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.

Duties

- 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.

Death Certificate Filing Continued

- 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 persons 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

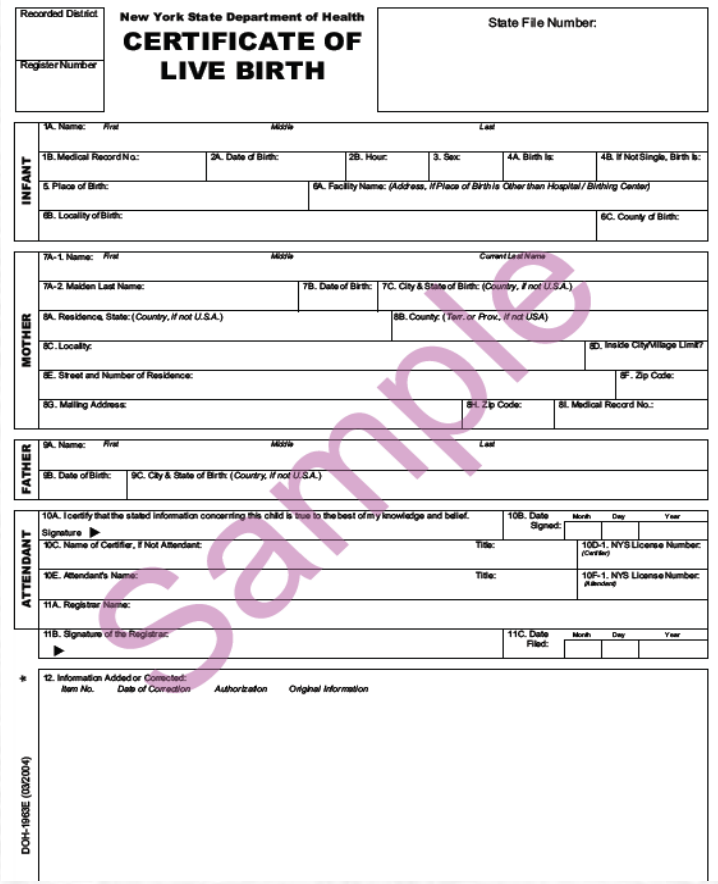
- Legal Guardian requester must produce court-certified legal guardian papers.
- Non-Legal Guardian or Relatives send the record directly to the agency in need of the record.
- Power of Attorney — contact your municipal attorney if you have questions.
- Sealed Records are records which no longer exist — 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



Recorded District

Register Number

New York State Department of Health

CERTIFICATE OF LIVE BIRTH

State File Number:

INFANT

1A. Name: First Middle Last

1B. Medical Record No.: | 2A. Date of Birth: | 2B. Hour: | 3. Sex: | 4A. Birth is: | 4B. If Not Single, Birth is:

5. Place of Birth: | 6A. Facility Name: (Address, If Place of Birth is Other than Hospital / Birthing Center)

6B. Locality of Birth: | 6C. County of Birth:

MOTHER

7A-1. Name: First Middle Current Last Name

7A-2. Maiden Last Name: | 7B. Date of Birth: | 7C. City & State of Birth: (Country, If not U.S.A.)

8A. Residence, State: (Country, If not U.S.A.) | 8B. County: (Terr. or Prov., If not USA)

8C. Locality: | 8D. Inside City/Village Limit?

8E. Street and Number of Residence: | 8F. Zip Code:

8G. Mailing Address: | 8H. Zip Code: | 8I. Medical Record No.:

FATHER

9A. Name: First Middle Last

9B. Date of Birth: | 9C. City & State of Birth: (Country, If not U.S.A.)

ATTENDANT

10A. I certify that the stated information concerning this child is true to the best of my knowledge and belief. Signature ▶ | 10B. Date Signed: Month Day Year

10C. Name of Certifier, If Not Attendant: Title: | 10D-1. NYS License Number: (Certifier)

10E. Attendant's Name: Title: | 10F-1. NYS License Number: (Attendant)

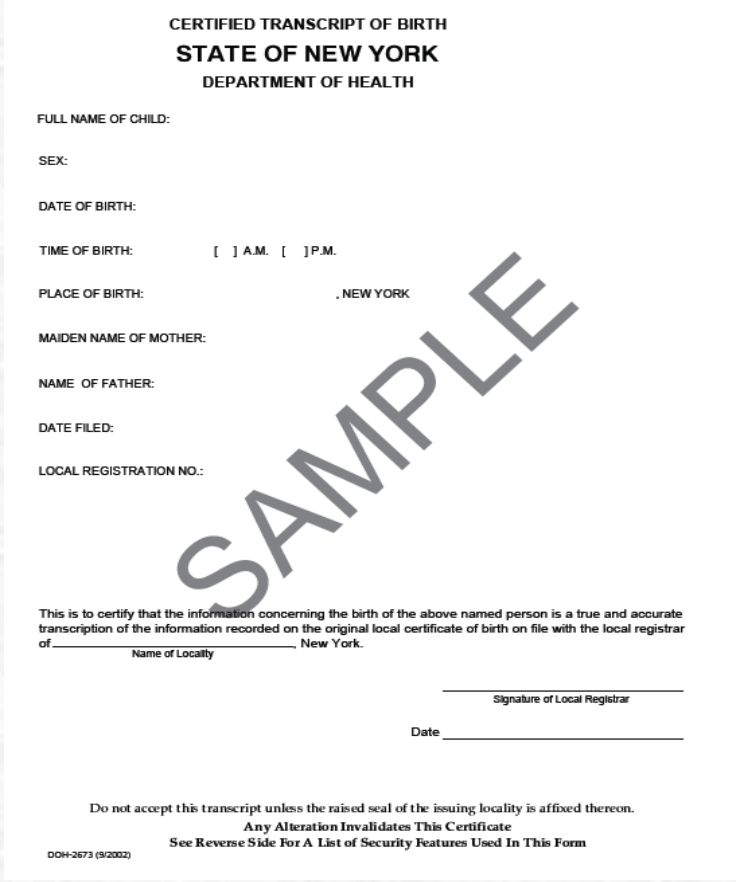
11A. Registrar Name:

11B. Signature of the Registrar: ▶ | 11C. Date Filed: Month Day Year

* 12. Information Added or Corrected:
Item No. Date of Correction Authorization Original Information

DOH-1963E (03/2004)

Sample



CERTIFIED TRANSCRIPT OF BIRTH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

FULL NAME OF CHILD:

SEX:

DATE OF BIRTH:

TIME OF BIRTH: [ ] A.M. [ ] P.M.

PLACE OF BIRTH: , NEW YORK

MAIDEN NAME OF MOTHER:

NAME OF FATHER:

DATE FILED:

LOCAL REGISTRATION NO.:

SAMPLE

This is to certify that the information concerning the birth of the above named person is a true and accurate transcription of the information recorded on the original local certificate of birth on file with the local registrar of _____ New York.
Name of Locality

_____
Signature of Local Registrar

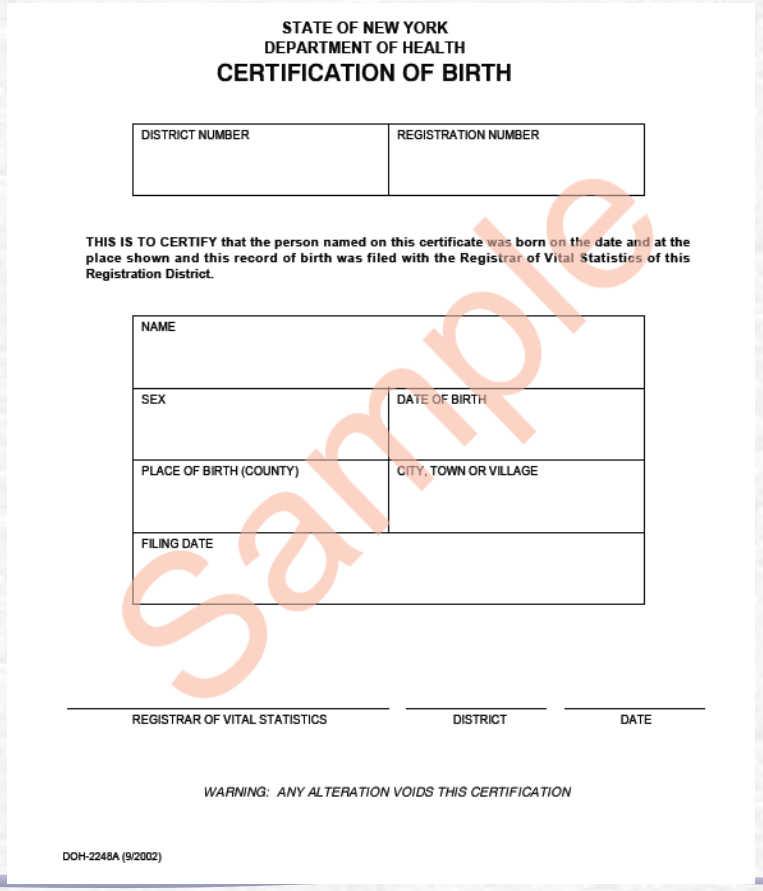
Date _____

Do not accept this transcript unless the raised seal of the issuing locality is affixed thereon.
Any Alteration Invalidates This Certificate
See Reverse Side For A List of Security Features Used In This Form

DOH-2573 (9/2002)

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

DISTRICT NUMBER	REGISTRATION NUMBER

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.

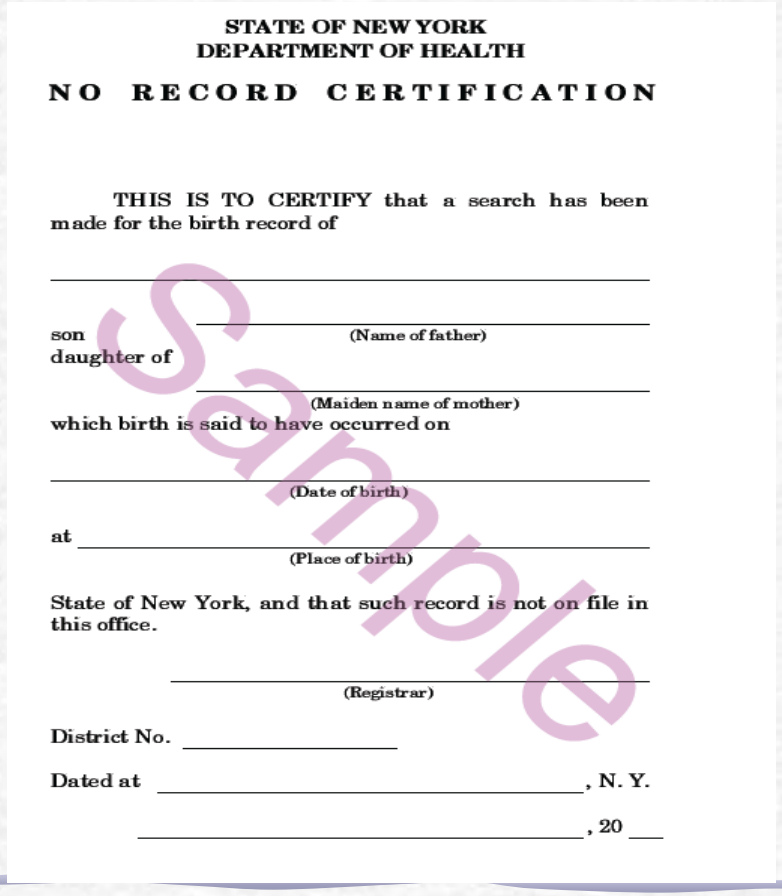
NAME	
SEX	DATE OF BIRTH
PLACE OF BIRTH (COUNTY)	CITY, TOWN OR VILLAGE
FILING DATE	

REGISTRAR OF VITAL STATISTICS _____ DISTRICT _____ DATE _____

WARNING: ANY ALTERATION VOIDS THIS CERTIFICATION

DOH-2248A (9/2002)

Sample



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

_____

son _____ (Name of father)
daughter 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 ___

Sample

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

Issuing Death Certificate Copies

- 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 *INTERLINATION*
- **DO NOT** correct the NYS Certificate copy.

Application for Correction

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application for Correction of Certificate of Death

See Reverse Side for Instructions

Deceased James Smith	District Number
Date of Death	Register Number
Place of Death	State Number

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

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

ITEM IN ERROR (or omitted)	AS IT APPEARS	AS IT SHOULD BE
# 1	James	James
# 5	9/21/1947	9/21/1974

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.

Funeral Directors Signature — Signature of Applicant
Funeral Director — Relationship to Deceased
Date

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.

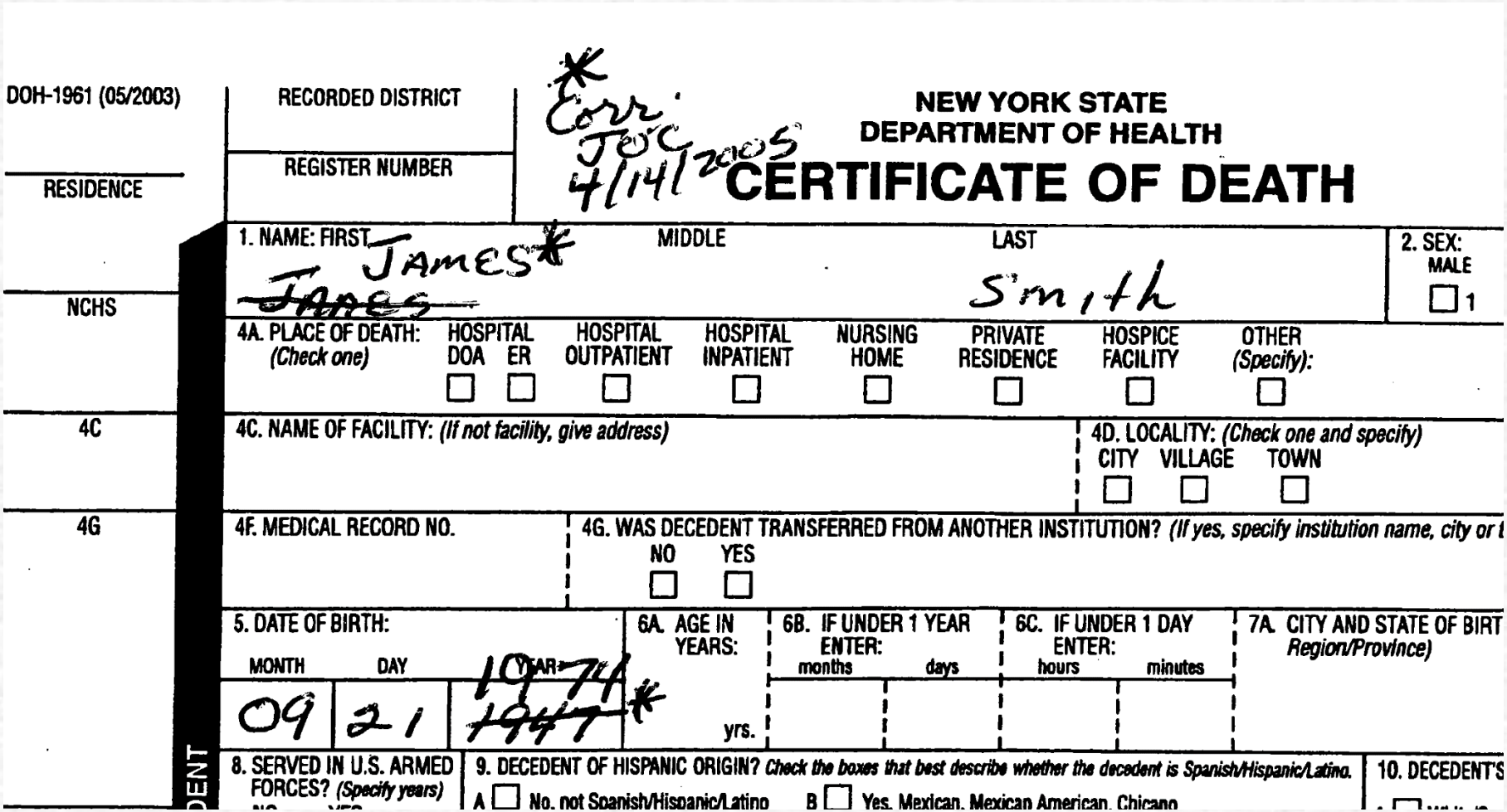
Your Signature Local Corrected — Signature of Registrar
District Number
Date

DOH-299 (6/99) Page 1 of 2 (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.

Interlineation Example



DOH-1961 (05/2003)

RECORDED DISTRICT

REGISTER NUMBER

RESIDENCE

NCHS

4C

4G

* Corr. Jerc 4/14/2005

NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. NAME: FIRST ~~James~~ JAMES* MIDDLE LAST Smith

2. SEX: MALE ☐ 1

4A. PLACE OF DEATH: (Check one) HOSPITAL DOA ☐ ER ☐ | HOSPITAL OUTPATIENT ☐ | HOSPITAL INPATIENT ☐ | NURSING HOME ☐ | PRIVATE RESIDENCE ☐ | HOSPICE FACILITY ☐ | OTHER (Specify): ☐

4C. NAME OF FACILITY: (If not facility, give address)

4D. LOCALITY: (Check one and specify) CITY ☐ VILLAGE ☐ TOWN ☐

4F. MEDICAL RECORD NO.

4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or t NO ☐ YES ☐

5. DATE OF BIRTH: MONTH 09 DAY 21 YEAR ~~1947~~ 1974*

6A. AGE IN YEARS: yrs.

6B. IF UNDER 1 YEAR ENTER: months days

6C. IF UNDER 1 DAY ENTER: hours minutes

7A. CITY AND STATE OF BIRT Region/Province)

8. SERVED IN U.S. ARMED FORCES? (Specify years)

9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino.
A ☐ No, not Spanish/Hispanic/Latino B ☐ Yes, Mexican, Mexican American, Chicano

10. DECEDENT'S

Medical/Burial Death Correction Report

Ex 1

DISTRICT # 0303
REGISTER # 05
STATE FILE # 000168

STATE OF NEW YORK
DEPARTMENT OF HEALTH
VITAL RECORDS SECTION

Medical/Burial Death Correction Report

Name of Deceased: Example

Date of Death: MONTH DAY YEAR

Place of Death

20A. 1 ☐ BURIAL 2 ☐ CREMATION 3 ☐ REMOVAL 4 ☐ HOLD 5 ☐ DONATION — MONTH DAY YEAR

20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION:

20C. LOCATION: *(City or town and state)*

attended deceased: FROM ___ TO ___

seen alive by attending physician:

Dead by M.E. or Coroner: ON ___ AT ___ M

27. MANNER OF DEATH: NATURAL CAUSE ☒ 1 ACCIDENT ☐ 2 HOMICIDE ☐ 3 SUICIDE ☐ 4 UNDETERMINED CIRCUMSTANCES ☐ 5 PENDING INVESTIGATION ☐ 6

28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 ☐ NO 1 ☐ YES

28A. AUTOPSY? NO ☐ 0 YES ☐ 1 REFUSED ☐ 2

29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO ☐ 0 YES ☐ 1

CONFIDENTIAL — **SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH** — **CONFIDENTIAL**

CAUSE OF DEATH

30. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C). — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE:
(A) CARDIAC ARREST

DUE TO OR AS A CONSEQUENCE OF:
(B) MI

DUE TO OR AS A CONSEQUENCE OF:
(C) CORONARY ARTERY DISEASE

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

DID TOBACCO USE CONTRIBUTE TO DEATH? 0 ☐ NO 1 ☐ YES 2 ☐ PROBABLY 3 ☐ UNKNOWN

31A. IF INJURY, DATE: Month Day Year — HOUR: ___ M

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

31C. DESCRIBE HOW INJURY OCCURRED:

31D. PLACE OF INJURY:

31E. INJURY AT WORK? NO ☐ 0 YES ☐ 1

31F. IF TRANSPORTATION INJURY, SPECIFY: 1 ☐ Driver/Operator 2 ☐ Passenger 3 ☐ Pedestrian 4 ☐ OTHER *(specify)*

32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO ☐ 0 YES ☐ 1

33A. IF FEMALE: 0 ☐ Not pregnant within last year 1 ☐ Pregnant at time of death 2 ☐ Not pregnant, but pregnant within 42 days of death 3 ☐ Not pregnant, but pregnant 43 days to 1 year before death 4 ☐ Unknown if pregnant within past year

33B. DATE OF DELIVERY: MONTH DAY YEAR

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 facsimile of the 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	Title or Relationship to Deceased	Date
William Smith	M.D.	1/10/05

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.

Registrar's Signature	District Number	Date
Your Signature Local Corrected		

DOH-1999M (02/2003)

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.

Cause of Death Example 1

RECORDED DISTRICT 0323
REGISTER NUMBER 05

NEW YORK STATE
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 131-2005-00000[redacted]

Example 1

2. SEX	3A. DATE OF DEATH: MONTH	DAY	YEAR	3B. HOUR
MALE ☐1 FEMALE x☒2	01	02	2005	8:54 p m

(Check one) DOA ☐ ER ☐ OUTPATIENT ☐ INPATIENT ☒ HOME ☐ RESIDENCE ☐ FACILITY ☐ (Specify): ☐

4B. IF FACILITY, DATE ADMITTED: MONTH 12 DAY 29 YEAR 2004

4C. NAME OF FACILITY: (If not facility, give address): Wilson Memorial Hospital

4D. LOCALITY: (Check one and specify) CITY ☐ VILLAGE ☒ TOWN ☐ City of Johnson

4E. COUNTY OF DEATH: Broome

4F. MEDICAL RECORD NO.

4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO ☐ YES ☒ Elizabeth Church Manor, Binghamton Broome NY

5. DATE OF BIRTH: | 6A. AGE IN YEARS: | 6B. IF UNDER 1 YEAR ENTER: | 6C. IF UNDER 1 DAY ENTER: | 7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) | 7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

CERTI

25A. William Smith - Attending Physician

26A. Attending physician attended deceased:	FROM Month	Day	Year	TO Month	Day	Year	26B. Deceased last seen alive by attending physician: Month	Day	Year	26C. Pronounced Dead by M.E. or Coroner: ON	AT
	1	1	03	1	2	05	1	2	05		

27. MANNER OF DEATH: NATURAL CAUSE	ACCIDENT	HOMICIDE	SUICIDE	UNDETERMINED CIRCUMSTANCES	PENDING INVESTIGATION	28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER?	29A. AUTOPSY?	29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH?
☑1	☐2	☐3	☐4	☐5	☐6	0 ☑ NO 1 ☐ YES	NO ☑0 YES ☐1 REFUSED ☐2	0 ☐ NO 1 ☐ YES

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

CAUSE OF DEATH

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

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE:
(A) * ~~Respiratory Failure~~ Cardiac Arrest

DUE TO OR AS A CONSEQUENCE OF:
(B) * ~~Pneumonia~~ MI

DUE TO OR AS A CONSEQUENCE OF:
(C) Coronary Artery Disease

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

DID TOBACCO USE CONTRIBUTE TO DEATH? 0 ☐ NO 1 ☐ YES 2 ☐ PROBABLY 3 ☐ UNKNOWN

31A. IF INJURY, DATE: MONTH DAY YEAR	HOUR:	31B. INJURY LOCALITY: (City or town and county and state)	31C. DESCRIBE HOW INJURY OCCURRED:	31D. PLACE OF INJURY:	31E. INJURY AT WORK? NO YES
	m				☐0 ☐1

31F. IF TRANSPORTATION INJURY, SPECIFY:	32. WAS DECEDENT HOSPITALIZED IN LAST 6 MONTHS? NO YES	33A. IF FEMALE:	33B. DATE OF DELIVERY: MONTH DAY YEAR
1 ☐ Driver/Operator 2 ☐ Passenger 3 ☐ Pedestrian		0 ☐ Not pregnant within last year 1 ☐ Pregnant at time of death 2 ☐ Not pregnant, but pregnant within 42 days of death	

DATE OF DEATH: 1-02-05
TIME OF DEATH: 21:54 AM PM

Medical/Burial Death Correction Report

Ex 2

DISTRICT # 0101
REGISTER # 91
STATE FILE # 000091

STATE OF NEW YORK
DEPARTMENT OF HEALTH
VITAL RECORDS SECTION

Medical/Burial Death Correction Report

Name of Deceased	Date of Death (Month Day Year)	Place of Death
EXAMPLE 2		

DISPOSITION

20A. 1 ☐ BURIAL 2 ☐ CREMATION 3 ☐ REMOVAL 4 ☐ HOLD 5 ☐ DONATION 6 ☐ ANATOMICAL GIFT — MONTH DAY YEAR
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION:
20C. LOCATION; *(City or town and state)*
21A. NAME AND ADDRESS OF FUNERAL HOME:
21B. REGISTRATION NUMBER:
22A. NAME OF FUNERAL DIRECTOR:
22B. SIGNATURE OF FUNERAL DIRECTOR:
22C. REGISTRATION NUMBER:
23A. SIGNATURE OF REGISTRAR:
23B. DATE FILED: MONTH DAY YEAR
24A. BURIAL OR REMOVAL PERMIT ISSUED BY:
24B. DATE ISSUED: MONTH DAY YEAR

CERTIFIER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.
Certifier's Name: THOMAS JONES — *License No.:* — *Signature:* — Month Day Year
Certifier's Title: 0 ☐ Attending Physician 0 ☐ Physician acting on behalf of Attending Physician 1 ☒ Coroner 2 ☐ Medical Examiner / Deputy Medical Examiner — *Address:*
25B. If coroner is not a physician, enter Coroner's Physician's name & title: — *License No.:* — *Signature:* — Month Day Year
25C. If certifier is not attending physician, enter Attending Physician's name & title: — *License No.:* — *Address:*
26A. Attending physician attended deceased: FROM Month Day Year TO Month Day Year
26B. Deceased last seen alive by attending physician: Month Day Year
26C. Pronounced Dead by M.E. or Coroner: Month Day Year Time ON AT M
27. MANNER OF DEATH: NATURAL CAUSE ☐ 1 — ACCIDENT ☒ 2 — HOMICIDE ☐ 3 — SUICIDE ☐ 4 — UNDETERMINED CIRCUMSTANCES ☐ 5 — PENDING INVESTIGATION ☐ 6
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 ☐ NO 1 ☐ YES
29A. AUTOPSY? NO ☐ 0 YES ☐ 1 REFUSED ☐ 2
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO ☐ 0 YES ☐ 1

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

CAUSE OF DEATH

30. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C). — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE: (A) FRACTURE SKULL
DUE TO OR AS A CONSEQUENCE OF: (B) HEAD TRAUMA
DUE TO OR AS A CONSEQUENCE OF: (C) MVA
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(A)
DID TOBACCO USE CONTRIBUTE TO DEATH? 0 ☐ NO 1 ☐ YES 2 ☐ PROBABLY 3 ☐ UNKNOWN
31A. IF INJURY, DATE: Month Day Year: 1 10 05 — HOUR: 2:00A M
31B. INJURY LOCALITY: *(City or town and county and state)*
31C. DESCRIBE HOW INJURY OCCURRED: 2 CAR MVA
31D. PLACE OF INJURY: STREET
31E. INJURY AT WORK? NO ☒ 0 YES ☐ 1
31F. IF TRANSPORTATION INJURY, SPECIFY: 1 ☒ Driver/operator 2 ☐ Passenger 3 ☐ Pedestrian 4 ☐ OTHER *(specify)*
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO ☐ 0 YES ☐ 1
33A. IF FEMALE: 0 ☐ Not pregnant within last year 1 ☐ Pregnant at time of death 2 ☐ Not pregnant, but pregnant within 42 days of death 3 ☐ Not pregnant, but pregnant 43 days to 1 year before death 4 ☐ Unknown if pregnant within last year
33B. DATE OF DELIVERY: MONTH DAY YEAR

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 facsimile of the 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	Title or Relationship to Deceased	Date
Thomas Jones	CORONER	1/25/05

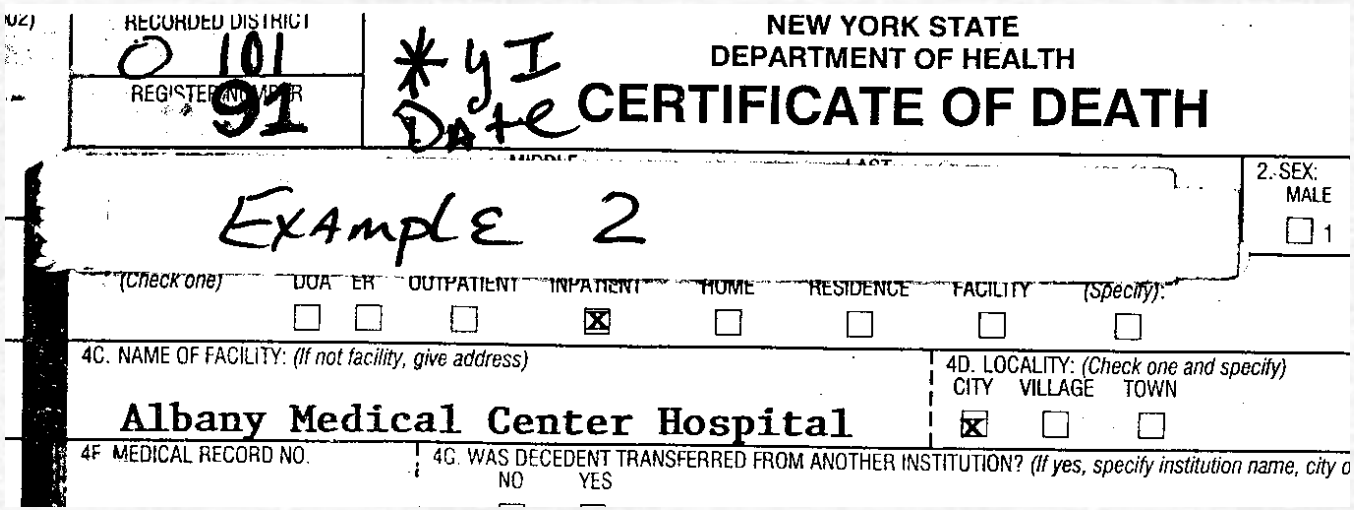
To be completed by registrar of vital statistics:

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

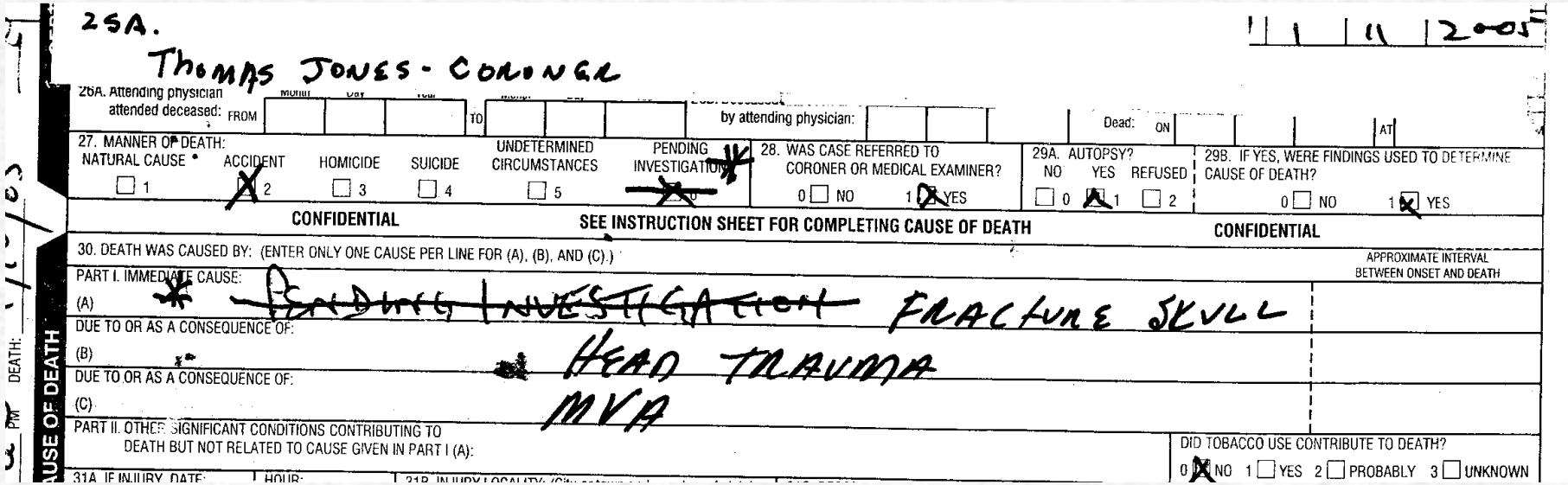
Registrar's Signature	District Number	Date
Your Signature Local Corrected		

DOH-1999M (02/2003)

Cause of Death Example 2



RECORDED DISTRICT 0 101
REGISTER NUMBER 91
NEW YORK STATE
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
Example 2
2. SEX: MALE ☐ 1
(Check one) DOA ☐ ER ☐ OUTPATIENT ☐ INPATIENT ☒ HOME ☐ RESIDENCE ☐ FACILITY ☐ (Specify): ☐
4C. NAME OF FACILITY: (If not facility, give address)
Albany Medical Center Hospital
4D. LOCALITY: (Check one and specify) CITY ☒ VILLAGE ☐ TOWN ☐
4F. MEDICAL RECORD NO.
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city o NO ☐ YES ☐



25A. Thomas Jones - Coroner
11 11 2005
26A. Attending physician attended deceased: FROM TO by attending physician:
Dead: ON AT
27. MANNER OF DEATH: NATURAL CAUSE ☐ 1 ACCIDENT ☒ 2 HOMICIDE ☐ 3 SUICIDE ☐ 4 UNDETERMINED CIRCUMSTANCES ☐ 5 PENDING INVESTIGATION ☒
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 ☐ NO 1 ☒ YES
29A. AUTOPSY? NO ☐ 0 YES ☒ 1 REFUSED ☐ 2
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 ☐ NO 1 ☒ YES
CONFIDENTIAL
SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH
CONFIDENTIAL
30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE:
(A) ~~PENDING INVESTIGATION~~ FRACTURE SKULL
DUE TO OR AS A CONSEQUENCE OF:
(B) HEAD TRAUMA
DUE TO OR AS A CONSEQUENCE OF:
(C) MVA
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):
DID TOBACCO USE CONTRIBUTE TO DEATH? 0 ☒ NO 1 ☐ YES 2 ☐ PROBABLY 3 ☐ UNKNOWN
31A. IF INJURY, DATE: HOUR:
CAUSE OF DEATH

Corrections Continued

- 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.

Help

- 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*