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# County & Deputy Registrar *Vital Records Registration*

Public Health Division  
Center for Public Health Practice  
Center for Health Statistics  
May 23<sup>rd</sup> and 25<sup>th</sup> 2017



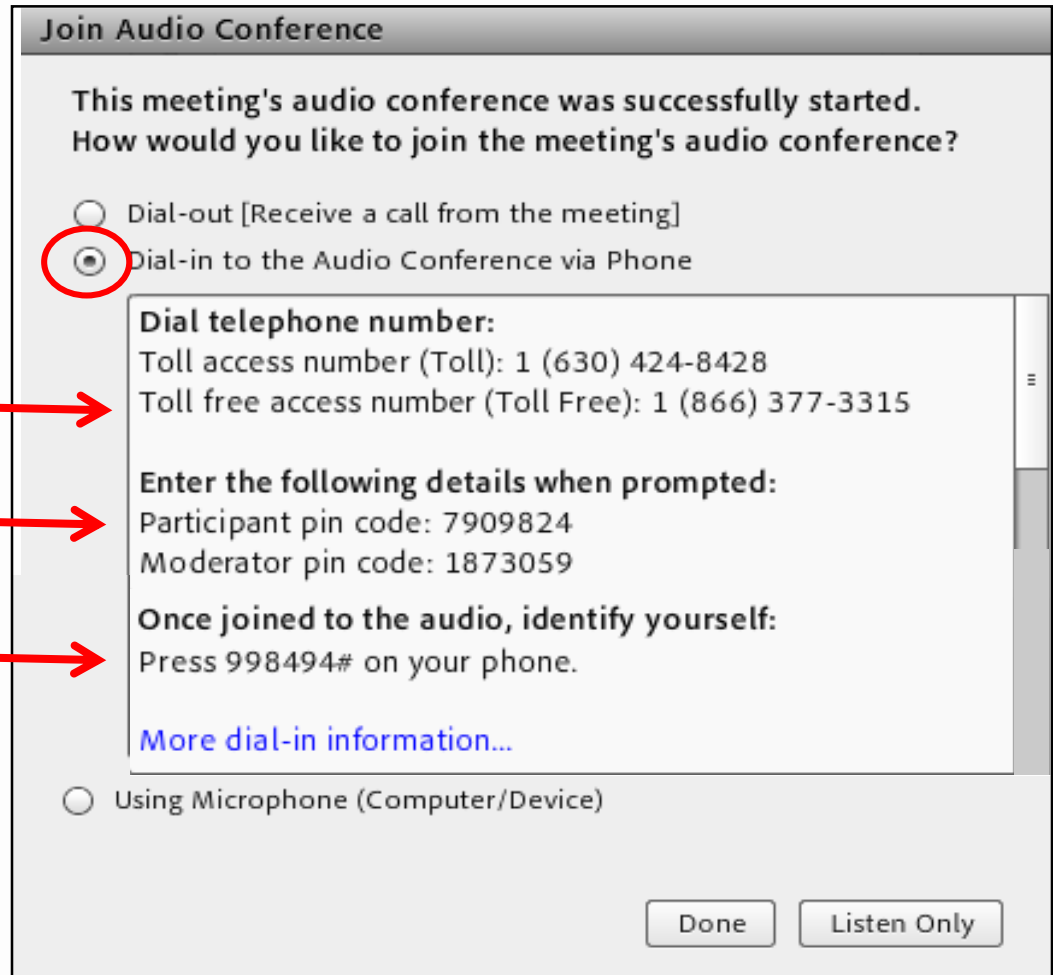
# Presenters

JoAnn Jackson  
State Registration Manager

Krystalyn Salyer  
OVERS Training Coordinator

# Joining the audio conference

Choose the  
2nd option  
to Dial-In



**Join Audio Conference**

This meeting's audio conference was successfully started.  
How would you like to join the meeting's audio conference?

☐ Dial-out [Receive a call from the meeting]

☒ Dial-in to the Audio Conference via Phone

**Dial telephone number:**  
Toll access number (Toll): 1 (630) 424-8428  
Toll free access number (Toll Free): 1 (866) 377-3315

**Enter the following details when prompted:**  
Participant pin code: 7909824  
Moderator pin code: 1873059

**Once joined to the audio, identify yourself:**  
Press 998494# on your phone.

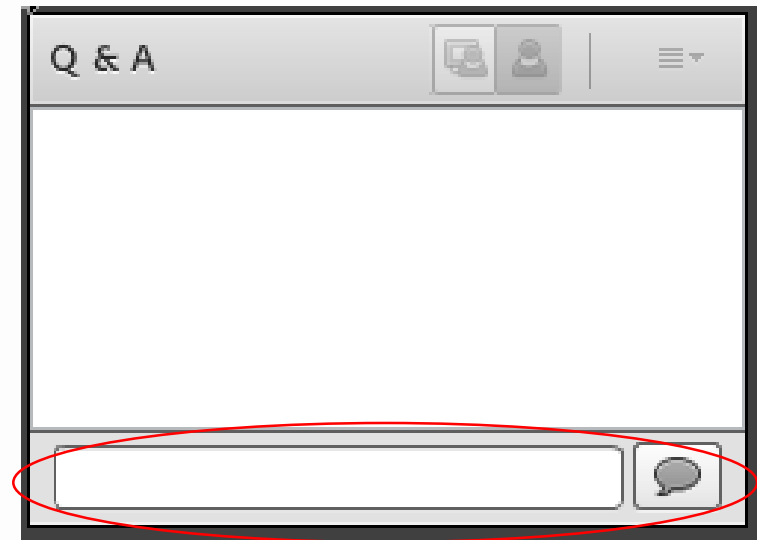
[More dial-in information...](#)

☐ Using Microphone (Computer/Device)

**Done** **Listen Only**

# How we will communicate

- Question and Answer Session between segments (phones will be unmuted)
- Type your questions in the Q & A chat box; we can either respond to questions individually or address to the whole group



# Vital Records Wheel



# Today's Agenda

- **Registration at the State (5 minutes)**
- **Registration at the County (25 minutes)**
- **Triennial reviews and resources (5 minutes)**

*We will pause in between each section for a brief question and answer session*

# Registration at the State

# Registration at the State





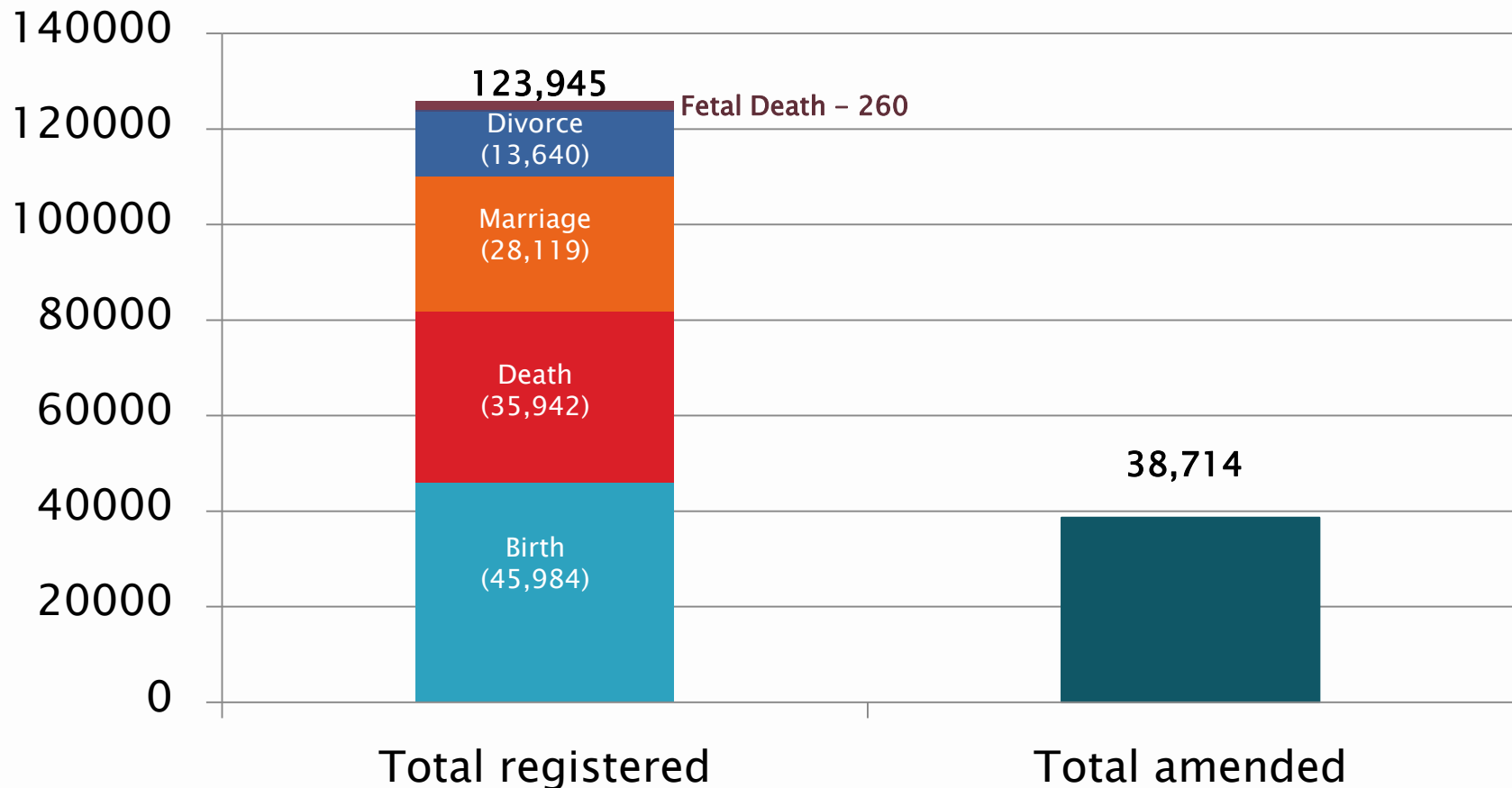
# Registration at the State



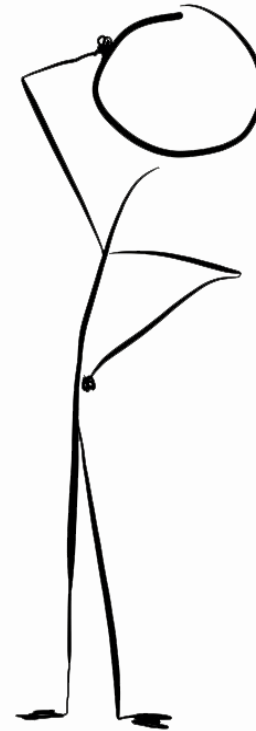
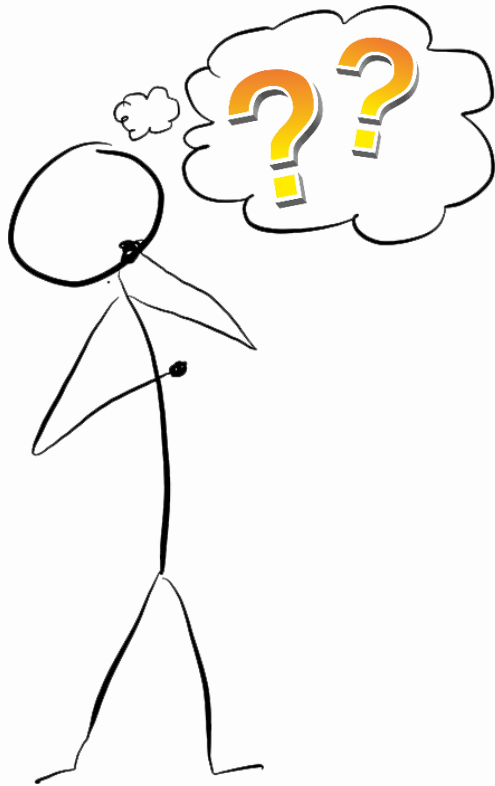
- Adhere to national standards for registration:
  - Quality of information
  - Timeliness of registration



# Vital events registered & amended 2016 – State office



# Q & A Break



# Registration at the County

# Registration at the County



# County Responsibilities

## Highlights

1. Follow State Registrar's instructions
2. Issue certificates and collect fees
3. Assist partners and customers
4. Mail birth reports to state office
5. Manage documents according to state procedures
6. Maintain integrity of vital records
7. Register death reports
8. Handle veteran's forms and certificates
9. Follow timelines

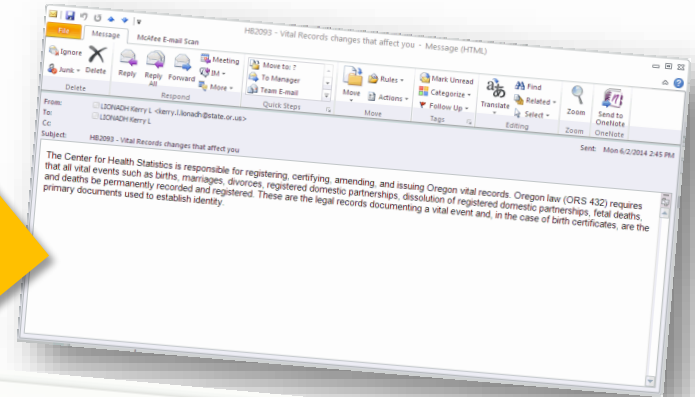


## 1) Follow State Registrar's Instructions

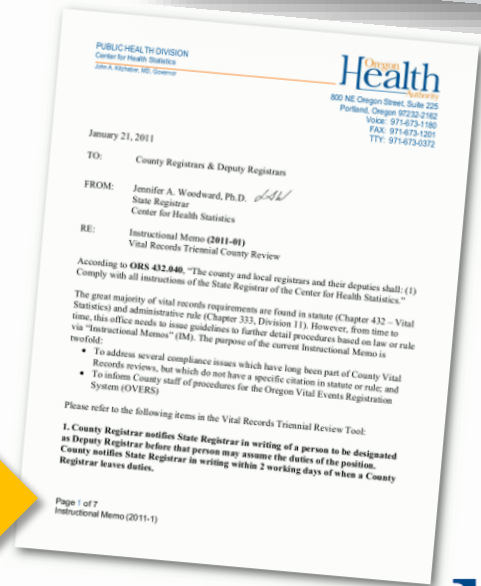
### Newsletters



### Emails



### Instructional Memos



## 2) Issue certificates and collect fees

- The fee is for the *search* (ORS 432.435 and OAR 333-011-0340)
- Fees effective January 1<sup>st</sup>, 2016

Services	New Fee	Fee Collected By:
Birth Certificates - First Copy	\$25.00	County & State
Each Additional Copy	\$20.00	County & State
Death Certificates - First Copy	\$25.00	County & State
Each Additional Copy	\$20.00	County & State
Amendment Fee	\$35.00	State Only
Certificate Replacement Fee	\$5.00 per replacement	County & State
Verification Fee (after 5 free verifications)	\$10.00/first 5 for free	State Only
Certified Copy of Birth Record requested as image (no discounts for additional copies)	\$30.00 each	State Only
Amendment Expedite Fee (by arrangement - for amendment within 3 work days)	\$30.00 each	State Only

<https://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/Pages/county.aspx>



### 3) Assist in helping our partners and customers

Provide support, advice & instruction as needed to:

- Funeral directors
- Medical Examiners
- Customers



# What to do when the family is acting as the funeral practitioner

- Individuals can choose to take care of their own or family member's final arrangement
- They must follow the laws related to completion of a death certificate
- Home burial packets can be requested when the death is considered imminent
  - Refer them to JoAnn Jackson, State Registration Manager
- Law requires death certificate be completed within 5 days of date of death (same requirement for funeral directors)



Home Burial Packets includes: a death certificate, instructions for how to complete the certificate, a burial tag, a 24-hour receipt of body card, and the State Registration Manager's business card.

### 4) Mail all birth reports to the state vital records office

OREGON DEPARTMENT OF HUMAN SERVICES  
CENTER FOR HEALTH STATISTICS

**CERTIFICATE OF LIVE BIRTH**

**CHILD**

**MOTHER**

**FATHER**

**CERTIFIER**

**INFORMANT**

**INFORMATION FOR MEDICAL AND HEALTH USE ONLY**

**BIRTH REPORT**

Registered by State only



## 5) Managing documents according to state procedures

- For death reports, collect:
  - Death report
  - 24-hour receipt of body card
  - Disposition permit
- After all 3 items received, shred:
  - 24-hour receipt of body card
  - Disposition permit

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
FINAL DISPOSITION AUTHORIZATION

DECEDENT'S NAME: \_\_\_\_\_ I.D. TAG NO.: \_\_\_\_\_

CASE NO.: \_\_\_\_\_ COUNTY OF DEATH: \_\_\_\_\_

METHOD OF DISPOSITION: \_\_\_\_\_ PLACE OF DISPOSITION: \_\_\_\_\_

245874  
I.D. TAG NO.

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

1. Legal Name: **John Doe** 2. Date of Birth: **June 22, 2011** 3. State: **OR** 4. Social Security Number: **516-13-1321** 5. County of Death: **Multnomah**

6. Sex: **Male** 7. Age: **56 years** 8. Date of Death: **June 22, 2011** 9. Decedent's Education: **High school grad or GED**

10. Was Decedent of Hispanic Origin? **No** 11. Decedent's Race(s): **White** 12. Was Decedent Ever in U.S. Armed Forces? **Yes**

13. Residence: **Home and Street** 14. City/Town: **Portland** 15. Zip Code: **97111** 16. Is Decedent City Limited? **Yes**

17. Residence County: **Multnomah** 18. State or Foreign Country: **Oregon** 19. Spouse's Name Prior to First Marriage: **Martha Miller**

20. Marital Status at Time of Death: **Never married** 21. Usual Occupation: **None** 22. Kind of Business/Industry: **Construction**

23. Father's Name: **James Doe** 24. Mother's Name Prior to First Marriage: **Martha Miller**

25. Decedent's Address: **123 N Oak Street** 26. Telephone Number: **Not Available** 27. Relationship to Decedent: **Sister** 28. Mailing Address: **4477 N Prime Street, Portland, OR 97254**

29. Place of Death: **Decedent's Residence** 30. City/Town or Location of Death: **Portland** 31. State: **Oregon** 32. Zip Code: **97111**

33. Location of Death: **123 N Oak Street** 34. Place of Disposition: **Columbia Pioneer Cemetery** 35. City/Town: **Portland** 36. State: **Oregon**

37. Name and Complete Address of Funeral Home: **Affordable Burial and Cremation Company, 505 NE 1st Street, Newport, Oregon 97365**

38. Date of Disposition: **TBD** 39. Funeral Director's Signature: **Federal Director** 40. OPI License Number: **CO-3002**

41. Registrar's Signature: \_\_\_\_\_ 42. Date Received: **June 23, 2011** 43. Local File Number: \_\_\_\_\_

44. Amendment: \_\_\_\_\_

45. Was case referred to Medical Examiner? **No** 46. Were autopsy findings available to complete this cause of death? **Yes** 47. Time of Death: **5:30 pm**

48. Cause of Death: **and, OF 97111**

49. Reported immediately? **June 23, 2011**

50. If further investigation, if any, specify, death is suspected and further action is needed.

45-108 (01/14)

**24-HOUR NOTICE OF RECEIPT OF BODY**  
Public Health Division — Center for Health Statistics  
This report must be sent to the registrar of the county in which death occurred within 24 hours of taking possession of the body.

Full name of deceased:	
Date of death:	County of death:
Place of death (street, city or institution):	
Funeral home name and address:	Medical examiner notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date report filed:	Date report sent to state:
Local file number (optional):	I.D. tag number:
Disposition permit received? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date received:	
<input type="checkbox"/> Check if fetal death Mother's name from Report of Fetal Death:	

45-108 (01/14)

- Oregon is a closed record state
- All information is confidential



## 6) Maintain integrity of vital records

- Quality-checking reports that are received before sending to the state
  - NO working copies
  - NO white paper
  - Must have purple stripe
  - Signed and dated
- Use the Sight Verification Tool

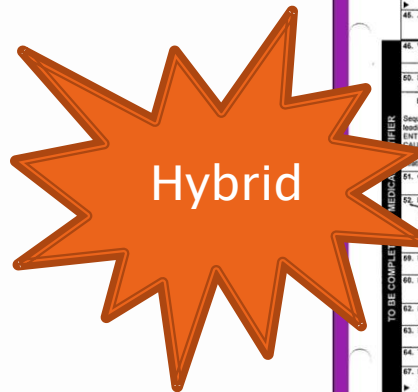
## 7) Register hybrid & paper death reports

[illegible]

## REGISTERED

## 3 death report formats

- Know the difference between hybrid and paper.
- Electronic reports not registered by counties.



OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

245874  
ID TAG NO.

1. Legal Name: First John Middle Doe Last Doe Suffix  
2. Death Date: June 22, 2011

3. Sex: Male 4. Age: 56 years 5. Social Security Number: 516-13-1321 6. County of Death: Multnomah

7. Birthdate: March 12, 1955 8. Birthplace: Portland, Oregon 9. Decedent's Education: High school grad. or GED

10. Was Decedent of Hispanic Origin? No 11. Decedent's Race(s): White 12. Was Decedent Ever in U.S. Armed Forces? Yes

13. Residence Number and Street: 123 N Oak Street 14. City/Town: Portland 15. Residence County: Multnomah 16. State or Foreign Country: Oregon 17. Zip Code + 4: 97111 18. Inside City Limits? Yes

19. Marital Status at Time of Death: Never Married 20. Spouse's Name Prior to First Marriage: Martha Miller 21. Usual Occupation: Mason 22. Kind of Business/Industry: Construction

23. Father's Name: James D. Miller 24. Mother's Name Prior to First Marriage: Martha Miller 25. Place of Birth: Portland, Oregon 26. Marital Status: Married 27. Location of Death: 4477 N Pine Street, Portland, OR 94554

28. Date of Disposition: TBD 29. Method of Disposition: Burial 30. Name and Complete Address of Funeral Facility: Affordable Burial and Cremation Company, 505 NE 1st Street, Portland, Oregon 97265

31. Location of Death: 123 N Oak Street 32. State: Oregon 33. Zip Code + 4: 97111 34. Local File Number: CO-3002

35. Name and Address of Registrar: Megan Smith, 14300 SW Sam Jackson Park Rd., Portland, OR 97222

36. Title of Registrar: M.D. 37. License Number: 1001234 38. Date of Signature: June 23, 2011

39. Medical Examiner - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. 40. Medical Examiner - On the basis of a complete and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

41. Signature of Medical Examiner: Megan Smith

42. Signature of Registrar: Megan Smith

43. Date Received: June 23, 2011

44. Local File Number: CO-3002

45-ZDP (01/06)

Barcode: \*294137\*

Electronic signature



# Sight Verification Tool



## Key to accurate death report registration

[illegible]

## Sight Verification Tool continued

### Top Portion – Funeral facility

FOR COUNTY USE ONLY  
**SIGHT VERIFICATION TOOL - Death certificate**

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
**CERTIFICATE OF DEATH**

Check for ID Tag # 245574

Death must have occurred in the last 6 months June 22, 2011

Must be your county Multnomah

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name: First John, Middle, Last Doe, Suffix  
2. Sex: Male  
3. Age: 56 years  
4. Social Security Number: 516-13-1321  
5. Date of Death: June 22, 2011  
6. County of Death: Multnomah  
7. Birthdate: March 12, 1955  
8. Birthplace: Portland, Oregon  
9. Decedent's Education: High school grad. or GED  
10. Was Decedent of Hispanic Origin? No  
11. Decedent's Race(s): White  
12. Was Decedent Ever in U.S. Armed Forces? Yes  
13. Residence: Number and Street: 123 N Oak Street  
14. City/Town: Portland  
15. Residence County: Multnomah  
16. State or Foreign Country: Oregon  
17. Zip Code: 97111  
18. Inside City Limits? Yes  
19. Marital Status at Time of Death: Never married  
20. Spouse's Name Prior to First Marriage  
21. Usual Occupation: Mason  
22. Kind of Business/Industry: Construction  
23. Father's Name: James Doe  
24. Mother's Name Prior to First Marriage: Martha Miller  
25. Informant's Name: Carla Doe  
26. Relationship to Decedent: Sister  
27. Telephone Number: Not Available  
28. Mailing Address: 4477 N Prime Street, Portland, OR 94554  
29. Place of Death: Decedent's Residence  
30. City/Town or Location of Death: Portland  
31. State: Oregon  
32. Zip Code: 97111  
33. Method of Disposition: Burial  
34. Place of Disposition: Columbia Pioneer Cemetery  
35. Name and Complete Address of Funeral Facility: 505 NE 1st Street, Newberg, Oregon 97135  
36. Funeral Home: Affordable Burial and Cremation Company  
37. Funeral Director's Signature: [Signature]  
38. Local File Number: CO-3002  
39. Registrar's Signature: [Signature]  
40. Amended

#29 & 31-34 Can never be blank

- ID Tag #
- Place of death
- Location of death (includes address, city, state & zip)
- Funeral director's signature

# Sight Verification Tool continued

## Lower Portion – Medical Certifier

TO BE COMPLETED BY MEDICAL CERTIFIER

35. Was case referred to Medical Examiner?  
☐ No ☒ Yes

37. Autopsy?  
☐ Yes ☒ No

38. Were autopsy findings available to complete the cause of death?  
☐ Yes ☒ No

39. Time of death  
 5:30 am

40. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TANGENTIAL EVENTS such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ASSUMES.

Final disease or condition resulting in death:  
 Cerebrovascular Accident

41. Enter the underlying cause of death. (See instructions on page 4.)

42. Other significant conditions contributing to death (e.g., pre-existing conditions, trauma, etc.):

43. Manner of death:  
☐ Natural ☐ Homicide ☐ Suicide ☐ Undetermined ☐ Negligent ☐ Other (Specify)

44. Did toxicologic contribute to death?  
☐ Yes ☐ Probably ☒ No ☐ Unknown

45. Date of injury (month/year):

46. Time of injury:

47. Place of injury (e.g., decedent's home, construction site, restaurant, wooded area):

48. Injury at Work?  
☐ Yes ☐ No ☐ Unknown

49. Location of injury (patient's home or 911 site, City/State, Zip + 4):

50. Describe how injury occurred:

51. If transportation injury, specify:  
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify):

52. Address and address of residence (number & street - PO Box, City/State, Zip + 4):  
 Megan Smith 14300 SW Sam Jackson Park Rd. Portland OR 9722

53. Name and title of attending physician (other than certifier):

54. Title of Certifier:  
 M.D.

55. License Number:  
 MD01234

56. Date of signature:  
 June 23, 2011

57. Medical Certifier - to the best of my knowledge, death occurred at the time, date, and place stated, and the cause of death is as stated, and due to the cause(s) and manner stated.

58. Signature:  
 Megan Smith

45-20P (01/06) Last revised: Oct. 2011

If other than natural, then #46 must be 'yes'

With limited exceptions, if manner of death (#52) is other than natural, the certifier must be a M.E. and sign here. (See back for further information.)

- Case referred to ME?
- Manner of death
- Time of death
- Medical Certifier address

### Who can certify?

- Oregon licensed medical doctors, nurse practitioners, physician assistants.
- Medical certifiers from bordering states of ID, WA, & CA.
- Federal medical certifiers from any state can certify. (ex.-VA doctors)



## What NOT to register

If M.E. not contacted (item #46 is checked "No") when...

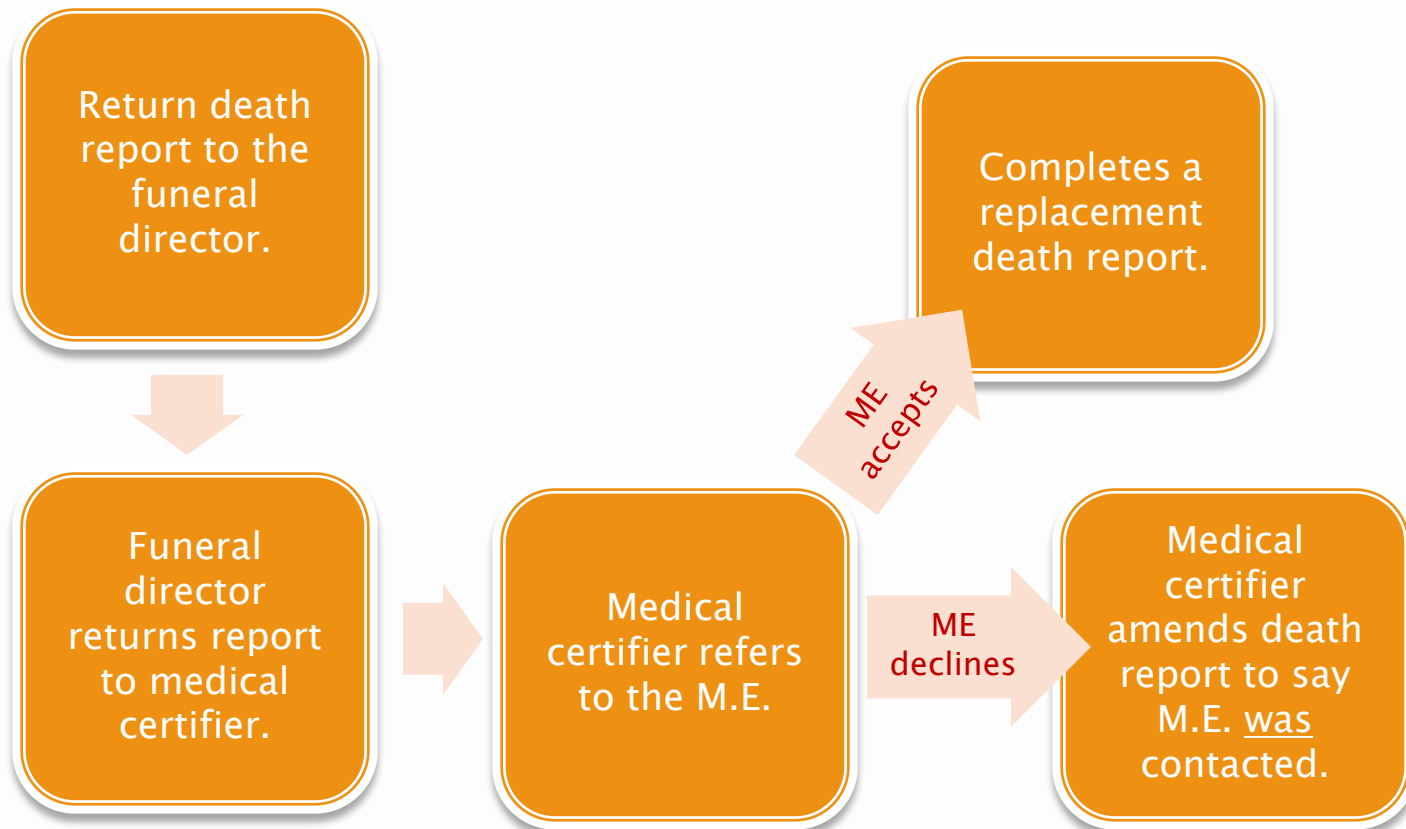
The form is a medical examiner's certificate. It contains several sections with handwritten entries and red boxes highlighting specific areas:

- Section 46:** "46. Autopsy? ☒ Yes ☐ No" is highlighted with a red box.
- Section 50:** "50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS" is highlighted with a red box. The entry is "Cerebrovascular Accident".
- Section 51:** "51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:" is highlighted with a red box.
- Section 52:** "52. Manner of Death" is highlighted with a red box. The entry is "Accident".
- Section 53:** "53. If Female" is highlighted with a red box. The entry is "Not pregnant within past year".
- Section 54:** "54. Did tobacco use contribute to death?" is highlighted with a red box. The entry is "No".
- Section 55:** "55. Date of Injury (month/year)" is highlighted with a red box. The entry is "June 23, 2011".
- Section 56:** "56. License Number" is highlighted with a red box. The entry is "MDA1334".
- Section 57:** "57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)" is highlighted with a red box. The entry is "14300 SW Sam Jackson Park Rd. Portland, OR 97212".
- Section 58:** "58. Medical Examiner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated" is highlighted with a red box. The entry is "June 23, 2011".

...Or, cause of death states injury (fall, accident, or fracture)

...Manner of death is accident

### Instead, you will...

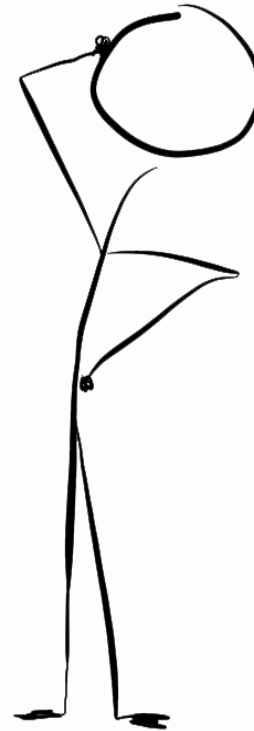
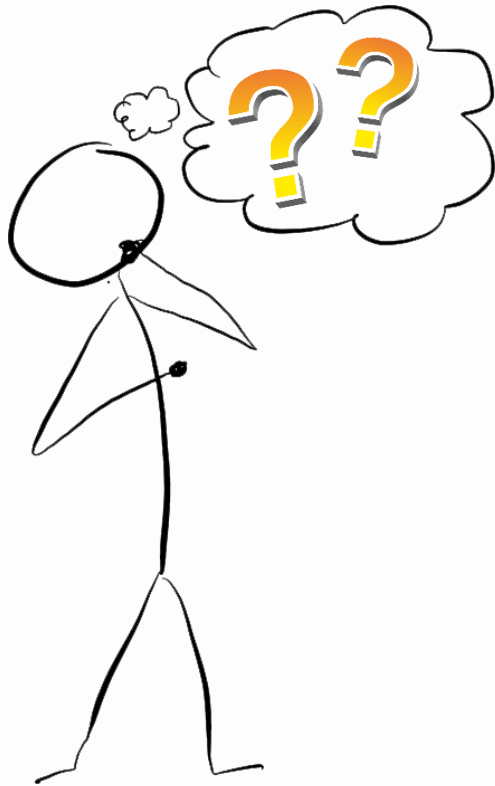


## Mistakenly registered & issued a legally insufficient report?

Retrieve & shred all  
copies issued



# Q & A Break





## 8) Handle Veteran's forms and certificates

Mail supplemental Veteran's form  
to State office



Mail death  
certificate to  
State with or  
without form.

**Veteran's Status – Location of Combat Zone**

The following is a list of combat zones as defined by the U.S. Department of Veterans Affairs. Please list any or all locations from the left column that the decedent served while in the U.S. Armed Forces. You are free to record any locations not named at the bottom of this form.

Details and Time Period	Check if Served
American-Middle Eastern Campaign, from 12/7/1941	
... Campaign, from 12/7/1941 to 3/2/1946	
... Campaign, from 12/7/1941 to 3/2/1946	
... Merchant Marines, in oceangoing service from	
... to 8/15/1946	
... 1950 to 7/27/1954	
... 1961 to 5/7/1975	
... 1982 to 2/26/1984	
... 1983 to 11/21/1983	
... 1989 to 1/31/1990	
... 2/1990, ongoing	
... 9/17/1992, ongoing	
... 1/1995 to 11/1/2007	
... Joint Endeavor, Joint Guard, or Joint Forge, aboard	
... vessels in the Adriatic Sea, or air spaces above these	
... 12/20/1995 to 12/2/2004	
... 3/24/1999, ongoing	
... is Joint Endeavor, Joint Guard, or Joint Forge, either in	
... or airspace, beginning 3/24/1999, ongoing	
... Enduring Freedom, spanning multiple countries,	
... 10/7/2001, ongoing	
... Iraqi Freedom, from 3/19/2003 to 2/17/2010	
... New Dawn, beginning 02/17/2010, ongoing	
... expeditions to combat terrorism, beginning 9/11/2001,	

**Supplemental Report on Veteran's Status**

This form is REQUIRED for every non-OVERS death certificate when the question "Was decedent ever in U.S. Armed Forces?" is answered "Yes". This form is not needed if the death is entered into the OVERS electronic system, as these questions are already included there. (If you are not yet registered to use OVERS, we encourage you to contact us at 971-673-0279 to sign up.)

Name of deceased: \_\_\_\_\_

Date of death: \_\_\_\_\_

County of death: \_\_\_\_\_

Served in combat zone? ☐ Yes ☐ No ☐ Unknown

Location of combat zone(s): \_\_\_\_\_

Funeral director's signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date signed: \_\_\_\_\_

Funeral home name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

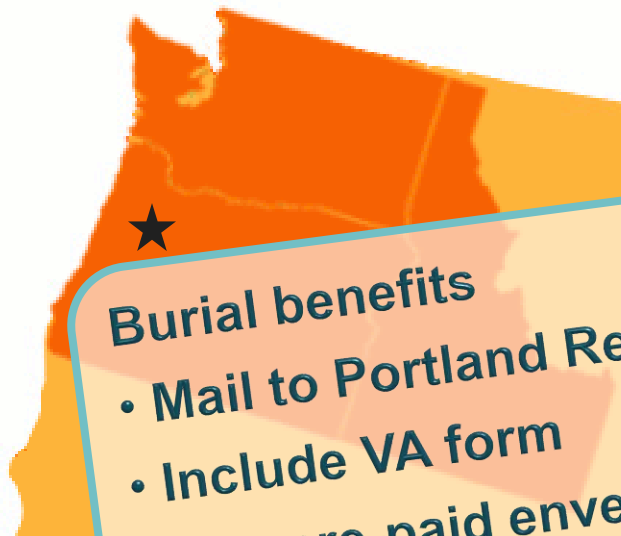
... the decedent ever served in a combat zone while in the U.S. Armed Forces, and if not, check "No". If "Yes" was chosen, list the combat zone, or state "Unknown". A listing of most major combat zones is included on the back of this form. If you cannot determine whether the decedent served in the U.S. Armed Forces, enter "Unknown".

... death certificate, or fax it to 971-673-1201.

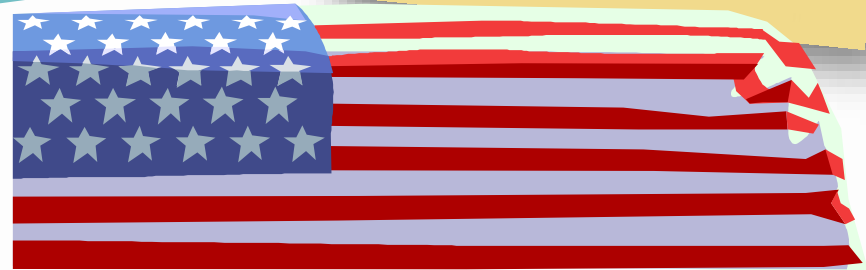
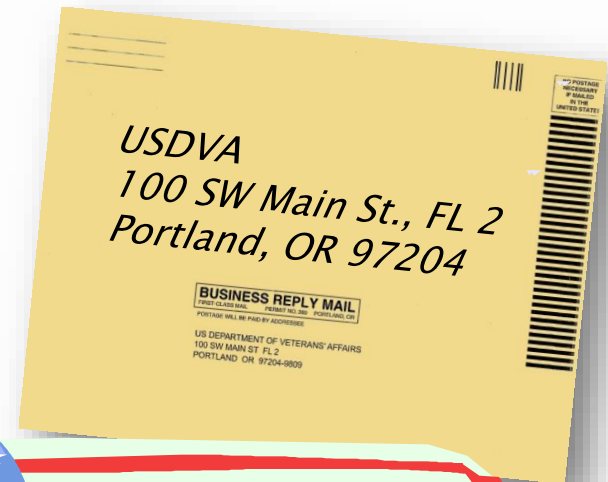
... by the 2011 Oregon Legislature, requires the Oregon Department of Health Services to develop a reporting system on whether a decedent died by suicide. When the manner of death is suicide, this information on all death records for Oregon will be used to allow full analysis of deaths among Oregonians on any certified copies. It will only be used for research purposes.

45-26V (01/12)

### Mail certified copies of death report and VA burial form using pre-paid envelope

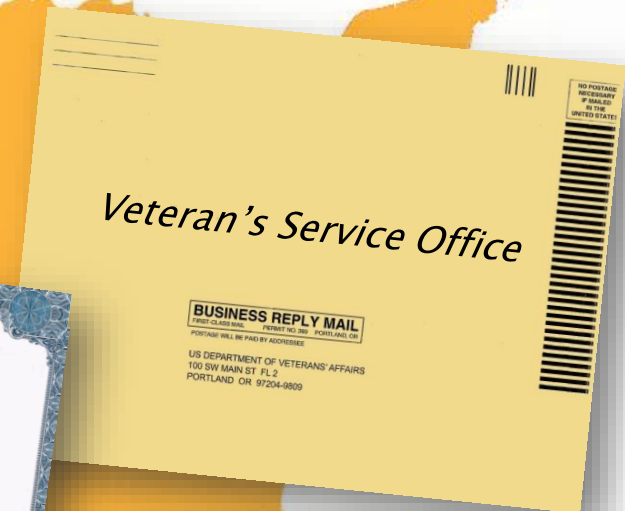
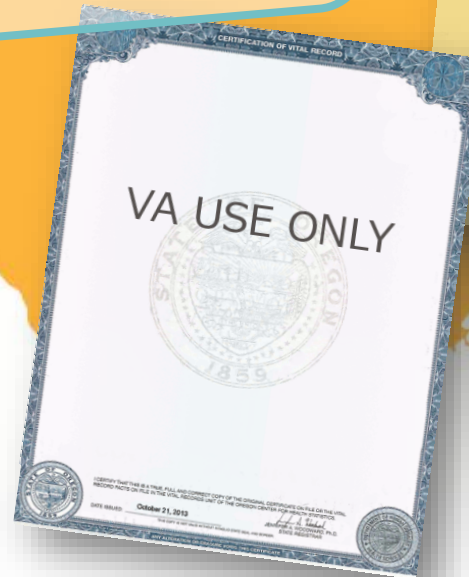


- Burial benefits**
- Mail to Portland Regional
  - Include VA form
  - Use pre-paid envelope



Up to 2 free certified veteran's copies of death reports can be sent to any VSO in pre-paid envelope

- Mail to any VA office
- Do not fax



### OFDA, VSO, and State working together

The State office is working with OFDA (Oregon Funeral Directors Association) and the Veteran Services Office (VSO), regarding ideas on how we may add a drop down choice in the OVERS system for selection of an area VSO office.

## 9) Follow Timelines

3

Forward original death report to the State office within 3 days of registration.

14

Keep copy of registered death report for up to 14 days.

(Use death record in OVERS for issuance after 14 days.)

6

Issue certified vital records for 6 months following date of event.

5

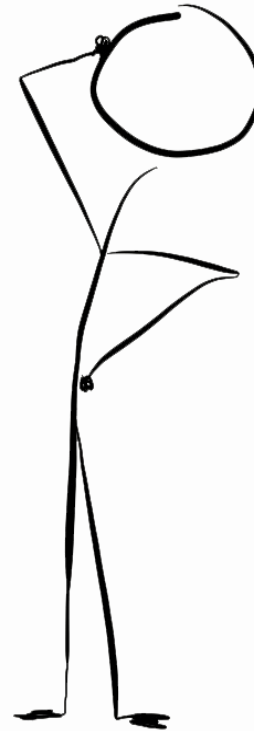
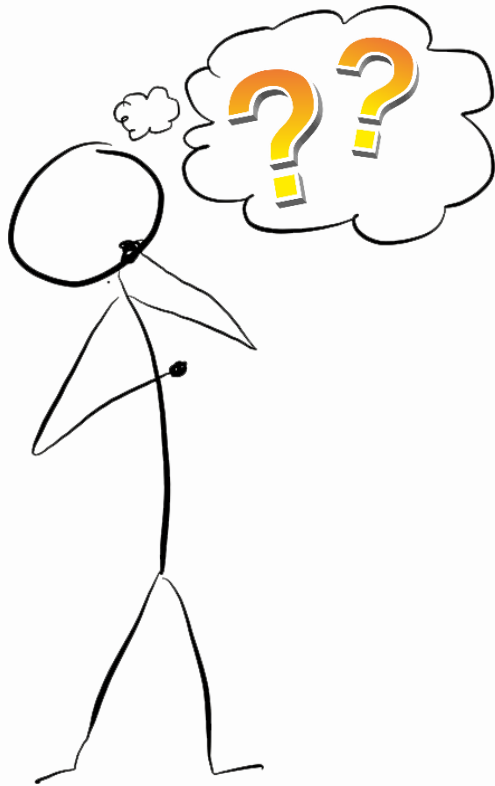
Funeral directors should submit death report to county or state within 5 days of the death event.

48

Medical certifiers should certify death report within 48 hours of receiving the report from funeral director.



# Q & A Break



# Triennial Reviews and Resources

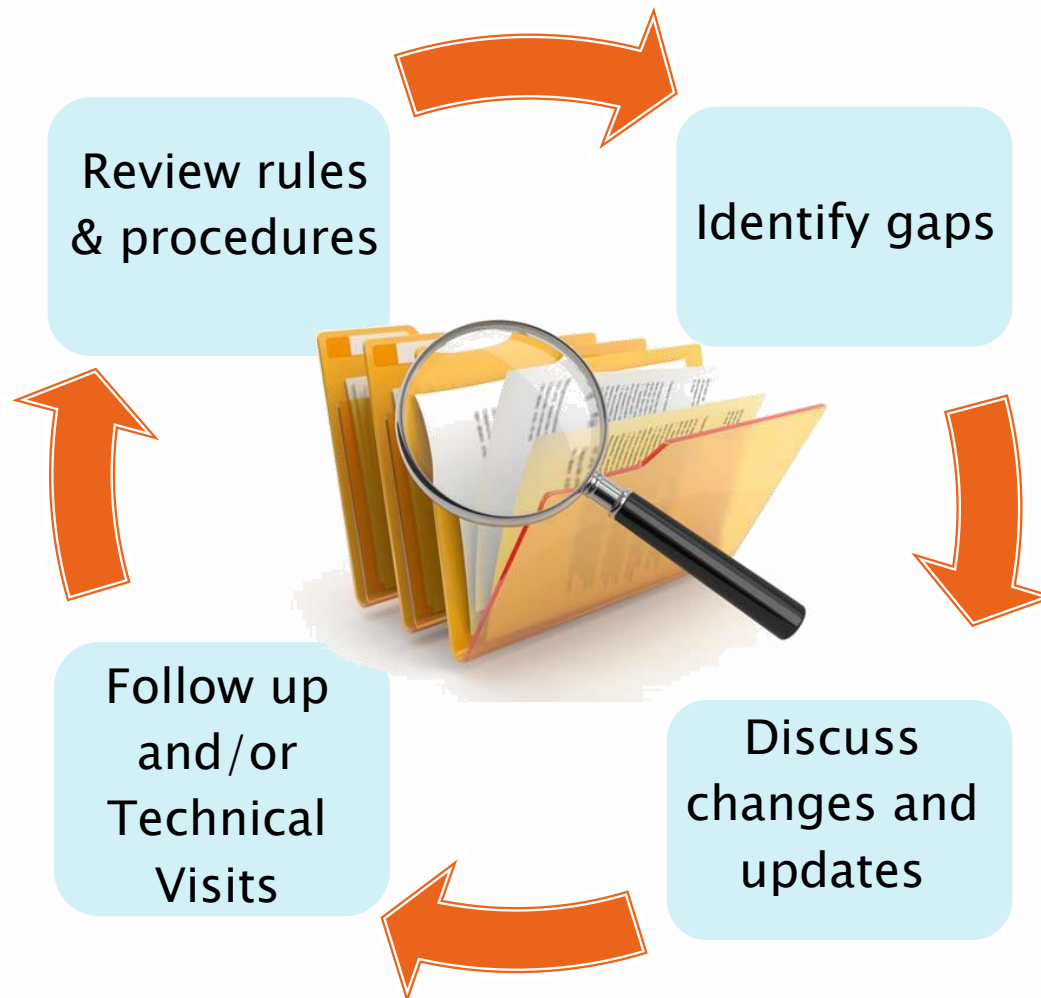


# Triennial Reviews

An every  
3-year event for each  
county.



In 2018 and forward,  
every 3 years may  
change

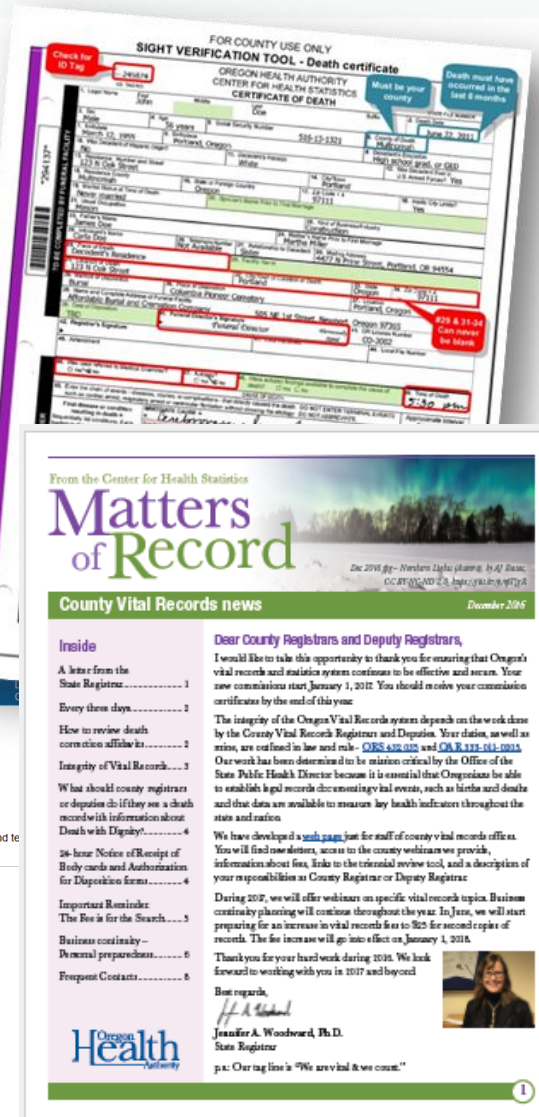


# Resources

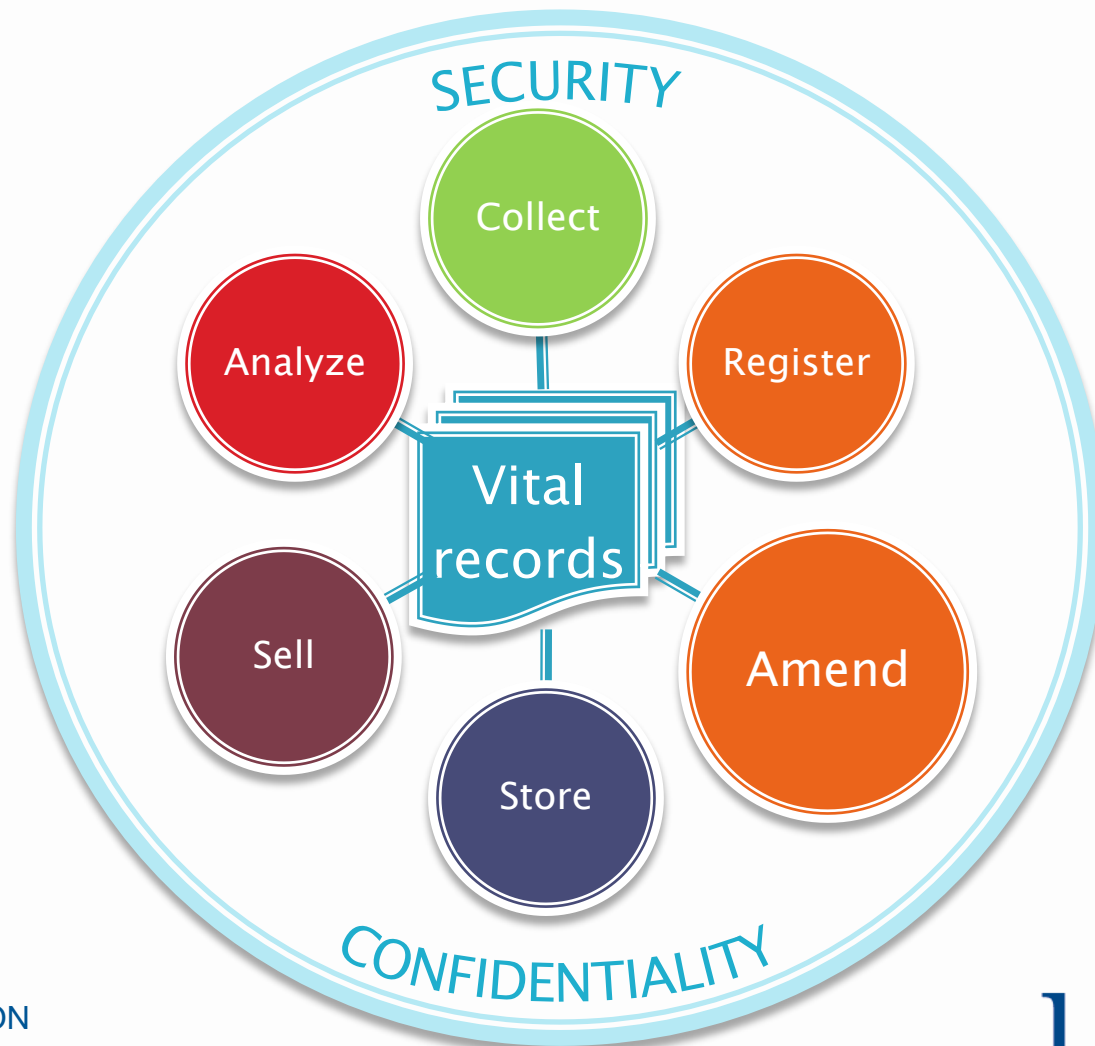
- Emailed notices and alerts
- Webinars
- County Vital Records Home Page

<http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/Pages/countytraining.aspx>

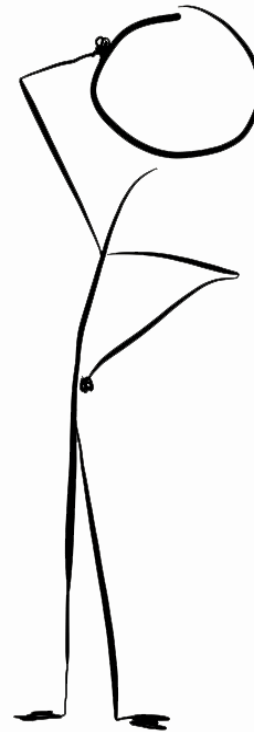
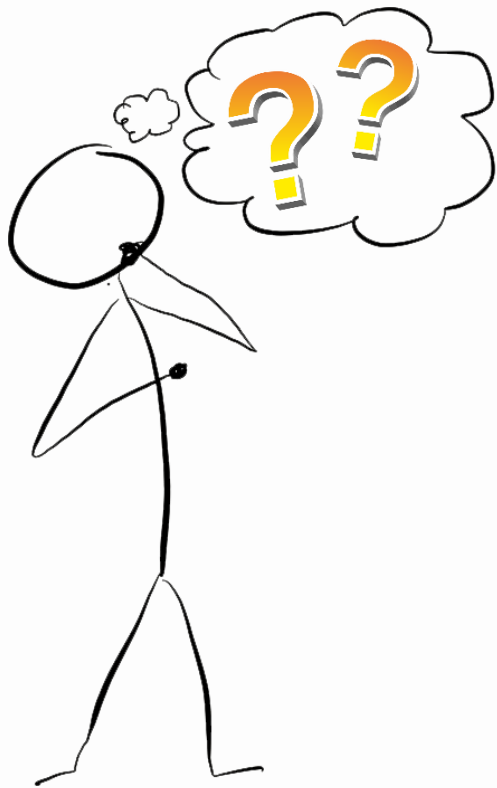
- Handouts for customers
- Newsletters
- Sight Verification Tool
- Reports
- CHS Telephone Reference Guide
- State office staff



# Future webinars – Our plan for 2017



# Final questions?



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... and a New Amendment Manager will be available soon

# Thank you!