER TO OBTAIN MORE SPECIFIC INFORMATION. IT IS USED TO STUDY HEALTH CHARACTERISTICS FOR RACIAL GROUPS (CHILDBEARING TRENDS, INFANT MORTALITY, BIRTH WEIGHT, ETC.). RACE IS AN IMPORTANT VARIABLE IN PLANNING FOR AND EVALUATING THE EFFECTIVENESS OF HEALTH PROGRAMS, AND IT IS ALSO USED IN PREPARING POPULATION ESTIMATES.

37. MOTHER OF HISPANIC OR HAITIAN ORIGIN? (*Specify if mother is of Hispanic or Haitian Origin*)

Check only one. Specify "Yes" or "No." If "Yes" is checked, indicate the appropriate choice as obtained from the parent(s) or other informant. Item 31 should be marked for the mother on all certificates. The entry in this item should reflect the response of the informant. If there is more than one, check Other Hispanic (Specify) and enter Puerto Rican/Cuban or Mexican/Guatemalan, etc. If not known, enter Unknown after item heading line. Do not leave this item blank.

For the purposes of this item, "Hispanic" refers to those people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can

be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

There is no set rule as to how many generations are to be taken into account in determining Hispanic or Haitian origin. A person may report Hispanic or Haitian origin based on the country of origin of a parent, grandparent, or some far-removed ancestor. The response should reflect what the person considers himself or herself to be and is not based on percentages of ancestry. Although the prompts include the major Hispanic groups of Cuban, Mexican, and Puerto Rican, other Hispanic groups should also be identified in the space provided.

This item is *not* a part of the Race item. A person of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.

HISPANICS COMPRISE THE LARGEST ETHNIC MINORITY IN THIS COUNTRY, AND IN FLORIDA, HAITIANS ALSO COMPRISE A LARGE MINORITY. THIS ITEM PROVIDES DATA TO MEASURE DIFFERENCES IN FERTILITY AND PREGNANCY OUTCOME AS WELL AS VARIATIONS IN HEALTH CARE FOR PEOPLE OF HISPANIC, HAITIAN, AND NON-HISPANIC OR HAITIAN ORIGIN. WITHOUT COLLECTION OF DATA ON PERSONS OF THESE GROUPS, IT IS IMPOSSIBLE TO OBTAIN VALID DEMOGRAPHIC AND HEALTH INFORMATION ON THIS IMPORTANT GROUP OF AMERICANS.

This item is not a part of the Race item. A person of Hispanic or Haitian origin may be of any race. Each question, Race and Hispanic or Haitian origin, should be asked independently.

38. MOTHER'S SOCIAL SECURITY NUMBER

Enter the social security number of the mother. If mother refuses to give her social security numbers, complete this item with "Unknown" or "Unobtainable". If she does not have a social security, enter "None."

39. MOTHER'S EDUCATION (Specify mother highest degree of level of school completed at time of delivery)

Mark the appropriate line that reflects the level of education of the mother. Count formal schooling. Do not include beauty, barber, trade, business, technical, or other special schools in this entry. If parent is from another country and has completed secondary education, check "high school diploma or GED."

EDUCATION IS CLOSELY RELATED TO FERTILITY, HEALTH PRACTICES, AND BIRTH OUTCOME. IT IS ALSO USED AS AN INDICATOR OF SOCIOECONOMIC STATUS.

40. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY?

WIC is the Department of Agriculture's nutrition program for Women, Infants and Children. WIC provide pregnant women and/or their children formula, food, checks or vouchers for food.

Check "No" if the mother did not get WIC food for herself during this pregnancy; check "Yes" if she participated in the WIC program.

NUTRITION IS AN IMPORTANT FACTOR IN IMPROVING PREGNANCY OUTCOME FOR BOTH MOTHER AND CHILD.

41. WAS MOTHER TRANSFERRED FOR MATERNAL OR FETAL INDICATIONS FOR DELIVERY?

Check "No" if this is the first facility to which the mother was admitted for this delivery or if delivery took place at home and mother came to the facility right after delivery. Check "Yes" if the mother was transferred from one facility to another facility before the child was delivered.

If the mother was transferred before the delivery, enter the name of the facility from which she was transferred, e.g. mother started labor at freestanding birthing center, but was taken to the hospital for the delivery. If the mother was transferred more than once, enter the name of the last facility from which she was transferred.

THIS INFORMATION IS USED TO STUDY TRANSFER PATTERNS AND DETERMINE WHETHER TIMELY IDENTIFICATION AND MOVEMENT OF HIGH-RISK PATIENT IS OCCURRING.

42a-d. PRENATAL CARE

42a. PRENATAL CARE RECEIVED?

Check "Yes" or "No," as appropriate. If no entry, leave items 42b-d blank.

42b. DATE OF FIRST PRENATAL VISIT (Mo, Day, Yr)

Enter the date of the first prenatal visit after becoming pregnant, when the mother first received care from a physician or other health professional or attended a prenatal clinic, as listed in the health care practitioner's record.

If the exact day is unknown, but the month and year are known, obtain an estimate of the day from the mother or her physician. If an estimate of the date cannot be obtained, enter only the month and year. **This date cannot be after the date of delivery.**

THIS INFORMATION, IN CONJUNCTION WITH THE DATE OF LAST NORMAL MENSES, PROVIDES DATA FOR THE MONTH THAT PRENATAL CARE BEGAN. THIS ITEM IS NEEDED AS THE BASIS FOR MEASURES OF HOW SOON WOMEN INITIATE PRENATAL CARE AND FOR MEASURES OF THE APPROPRIATE UTILIZATION OF SERVICES.

42c. DATE OF LAST PRENATAL VISIT (Mo, Day, Yr)

Enter the date of the mother's last prenatal visit as recorded in the health care practitioner's record. If the exact day is unknown, but the month and year are known, obtain an estimate of the day from the mother or her physician. If an estimate of the date cannot be obtained, enter only the month and year.

THIS ITEM WILL ENSURE THAT ALL PRENATAL VISITS ARE COUNTED.

42d. PRENATAL VISITS

Enter the number of visits made for medical supervision from a physician or other health care provider during the pregnancy.

THIS INFORMATION IS USED TO DETERMINE THE RELATIONSHIP OF PRENATAL CARE TO THE HEALTH OF THE CHILD AT BIRTH.

43a-c. NUMBER OF PREVIOUS LIVE BIRTHS

43a. Number Now Living

Enter the number of prior children born alive to this mother who are still living at the time of this delivery. Do not include this child or children by adoption. If this is the first pregnancy for the mother, enter "0." If not known, enter "Unknown" or "Unk."

43b. Number Now Dead

Enter the number of prior children born alive to this mother who are no longer living at the time of this delivery. Do not include this birth or any children by adoption. If this is the first pregnancy for the mother, enter "0." If not known, enter "Unknown" "Unk."

43c. DATE OF LAST LIVE BIRTH (Month, Year)

Enter the date of birth (month and year) of the last live-born child of the mother. It is preferred that the literal name of the month, in abbreviated form, be used.

If this certificate is for the second delivery of a twin set, enter the date of birth for the first baby of the set, if it was born alive. Similarly, for triplets or multiple births, enter the date of birth of the previous live birth of the set. If all previously delivered members of a multiple set were fetal deaths, enter the date of the mother's last delivery that resulted in a live birth.

Enter "None" if mother has not had a previous live birth. If not known, enter "Unk."

44a. NUMBER OF OTHER PREGNANCY OUTCOMES (Spontaneous, induced losses, or ectopic pregnancies)

Include each recognized loss of a product of conception such as miscarriage, fetal death, and abortion (spontaneous and induced). Enter "0" if this is the first pregnancy for this mother or if all previous pregnancies resulted in live-born infants. If not known, enter "Unk."

If there is a twin pregnancy, and one twin dies prior to delivery and the second twin is carried to term, this item should include the twin who died. *Do not leave this item blank.*

44b. DATE OF LAST OTHER OUTCOME (Month, Year)

Enter the date (month and year) of the last other outcome of pregnancy that was not a live birth regardless of the length of gestation. It is preferred that the literal name of the month, in abbreviated form, be used. If the mother has never had a termination, enter "None." If not known, enter "Unk." *Do not leave this item blank.*

If this certificate is for the second delivery of a twin set and the first was a fetal death, enter the date of delivery of that fetal death. Similarly, for other multiple births, if any previous member of the set was a fetal death, enter the date of delivery of that fetal death. If all previously born members of a multiple set were live births, enter the date of the mother's last delivery that resulted in a fetal death.

THESE ITEMS ARE USED TO DETERMINE LIVE BIRTH ORDER AND TOTAL BIRTH ORDER THAT ARE IMPORTANT IN STUDYING TRENDS IN CHILDBEARING AND CHILD SPACING. THEY ARE ALSO USEFUL IN STUDYING HEALTH PROBLEMS (e.g., HEALTH PROBLEMS ASSOCIATED WITH FIRST BIRTHS TO OLDER MOTHERS, RELATIONSHIP OF INFANT MORTALITY TO BIRTH ORDER, ETC.).

THE DATES OF LAST LIVE BIRTH AND OTHER OUTCOMES ARE USED TO COMPUTE THE INTERVALS BETWEEN LIVE BIRTHS AND FETAL DEATHS AND BETWEEN PREGNANCIES IN STUDYING CHILD SPACING. THEY ARE ALSO IMPORTANT IN DETERMINING WHETHER THERE ARE HEALTH PROBLEMS ASSOCIATED WITH CLOSE SPACING OR WITH THE OUTCOME OF THE PREVIOUS PREGNANCY (WHETHER OR NOT IT WAS A LIVE BIRTH).

45. TOBACCO USE DURING PREGNANCY?

Check "Yes" for tobacco use if the mother smoked tobacco at any time during the pregnancy. Specify the average number of cigarettes the mother smoked per day during her pregnancy. If the mother smoked *but quit* during the pregnancy, mark "Yes, but quit"; specify the average number of cigarettes the mother smoked per day *before* she quit. If, on the average, she smoked less than one cigarette per day, enter "Less than 1" (<1).

Place an "X" on the "No" line if the mother did not smoke during the entire pregnancy. Do not make any entry on the line requesting the average number of cigarettes per day.

This information should be taken from the physician's prenatal record for the mother.

46. MOTHER'S HEIGHT

Enter mother's height in feet and inches. Ideally, height should be measured **without shoes**. Verify entries of 2-3 feet and 7-8 feet; put notation on back of record in bottom margin indicating if correct. Do **not** enter inches only; of 66 inches, enter 5 ft. 6 in. There should be no fractions or decimals, only whole number feet and inches. If 5 ft. 6 ½ in., enter 5 ft. 6 in; if 5 ft. ¼ in., enter 5 ft. 4 in. If no inches, enter 5 ft. 0 in.

MOTHER'S HEIGHT, IN CONJUNCTION WITH PRE-PREGNANCY AND AT-DELIVERY WEIGHT, CORRELATES WITH POSSIBLE OBESITY AND ITS EFFECT ON THE HEALTH OF THE MOTHER AND A HEALTHY OUTCOME FOR THE CHILD.

47. MOTHER'S WEIGHT (in pounds)

Enter mother's prepregnancy weight and weight delivery. Ideally, weight should be taken without shoes. Enter "Unk" if the weight cannot be determined or is unknown for either item. There should be no fractions or decimals, only a whole number. If 140 ½ lbs, enter 140 lbs; if 150.3 lbs, enter 150 lbs.

MOTHER'S WEIGHT, PRE-PREGNANCY AND AT-DELIVERY, IN CONJUNCTION WITH MOTHER'S HEIGHT, CORRELATES WITH POSSIBLE OBESITY AND ITS EFFECT ON THE HEALTH OF THE MOTHER AND A HEALTHY OUTCOME FOR THE CHILD.

48. OBSTETRIC ESTIMATE OF GESTATION

Enter the number of **completed** weeks as estimated by the attendant. Do not compute this information from the date last normal menses began and date of birth. If the attendant has not done an obstetric estimate of gestation, enter "Not Done." *Do not leave this item blank.*

THIS ITEM PROVIDES INFORMATION ON GESTATIONAL AGE WHEN THE ITEM ON DATE LAST NORMAL MENSES BEGAN CONTAINS INVALID OR MISSING INFORMATION. FOR A RECORD WITH A PLAUSIBLE DATE LAST NORMAL MENSES BEGAN, IT PROVIDES A CROSSCHECK WITH LENGTH OF GESTATION BASED ON ULTRASOUND OR OTHER TECHNIQUES.

49. DATE LAST NORMAL MENSES BEGAN (Mo, Day, Yr)

Enter the exact date (month, day, and year), as obtained from the physician or hospital record, of the beginning of the mother's last normal menstrual period. If the information is unavailable from these sources, obtain it from the mother.

It is preferred that a written date entry, rather than numerical, be made.

If the exact day is unknown, but the month and year are known, obtain an estimate of the day from the mother or her physician. If an estimate of the date cannot be obtained, enter only the month and year.

If mother never has had a menses, enter "Never had menses." Enter "Unknown" if the date cannot be determined.

If the 20th week of gestation has not been reached, do not prepare a fetal death certificate.

THIS ITEM PROVIDES INFORMATION ON GESTATIONAL AGE WHEN THE ITEM ON DATE LAST NORMAL MENSES BEGAN CONTAINS INVALID OR MISSING INFORMATION. THIS MEASURE IS THE BASIS FOR REPORTING FETAL DEATHS IN MANY STATES. FOR A RECORD WITH A PLAUSIBLE DATE LAST NORMAL MENSES BEGAN, IT PROVIDES A CROSS-CHECK WITH LENGTH OF GESTATION BASED ON ULTRASOUND OR OTHER TECHNIQUES.

50a-b. PLURALITY

When a multiple birth occurs, prepare and register a separate certificate for each child or fetus. Register certificates relating to the same multiple birth set at the same time, unless doing so will result in late filing.

In incidents where there is a twin pregnancy, and one twin dies prior to delivery and the second twin is carried to term, the certificate should include the deceased twin in the number of other outcomes (44a), and the date of last outcome (44b). Plurality (50a) should indicate “twin.”

If this is a multiple birth, the birth registrar should verify if the pregnancy was a result of infertility treatment. If the answer is “yes,” item 43, in “History Factors,” should be checked.

50a. PLURALITY (*Single, twin, etc.*)

Specify the delivery as single, twin, triplet, quadruplet, etc.

50b. IF NOT SINGLE BIRTH (*Born first, second, etc.*)

Specify the order in which the delivery being recorded was born - first, second, etc. If this is a single delivery, leave the item blank. For multiple births still in the womb and for multiple births that include a fetal death under 20 weeks gestation, make a note on the back of the record.

THESE ITEMS ARE RELATED TO OTHER ITEMS ON THE CERTIFICATE THAT HAVE BEEN SHOWN TO HAVE HEALTH IMPLICATIONS, ESPECIALLY BIRTH WEIGHT. THE OCCURRENCE OF PLURAL BIRTHS IS RELATED TO THE AGE OF THE MOTHER AND BIRTH ORDER OF THE CHILD.

51-55 CHECK ITEMS

The following medical and health items are formatted into lines to be checked. Please review each item listed, and carefully check the appropriate line(s). Clearly mark an "X" or check the line. The mark should not overlap more than one line. If the information is unknown or unavailable, check “Other” and enter “Unknown”.

51. HISTORY FACTORS FOR THIS PREGNANCY (*Check all that apply*)

Check each of the medical history factors that the mother experienced during this pregnancy. Complications should be entered even if they are a part of the cause of fetal death in item 35. If the mother experienced medical history factor(s) not identified in the list - for example, other infectious diseases, AIDS, or syphilis - check "Other" and enter the history factor on the line provided. Medical history factors should be identified from the

hospital or physician record. If there were no medical history factors, check "None." *Do not leave this item blank.*

THIS INFORMATION ALLOWS FOR THE IDENTIFICATION OF SPECIFIC MATERNAL CONDITIONS THAT ARE OFTEN PREDICTIVE OF POOR MATERNAL AND INFANT OUTCOME. IT CAN BE USED FOR PLANNING INTERVENTION AND PREVENTION STRATEGIES.

52. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply)

Mark all that apply.

ALL OF THE LISTED INFECTIONS ARE KNOWN TO CAUSE FETAL AND/OR SUBSEQUENT NEONATAL INFECTION AND HAVE SIGNIFICANT PUBLIC HEALTH IMPLICATIONS

53. METHOD OF DELIVERY (Complete all items A through E)

Complete all items A through E. This information should be obtained from the mother's medical chart or the physician. If the information is unknown, enter Unknown after the appropriate item.

Information should be consistent e.g.:

- Item A - if **delivery with forceps** was attempted and successful, item A must indicate No; item D should have Vaginal/Forceps checked;
- Item B - if **vacuum delivery** was attempted and successful, item B must indicate No; item D should have Vaginal/Vacuum checked;
- Item C - Vertex is the same as Cephalic;
- Item D – If **Cesarean delivery**, answer Yes or No to Was a trial of labor attempted

THIS INFORMATION IS USED TO RELATE METHOD OF DELIVERY WITH BIRTH OUTCOME, TO MONITOR CHANGING TRENDS IN OBSTETRIC PRACTICE, AND TO DETERMINE WHICH GROUPS OF WOMEN ARE MOST LIKELY TO HAVE CESAREAN DELIVERY.

THE METHOD OF DELIVERY IS RELEVANT TO THE HEALTH OF MOTHERS, ESPECIALLY IF IT IS BY CESAREAN SECTION. INFORMATION FROM THIS ITEM CAN BE USED TO MONITOR DELIVERY TRENDS ACROSS THE UNITED STATES.

54. MATERNAL MORBIDITY

Mark all that apply.

LABOR/DELIVERY COMPLICATIONS MAY AFFECT THE MOTHER'S ABILITY TO BECOME PREGNANT IN THE FUTURE.

55. CONGENITAL ANOMALIES OF THE FETUS (Check all that apply)

Check each anomaly of the fetus. Do not include birth injuries. The checklist of anomalies is grouped according to major body systems. If an anomaly is present that is not identified in the list, check "Other" and specify the anomaly on the line provided. Note that each group of system-related anomalies includes an "Other" category for anomalies related to that particular system. If there is a question as to whether the anomaly is related to a specific system, enter the description of the anomaly in "Other (Specify)" at the bottom of the list. If there are no congenital anomalies of the fetus, check "None." This information should be obtained from the medical chart or the physician. *Do not leave this item blank.*

INFORMATION ON CONGENITAL ANOMALIES IS USED TO IDENTIFY HEALTH PROBLEMS THAT WOULD HAVE REQUIRED MEDICAL CARE HAD THE INFANT BEEN BORN ALIVE. IT IS IMPORTANT FOR MONITORING THE INCIDENCE OF THESE CONDITIONS AMONG ALL KNOWN PRODUCTS OF CONCEPTION. COLLECTION OF THIS INFORMATION IS ALSO NECESSARY TO STUDY UNUSUAL CLUSTERS OF SELECTED ANOMALIES AND TRACK TRENDS AMONG DIFFERENT SEGMENTS OF THE POPULATION.

CHAPTER 8 – PREPARING THE CERTIFICATE OF FETAL DEATH

GLOSSARY

DEFINITION OF TERMS

The following definitions describe certain terms used in the manual:

Abandoned baby – a newborn infant abandoned at a fire station, emergency medical services station or hospital within 3 days of birth.

Administrative regulations - Rules prescribed by the Department of Health for the administration of vital statistics laws.

Applicant - person requesting a copy of a vital record.

Attendant at birth - Any person in attendance at the time of a live birth or delivery of a dead fetus.

Burial-transit Permit - A permit required before disposition of a dead human body or fetus can be legally completed.

Certificate of Birth Resulting in Stillbirth – a special certification for fetal deaths which can be issued upon the parent's request. This issuance comes from the state office only and there must already be a fetal death certificate on file. The certification will not be considered as proof of a live birth, and once issued, is no longer a confidential record.

Certificate of Death - The original of the standard Certificate of Death as prescribed by the Department of Health.

Certificate of Fetal Death - The original of the standard Certificate of Fetal Death as prescribed by the Department of Health.

Certificate of Live Birth - This is the original standard Certificate of Live Birth as prescribed by the Department of Health.

Certificate received - A certificate arriving in the registrar's office by mail or delivered in person, but not yet accepted for registration or filing. In this manual, the term "record" is interchangeable with the term "certificate."

Chief Deputy Registrar - A person appointed by the state registrar, upon recommendation of the local registrar, to act in the absence or disability of the local registrar.

Computer certification - A document produced by computer or other electromagnetic equipment containing all or part of the exact information contained on the original vital record, and which, when certified by the state registrar, has the full force and effect of the original vital record.

Cremate - To reduce to ashes by the action of fire.

Dead body - A lifeless human body or parts of such body, by the state of which it may reasonably be concluded that death has occurred.

Death without medical attendance - A death occurring more than 30 days after the decedent was last treated by a physician, except where death was medically expected as certified by an attending physician.

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Direct disposer - Any person who is registered in this state to practice direct disposition and is responsible for the preparation and registration of certificates of death and fetal death.

Designated representative - The person appointed by the hospital administrator to certify birth records from the hospital.

Disposition of fetal remains - The burial, interment, cremation, release for scientific study, or other final disposal of a dead fetus.

Electronic Birth Registration (EBR) – the mechanism by which the hospital birth registrar registers births through the Internet.

Filing of a record - Acceptance of a certificate by the local registrar. This term is synonymous with registration.

Final disposition - The burial, cremation, or other disposition of a dead human body or fetus or parts thereof.

Foundling – A “found” infant of unknown parentage.

Funeral director - A person licensed in this state to engage in the practice of preparing bodies of dead persons for burial, and the directing and supervising of the burial or disposal of deceased human bodies and responsible for the preparation and registration of certificates of death and fetal death.

Gestational Surrogate - A woman who contracts to become pregnant by means of assisted reproductive technology without the use of an egg from her body.

Informant - The person who supplies the data regarding the personal particulars required for the preparation of a Certificate of Live Birth, Death, or Fetal Death. For birth, this must be a parent of the child.

Live birth - The complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

Local Registrar - The county health department director or administrator, who under the direction of the state registrar of vital records, is in charge of the registration of births, deaths, and fetal deaths within a specified local registration district. He has the further responsibility of carrying out duties incidental to enforcement of vital statistics laws within his registration district.

Local registration district - A specific geographic area designated by the state registrar of vital records as a part of the statewide vital records registration system. In our state, registration districts conform to the jurisdictional boundaries of the county health departments.

Medical Examiner - A physician appointed by medical examiner district (not necessarily contiguous with local registration districts) whose duty it is to investigate the circumstances and determine the cause of death when the death is suspected or appears to have occurred by

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criminal violence, by accident, homicide, suicide, death without medical attendance, in prison, or under any suspicious or unusual circumstance. A further duty is the preparation of the medical section of the death or fetal death record in those cases handled by him. The medical examiner is a physician with special training in pathology.

Midwife - A person licensed to attend women at or during childbirth (other than a physician) and who accepts compensation for these services.

Moving conveyance - Any means of transportation, public or private, such as bus, train, plane, or automobile.

Office of Vital Records and Public Health Statistics - The office responsible under the state registrar for the administration of vital statistics laws and regulations and the collection and preservation of the vital records of Florida. In this manual, the term is synonymous with "the state office."

Person in charge of interment - Any person who places, or causes to be placed, a dead body or a dead fetus in a grave, vault, urn, or other receptacle or otherwise disposes of such remains.

Physician - A person authorized to practice medicine, osteopathic medicine, or chiropractic medicine pursuant to chapter 458, chapter 459, or chapter 460, Florida Statutes.

Presumptive death - Determination by a court of competent jurisdiction that a death has occurred or is presumed to have occurred in this state, but the body of the person involved has not been located or recovered.

Putative Father - a man who believes he may have fathered a child and wishes to preserve his rights to be noticed should the child be placed for adoption.

Putative Father Registry - the registry is where the putative father claim is filed and recorded.

Registrant - The child entered on a birth certificate, the deceased entered on a death certificate, and both the husband and wife entered on a marriage or dissolution of marriage record.

Registration - The acceptance for filing of a Certificate of Live Birth, Death, or Fetal Death by the local registrar.

Sexton - A person having charge of a cemetery or burial ground, either public or private.

State File Number - A number assigned to a vital record by the State Office of Vital Statistics for legal, index, and identification purposes.

State Registrar - The person specified by state law to direct the operations of the state office of vital records and public health statistics and to oversee vital records registration in the districts. He furnishes all necessary forms to local registrars and investigates violations of vital statistics laws.

Subregistrar - A person appointed by the state registrar to receive death and fetal death certificates and to issue Burial-Transit Permits in and for such portions of a registration district as may be designated.

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Surrogate - A woman who contracts to become pregnant by means of assisted reproductive technology with the use of her own egg.

Vital records - Official and original certificates of birth, death, and fetal death. Also includes records of marriage and dissolution of marriage.

Vital statistics laws - The Vital Statistics Act is legislation enacted to provide a system for collection and preservation of vital records. The vital statistics act is located at Chapter 382, Florida Statutes.

Vital statistics and records system - The registration, collection, preservation, amendment, and certification of vital records, and activities related thereto, including the tabulation, analysis, and publication of statistical data derived from such records.

APPENDIX A

FOREIGN OR HIGH-SEAS BIRTHS & DEATHS & CERTIFICATES OF CITIZENSHIP

Birth records of persons born in foreign countries who are U.S. citizens at birth

The birth of a child abroad to U.S. citizen parent(s) should be reported to the nearest U.S. Consulate or Embassy as soon after the birth as possible. To do this, the child's parent or legal guardian should file an Application for Consular Report of Birth Abroad of a Citizen of the United States of America (Form FS-579/SS-5). This form may also be used to apply for a Social Security Number for the child. A \$40.00 fee is charged for reporting the birth.

The application must be supported by evidence to establish the child's U.S. citizenship. Usually, the following documents are needed:

1. the child's birth certificate;
2. evidence of the U.S. citizenship of the parent(s) such as a certified copy of a birth certificate, U.S. passport, or Certificate of Naturalization or Citizenship;
3. evidence of the parents' marriage, if applicable; and
4. affidavit(s) of the physical presence of the parent(s) in the United States.

Each document should be certified as a true copy of the original by the registrar of the office that issued the document. Other documents may be needed in some cases. Contact the nearest U.S. Embassy or Consulate for details on what evidence is needed.

When the application is approved, a Consular Report of Birth Abroad of a Citizen of the United States of America (Form FS-240) is given to the applicant. This document, known as the Consular Report of Birth, has the same value as proof of citizenship as the Certificate of Citizenship issued by the Immigration and Naturalization Service.

A Consular Report of Birth can be prepared only at a U.S. Embassy or Consulate overseas, and only if the person who is the subject of the report is under 18 years of age when the application is made. A person residing abroad who is now 18 years of age or over, and whose claim to U.S. citizenship has never been documented, should contact the nearest U.S. Embassy or Consulate for assistance in registering as a U.S. citizen.

As of November 1, 1990, the U.S. Department of State no longer issues multiple copies of the Consular Report of Birth. However, a replacement Consular Report of Birth may be issued if the original document is lost or mutilated. The U.S. Department of State also issues certified copies of the Certification of Report of Birth (DS-1365), which contains the same information as on the Consular Report of Birth. The DS-1365 serves most needs and can be issued in multiple copies. Documents are issued only to the subject of the Consular Report of Birth, the subject's parents or legal guardian, or a person who submits written authorization from the subject.

To request copies of the DS-1365 or a replacement FS-240, write to Passport Services, Correspondence Branch, U.S. Department of State, 1111 19th Street NW, Suite 510, Washington, DC 20522-1705. Please include the following items:

1. the full name of the child at birth (and any adoptive name);
2. the date and place of birth;
3. the names of the parents;
4. the serial number of the FS-240 (if the FS-240 was issued after November 1, 1990);
5. any available passport information;

6. the signature of the requestor and the requestor's relationship to the subject;
7. a check or money order for \$30.00 for the FS-240, \$30.00 for the first DS-1350 and \$20.00 for each additional issued at the same time per document requested, made payable to the U.S. Department of State; and
8. if applying for a replacement FS-240, a notarized affidavit by the subject, parent, or legal representative that states the name, date and place of birth of the subject, and the whereabouts of the original FS-240.

To obtain a Consular Report of Birth in a new name, send a written request and fees as noted above, the original (or replacement) Consular Report of Birth, or if not available, a notarized affidavit about its whereabouts. Also, send a certified copy of the court order or final adoption decree which identifies the child and shows the change of name with the request. If the name has been changed informally, submit public records and affidavits that show the change of name.

Birth records of alien children adopted by U.S. citizens

Birth certifications for alien children adopted by U.S. citizens and lawfully admitted to the United States may be obtained from the Immigration and Naturalization Service (INS) if the birth information is on file. (Address can be found in a telephone directory.) To obtain the birth data, it is necessary to provide the Immigration Office with proof of adoption or legitimation.

Certificate of citizenship

Persons who were born abroad and later naturalized as U.S. citizens or who were born in a foreign country to a U.S. citizen (parent or parents) may apply for a certificate of citizenship pursuant to the provisions of Section 341 of the Immigration and Nationality Act. Application can be made for this document in the United States at the nearest office of the Immigration and Naturalization Service (INS). The INS will issue a certification of citizenship for the person if proof of citizenship is submitted and the person is within the United States. The decision whether to apply for a certificate of citizenship is optional; its possession is not mandatory because a valid U.S. passport or a Form FS-240 has the same evidentiary status.

Death records of U.S. citizens who die in foreign countries

The death of a U.S. citizen in a foreign country may be reported to the nearest U.S. consular office. If reported, and a copy of the local death certificate and evidence of U.S. citizenship are presented, the consul prepares the official Report of the Death of an American Citizen Abroad' (Form OF-180). A copy of the Report of Death is then filed permanently in the U.S. Department of State (see exceptions below).

To obtain a copy of a report filed in 1975 or after, write to Passport Services, Vital Records Section, U.S. Department of State, Washington, DC 20522-1705. The fee for a copy is \$30.00 for the first copy, \$20.00 for each additional copy. Fee may be subject to change.

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Reports of Death filed before 1963 are maintained by the National Archives and Records Service, Diplomatic Records Branch, Washington, DC 20408. Requests for such records should be sent directly to that office.

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 are not maintained by the U.S. Department of State. In these cases, requests for copies of records should be sent to the National Personnel Records Center (Military Personnel Records), 9700 Page Ave., St. Louis, Missouri 63132-5100.

Records of birth and death occurring on vessels or aircraft on the high seas

When a birth or death occurs on the high seas, whether in an aircraft or on a vessel, the record is usually filed at the next port of call.

1. If the vessel or aircraft docked or landed at a foreign port, requests for copies of the record may be made to the U.S. Department of State, Washington, DC 20522-1705.
2. If the first port of entry was in the United States, write to the registration authority in the city where the vessel or aircraft docked or landed in the United States.
3. If the vessel was of U.S. registry, contact the local authorities at the port of entry and/or search the vessel logs at the U.S. Coast Guard Facility at the vessel's final port of call for that voyage.

Records maintained by foreign countries

Most, but not all, foreign countries record births and deaths. It is not possible to list in this publication all foreign vital records offices, the charges they make for copies of records, or the information they may require to locate a record. However, most foreign countries will provide certifications of births and deaths occurring within their boundaries.

Persons who need a copy of a foreign birth or death record should contact the Embassy or the nearest Consulate in the U.S. of the country in which the death occurred. Addresses and telephone numbers for these offices are listed in the U.S. Department of State Publication 7846, Foreign Consular Offices in the United States, which is available in many local libraries. Copies of this publication may also be purchased from the U.S. Government Printing Office, Washington, DC 20402.

If the Embassy or Consulate is unable to provide assistance, U.S. citizens may obtain assistance by writing to the Office of Overseas Citizens Services, U.S. Department of State, Washington, DC 20520-4818. Aliens residing in the United States may be able to obtain assistance through the Embassy or Consulate of their country of nationality.

Records of birth, death, and marriage in the Panama Canal Zone for U.S. citizens and foreign nationals

From 1904 until 1979, the Canal Zone Government registered all civil acts of birth, death, and marriage in the Canal Zone for U.S. citizens and foreign nationals. Since 1979, the Panama Canal Commission has issued certified copies of these documents in response to requests from the public. On December 31, 1999, the Panama Canal Commission will no longer exist. On December 1, 1999, those records were transferred to Passport

Services in the U.S. Department of State, which will provide the certification service just as it does for similar records issued by U.S. Embassies and Consulates abroad.

To request copies, write to Correspondence Branch, Passport Services, U.S. Department of State, 1111 19th Street NW, Suite 510, Washington, DC 20522-1705. Please include the following items for birth, death, or marriage:

1. the full name of subject at the time of event;
2. month, day and year of event;
3. place of event (city and country);
4. parents' names, date and place of birth, and nationality for birth record;
5. any available U.S. passport information;
6. signature of the requestor, parent or guardian, or legal representative;
7. requestor address and telephone number;
8. a check or money order for \$30.00 and \$20.00 for each additional copy issued at the same time, made payable to U.S. Department of State. Do not send cash.

APPENDIX B

WEB SITES

www.leg.state.fl.us

Chapter 382 – Vital Statistics

Chapter 119 – Public Records

Chapter 381 – Public Health

Chapter 406 – Medical Examiner

Chapter 458 – Physicians

Chapter 459 – Osteopaths

Chapter 460 – Chiropractic

Chapter 467 - Midwifery

Chapter 497 – Funeral, Cemetery, and Consumer Services

Chapter 742 -- Surrogacy

Chapter 872 – Offenses Concerning Dead Bodies and Graves (cremation authorization)

Chapter 64V-1 – Vital Statistics Florida Administrative Code/Rule:

<http://fac.dos.state.fl.us>

National Center for Health Statistics – “Where To Write For Vital Records:”

www.cdc.gov/nchs/howto/w2w/w2welcom.htm

Verify Florida license of funeral director, direct disposer or funeral establishment:

<http://www.fldfs.com/FuneralCemetery/>

Verify Florida license of physician or licensed midwife:

www.doh.state.fl.us/IRM00PRAES/pralist.asp

Verify Florida license of an attorney:

www.flabar.org

Check addresses for proper city and county:

www.usps.com