Local Registrars Procedures
Registrar Appointments

Appointment notices are sent by DOH to the appointing authorities of the municipalities whose registrar’s term of office have expired. Complete the original DOH-1556 and return the original to DOH. File a copy with the County Clerk. Funeral Directors and those in the FD Business are ineligible.

Local Registrar immediately appoints a Deputy (PHL-4122.1).

Local Registrar appoints as many Sub-Registrars as needed by the municipality (PHL-4122.2). After hours availability use appointment form DOH-2457.
Supplying blank forms and certificates to physicians, funeral directors and facilities.
Examine certificates presented for filing to ensure they conform with filing requirements of Public Health Law.
Numbering separately & consecutively, Birth and Death records.
Maintain a local copy of Birth and Death records.
Maintain an alphabetical index for Records.
Issue Burial Permit (DOH-1555).
Duties continued

- Filing the permit for each burial, cremation, or other disposition in the district. Holding permits are filed in the holding district.
- Forward the original birth and death certificates to DOH following the schedule ordered by the Commissioner of Health.
- Issuing certified copies, certifications, and transcripts of the filed certificates.
- Keeping a count of all Fetal Certificates received and destroyed during the month.
- Flagging and unflagging birth certificates of missing children.
Ordering Forms

- Maintain a three month supply and keep close track of your inventory.
- Order only once a month using the Supply Form (DOH-2230).
- Periodically update forms in inventory.
- Specify the actual number of forms needed — do not order packages.
- Adhere to the Ordering Schedule.
Birth Filing Requirements

Birth hospital-DOH-1963e PHL-4130.5 person in charge of hospital or designee completes the BC and secures the signature of the physician.

For home births less than a year please review procedures on page 10 of the manual.

Delayed Registration of Birth (PHL-4175) requires birth to be registered with DOH.

Foundling Certificate (PHL-4131) requires the County Commissioner of Social Services to register a Certificate of Foundling.
Death Filing Requirements

Death Certificate (PHL-4140) must be filed by the funeral director or person in charge of the body within 72 hours of the death of the finding of the body.

FD secures the personal information from the informant and promptly presents the certificate to the attending physician or physician acting on his/her behalf. The physician completes the cause of death section and signs the certificate.
The completed Death Certificate is then filed in the local registration where the death took place.

Erasures, cross-outs, white outs or other alterations make a certificate unacceptable for filing.

Certificates are to be typewritten or completed in permanent black ink.

Local Registrar issues Burial Transit Permit (DOH-1555)
Burial-transit Permits

Sections 4144 through 4146 of Public Health law requires that the body of any person whose death occurs in NYS may not be buried, cremated, or held for over 72 hours unless a Burial-Transit Permit (DOH-1555) is issued. A Burial-Transit Permit may be issued only to a licensed NYS funeral director** upon the filing of a complete death certificate with the local registrar, deputy or sub-registrar of the district where the death took place or the body was found.

Please refer to pages 29-36 of Local Registrar Procedures Manual. Contact Vital Records if you have questions.
Confidentiality & Security

Never allow anyone outside of your staff access to the filed certificates.

Require staff to sign confidentiality statements; renew signatures periodically.

Keep the records in a safe or lockable file cabinet with access limited to office personnel.

Do not leave records or indexes in an area accessible to public view.

Avoid telephone verifications — report anything suspicious to Vital Records.
Issuing Birth Certificate Copies

- Birth Certificate issue based on PHL 4173 and 4174 and Comm. Rules 35.2
- Certified copy issued at the time of birth.
- Certified Copy or Transcript can be issued to
  - Person with a NYS Court Order
  - Person 18 years or older
  - Parents named on the person's record
  - The lawful representative of the person or parents of the person named on the certificate.
Issuing Birth Certificate Copies

To the Commissioner of Health.

To a municipal, state, or federal agency when needed for official purposes.

Issue Certification of Birth:

- If person is under 18 years of age
- To a person over 18 if certification is preferred.

Person demonstrating judicial or proper purpose.
Issuing Birth Certificate Copies

- Legal Guardian requester must produce court-certified legal guardian papers.
- Non-Legal Guardian or Relatives send the record directly to the agency in need of the record.
- Power of Attorney — contact your municipal attorney if you have questions.
- Sealed Records are records which no longer exist — if a person is requesting original, please let Vital Records know.
Issuing Birth Certificate Copies

Mail Requests – A request from a qualified applicant may be accepted in writing on a signed application (DOH-296A). Local Registrars may require all requests to be notarized and a copy of the ID mailed.

In-Person Requests – applicant completes DOH-296A. Presents proper ID. The applicant is eligible to receive a copy.

AVOID ALL VERIFICATIONS ESPECIALLY TELEPHONE– Local Registrars may only issue certified records. Use request form. Issue no record when necessary. Document all requests.
Types of Copies – Certified

- Certified Copy - a photographic copy of the actual certificate
- Certified Transcript - a computer, typewriter or handwritten abstract of information from the actual certificate
Types of Copies - Certifications

- Certification - a computer, typewriter or handwritten abstract including only the name, date, and place
- No Record Certification - official report that no record was found

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATION OF BIRTH

<table>
<thead>
<tr>
<th>DISTRICT NUMBER</th>
<th>REGISTRATION NUMBER</th>
</tr>
</thead>
</table>

THIS IS TO CERTIFY that the person named on this certificate was born on the date and at the place shown and this record of birth was filed with the Registrar of Vital Statistics of this Registration District.

NAME: _____________________________
SEX: _____________________________
DATE OF BIRTH: ___________________
PLACE OF BIRTH (COUNTY): __________
CITY, TOWN OR VILLAGE: ___________
FILING DATE: _____________________

REGISTRAR OF VITAL STATISTICS ________ DISTRICT ________ DATE ________

WARNING: ANY ALTERATION voids this certification.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
NO RECORD CERTIFICATION

THIS IS TO CERTIFY that a search has been made for the birth record of

_________________________ (Name of father)
girl of _______________________ (Maiden name of mother)

which birth is said to have occurred on

_________________________ (Date of birth)
at ___________________________ (Place of birth)

State of New York, and that such record is not on file in this office.

_________________________ (Registrar)

District No. __________________________
Dated at __________________________, N. Y.

_________________________ 20 _____
Issuing Death Certificate Copies

Please have all applicants complete application form DOH-294A. This includes Funeral Directors at the time of death.

Death certificate issued based on PHL 4173 and 4174 and Commissioner Rules 35.4

Certified copy or certified transcript may be issued:

- To a person with a NYS Court Order issued showing a necessity
- To the surviving spouse, parent, child and *sibling of the deceased or their lawful representative.

*change in Law as of July 2012
Certified copy or certified transcript may be issued (continued):
- To a person requiring the record for a documented legal right or claim
- For a documented medical need
- To a governmental agency for official purposes.

Confidential Medical Section — since January 1, 1988 the Death Certificate was changed so the confidential medical section could be easily removed. Please ask applicants if they want copies with or without and be able to help with their decisions.

Attorney Requests — an attorney must represent someone authorized to get a copy
Gratis Copies

PHL 4173 (3) requires the fee waived for:

- School entrance — not for subsequent school transfers or admissions
- Public Relief — welfare eligibility, food stamps, SSI
- Employment Certificate — application for working papers by a minor
- Veterans Benefits — eligibility for veteran’s benefits by the veteran or his/her relatives.

Registrar is advised to require the applicant to provide an official letter from the agency.

Fee is not waived for SS retirement benefits.
**Genealogy Copies**

- Issued based on Commissioner Rules 35.5
- Issue only uncertified copies — use a rubber stamp or clearly write “For genealogical purposes only.” Same rules and same personnel may access the records — **not** historians or genealogists.
- Indexes can be found in certain libraries in NYS. Births 75 years, Marriages 50 years, Deaths 50 years.
Corrections

PHL 4176 authorizes the correction of errors made in filed Birth and Death Certificates.

Responsibilities:
- Carefully review the correction application and supporting proof
- Contact VR Correction Unit if you need assistance
- If the application does not support the correction, notify the applicant that additional proof is needed
- If documentation supports the correction, correct by *INTERLININATION*

**DO NOT** correct the NYS Certificate copy.
NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application for Correction
of Certificate of Death

See Reverse Side for Instructions

Deceased: James Smith
Date of Death
Place of Death

Joseph Green
(name of applicant)
Green and White F.H.
(address of applicant)

I request that the following information amend the certificate of death identified above:

<table>
<thead>
<tr>
<th>ITEM IN ERROR (or omitted)</th>
<th>AS IT APPEARS</th>
<th>AS IT SHOULD BE</th>
</tr>
</thead>
<tbody>
<tr>
<td># 1</td>
<td>James</td>
<td>James</td>
</tr>
<tr>
<td># 5</td>
<td>9/21/1947</td>
<td>9/21/1974</td>
</tr>
</tbody>
</table>

Documentary evidence submitted herewith in support of this application includes:

Explain reason for error or omission:

Typo made by Funeral Director

TO BE COMPLETED BY THE APPLICANT

Under the penalties of perjury, I hereby affirm that the statements made herein are true and correct to the best of my knowledge.

Signature of Applicant
Funeral Director
Signature
Relationship to Deceased
Date

TO BE COMPLETED BY REGISTRAR OF VITAL STATISTICS

This above information has been added to the local record of death on file in this office.

Signature of Registrar
Local Corrected
Signature
District Number
Date

(OVER)
Interlineation

- Line out the incorrect information so the item is still legible.
- Enter by typing or neatly printing the correct information above or adjacent to the incorrect information.
- Place an asterisk (*) in the corrected item.
- Place a corresponding asterisk (*) in one of the margins CORR, the date and the initials of the registrar who did the correction.
- Keep a copy of the correction application and supporting proof in case it is required to document the authenticity of the correction.
**New York State Department of Health**

**Certificate of Death**

1. **Name:**
   - **First Name:** James
   - **Middle Name:**
   - **Last Name:** Smith

2. **Sex:** Male

3. **Place of Death:**
   - **Hospital:**
   - **Outpatient:**
   - **Inpatient:**
   - **Nursing Home:**
   - **Private Residence:**
   - **Hospice Facility:**
   - **Other:**

4. **Name of Facility:**
   - (If not facility, give address)

5. **Date of Birth:**
   - **Month:** 9
   - **Day:** 21
   - **Year:** 1947

6. **Age in Years:** 71

7. **Date and Time of Death:**
   - **Month:** 4
   - **Day:** 14
   - **Year:** 2005

8. **Served in U.S. Armed Forces:**
   - **Specify years:**

9. **Decedent of Hispanic Origin:**
   - **A** No, not Hispanic/Latino
   - **B** Yes, Mexican, Mexican American, Chicano

10. **Decedent's Residence:**

---

**Interlineation Example**
Note: If burial permit on file in your district but death occurred in different district forward to district where death occurred for correction of the death certificate. See blue book page 31.
25. William Smith, Attending Physician

26A. Attending physician attended decedent,

26B. Deceased last seen alive by attending physician:

27. MANNER OF DEATH:
   NATURAL CAUSE
   ACCIDENT
   HOMICIDE
   SUICIDE
   UNDETERMINED CIRCUMSTANCES
   PENDING INVESTIGATION

29A. AUTOPSY?
   NO
   YES
   REFUSED

29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH?
   NO
   YES
   1

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))
   (A) Respiratory Failure
   (B) Cardiac Arrhythmia
   (C) Coronary Artery Disease

31A. IF INJURY, DATE: MONTH DAY YEAR

31B. INJURY LOCALITY: (City or town and county and state)

31C. DESCRIBE HOW INJURY OCCURRED:

31D. PLACE OF INJURY: NO YES

31E. INJURY AT WORK? NO YES

33B. DATE OF DELIVERY: MONTH DAY YEAR
## Medical/Burial Death Correction Report

**Name of Deceased:**

**Example 2**

<table>
<thead>
<tr>
<th>Date of Death</th>
<th>Place of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Certifications

- **25A. Certification:**
  
  To the best of my knowledge, death occurred at the time, date and place and due to the causes stated above.

  **Signature:**

  **Thomas Jones**

### Cause of Death

- **Fracture Skull**
- **Head Trauma**

** Affirmation to be completed by Funeral Director (Item 20A. 24B) or Certifying Physician (Item 25A.33B):**

> I affirm under penalties for perjury that the information given in the face of this certificate of death for the deceased person identified above is true and correct information to be added to the original certificate of death and the local registrar's record.

**Signature:**

**Thomas Jones**

**Date:**

**1/25/05**

### To be completed by registrar of vital statistics:

- The above information has been added to the local record of death on file in this office.

**Register's Signature:**

**[Signature]**

**District:**

**[District Number]**

**Date:**

**[Date]**

---

DOH-1909M (02/2003)
Cause of Death Example 2

Example 2

Albany Medical Center Hospital

26A.

Thomas Jones - Coroner

27. MANNER OF DEATH:
   - NATURAL CAUSE
   - ACCIDENT
   - HOMICIDE
   - SUICIDE
   - UNDETERMINED CIRCUMSTANCES
   - PENDING INVESTIGATION

28. WAS CASE REFERRED TO CORoner OR MEDICAL EXAMINER?
   - NO
   - YES
   - REFUSED

29A. AUTOPSY?
   - NO
   - YES
   - REFUSED

29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH?
   - NO
   - YES

30. DEATH WAS CAUSED BY:
   - ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

   PART I. IMMEDIATE CAUSE:
   - FRACTURE SKULL
   - HEAD TRAUMA
   - MVA

   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):

   31A. IF INJURY DATE:
   - DATE
   - TIME
Sign the application to indicate the local certificate was corrected.

Birth correction form DOH-297.

Death correction forms:

DOH-299 and DOH-1999.

Submit the application and supporting proof to DOH so the state copy may be corrected.

Certify and submit copies of the supporting proof, if the applicant does not want to send the original documents to NYS DOH.

Please refer to Local Procedures Manual pages 48-55 for Birth and Death correction assistance and required documentation.
Query Letters

All newly filed death certificates are reviewed for completeness and accuracy.

If the certificate fails the review a Query Letter is sent to the Local Registrar identifying the problem(s).

Registrar forwards the letter and copy of the death certificate to the person responsible for entering the original information on the certificate. If you receive no response in two weeks send a follow-up.

When the Query Letter is returned with the correction on the facsimile and the registrar reviews for correctness the local registrar enters the correct info on the local copy.
Query Letters

Sign the Query Letter and forward the Letter with the facsimile (both pages) to DOH.

Keep a copy with your records.

Cause of Death info may be corrected by attending or certifying physician or an appointed designee, coroner’s physician or medical examiner.

Typographical or transcription errors may be changed by the funeral director.
For Registrars Only-
Registration Unit (518) 474-8187
*option 1, then 5

All General Public calls – (855) 322-1022

Web site:  http://www.health.ny.gov/vital_records/
Email: registrar@health.ny.gov