

FUNERAL DIRECTORS HANDBOOK

For Vital Records Registration



**Tennessee Department of Health
Division of Policy, Planning and Assessment
Office of Vital Records**

FUNERAL DIRECTORS HANDBOOK
For Vital Records Registration

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
NASHVILLE
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PREFACE

The Funeral Directors Handbook for Vital Records Registration was prepared by the **Tennessee Office of Vital Records (hereafter, written as Tennessee OVR)** for reference use by the funeral directors as it relates to their duties of preparation, collection, coordination, and transmission of death certificates to the local registrars in the 95 county health departments.

The responsibilities and instructions that are provided in this handbook equally apply, and are inclusive, to anyone on the funeral establishment and crematory staff that prepares the death certificates, monthly report of deaths, and the permits. However, beginning after this preface page, the funeral director only will be addressed in the writings.

The value of death certificates in the field of public health cannot be over emphasized. Funeral directors render an invaluable service with respect to these records, to the citizens of the State, and to the statistical study and research used in planning for health programs in Tennessee and the nation.

Policies and procedures of the Tennessee OVR are based on the provisions of the Tennessee Vital Records Act of 1977 (Tennessee Code Annotated (T.C.A.) § 68-3-101 et seq.) and Rules of the Tennessee Department of Health pertaining to Vital Records (Chapter 1200-7-1 et. seq.).

The Tennessee OVR anticipates the implementation of the Vital Records Information System Management (VRISM) by midyear 2013. VRISM includes a paperless, Internet-based Electronic Death Registration System (EDRS). The Tennessee OVR will be in close communication with funeral directors, medical examiners, physicians, and local registrars concerning the development and implementation of the EDRS. The progress of the project can also be monitored by consulting the VRISM website, <http://health.state.tn.us/VRISM>.

When questions arise about a certain subject concerning vital records in Tennessee, and a satisfactory answer is not found in this handbook, the Tennessee OVR will assist you. You may obtain additional information concerning the Tennessee OVR by visiting our website, <http://health.state.tn.us/vr/>

Telephone Numbers for Key Staff Members

Tennessee Office of Vital Records
Central Services Building, 1st Floor
421 5th Avenue North
Nashville, TN 37243

Telephone Number (615) 741-1763
FAX Number (615) 741-9860

Teresa Hendricks, Acting State Registrar and Director of Vital Records (615) 532-2600

Kay Alred, Assistant Director of Vital Records (615) 532-2658

Kathy Doss, VRISM Project Coordinator (615) 532-2627

Quality Assurance

Rebecca Groves, - Manager (615) 532-2677

Field Representative - Candi Davis (615) 532-2625

Field Representative - Donna Pitman (615) 532-2669

► **The Toll Free Number 1-800-942-2980 is for information and registration issues.**

Current Registration Judith Kidd, Supervisor (615) 532-2672

Customer Service, Wanda Glanton, Manager (615) 532-2620

Records Issuance, Bernice Middlebrooks, Supervisor (615) 532-2652

► **To place Credit Card request by telephone*, the number is: 1-866-233-0740**

► **To place Credit Card request by fax*, the number is: 1-866-234-8802**

► **To place Credit Card request by Internet*, www.vitalchek.com**

*additional charges apply

Special Services (Amendments) Lynn Gilliam, Manager (615) 532-2622



Listing of 95 County Health Departments, Addresses, Telephone Numbers, and Fax Numbers, page 135 (Appendix E)



Part I - Vital Records Registration

- **Functional Roles**
 - **Responsibilities**
-
- 

Vital Records Registration Functional Roles

The registration of death certificates is of great value to the individual and his family, and is essential in the fields of public health and social welfare. The legal rights of dependents, relatives and heirs may be jeopardized by the failure to file prompt, accurate vital records. The registration is a state and local function.

Funeral Director

The funeral director, or person acting as funeral director, who first assumes custody of the dead body, is responsible for completing the part of the death certificate that requires personal and demographic data. He/she is to secure the medical certification and signature of the physician or medical examiner and to file the completed certificate within 5 days after death with the local registrar of the county in which the death occurred.

Physician

The physician is responsible for completing and signing the medical certification of the Certificate of Death, page 23. within the 48 hours period required by law. If the medical certification cannot be completed within the 48 hour time limit, the cause of death should be shown as pending autopsy or investigation. The cause of death is to be submitted on a Delayed Report of Diagnosis-Death form, page 69 within 6 months of the date death occurred.

Medical Examiner

The medical examiner is charged by law with the investigation of certain types of deaths reported to him/her. This is for the purpose of detecting possible homicides, protecting the health of the community, providing more accurate vital records, clarifying compensation claims, and facilitating closer cooperation between medicine and the law in the administration of justice.

Local Registrar, Deputy Registrar

The local registrar with assistance from the deputy registrar is required to see that each death certificate is complete and accurate and, if so, accepts the record for legal registration. The local registrar retains a copy for the county files. The original certificate is sent directly to the State Registrar. The facts recorded from the certificates are beneficial for local health departments in the planning and administration of activities.

**State
Registrar of
Vital Records**

The original death certificates received in the Tennessee OVR are inspected for completeness, coded, bar coded, and indexed for permanent reference. The certificates are permanently maintained and preserved by the Tennessee OVR for issuance. Fifty (50) years after death, the Tennessee OVR sends the death certificates to the State Library and Archives as open records.

Statistical information from the death certificates is tabulated in the Office of Health Statistics, Tennessee Department of Health, for use by local and state health departments. The tabulated material provides assistance in the evaluation of health problems and services. Files of death data are sent to the National Center for Health Statistics.

**National
Center for
Health
Statistics**

The National Center for Health Statistics (NCHS) compiles and publishes annual statistical tabulations of data received from Tennessee and all other states.

Vital Records Registration Responsibilities



Funeral Directors

▶◀ According to T.C.A. § 68-3-502 (b) - ***“The funeral director, or person acting as funeral director, who first assumes custody of the dead body shall file the death certificate. The funeral director shall obtain the personal data from the next of kin or the best qualified person or source available, and shall obtain the medical certification from the person responsible for medical certification ...”***

The ‘person acting as funeral director’ may be an embalming service that is licensed. Whoever first takes custody of the dead body is to file the death certificate unless another funeral establishment (e.g., out of state) that received the body agrees they are to prepare and file the death certificate.

The responsibilities of the funeral director or embalming service are as follows:

- ◆ Secure explicit authorization before removing a dead body from the place of death. T.C.A. § 68-3-507 states ***“With consent of the physician or medical examiner who is to certify the cause of death, a body may be moved from the place of death for the purpose of being prepared for final disposition.”***

Information concerning pronouncing dead - The law is silent on who must pronounce dead. However, T.C.A. § 68-3-501 (b) says, ***“An individual who has sustained either: (1) Irreversible cessation of circulatory and respiratory functions; or (2) Irreversible cessation of all functions of the entire brain, including the brain stem; is dead. A determination of death must be made in accordance with accepted medical standards.”***

- ◆ Complete all the personal data portion of the Certificate of Death, page 23 as obtained from the next of kin or other responsible person or other source (e.g., medical records).

Comment regarding age - When a baby is born and dies the same day, it is the responsibility of the funeral director to call the medical records department (HIM) and obtain the number of minutes that the baby lived.

- ◆ Notify the medical examiner of any death that occurred as a result of the following circumstances (unless this has already been done by the pronouncing physician, attending physician, or the police):
 - gunshot wound, poisoning, burns, overdose, or strangulation, or
 - any unusual or suspicious manner, or
 - occurred without medical attendance
- ◆ Secure the completion of the medical certification by the physician who attended the decedent during the last illness or by the medical examiner when necessitated by the nature of the death.

The T.C.A. § 68-3-102 (12) specifies that only a physician who holds a Tennessee license to practice medicine (MD) or osteopathy (DO) may sign a death certificate. However, if the death occurs in a veteran's or military hospital, or in a state veteran's home, or the person is dead on arrival at one of these facilities, the death certificate may be signed by the attending physician who is employed by the facility and holds a license in another state, even when not licensed in Tennessee.

The State Registrar sent an October 15, 2008 information paper ('Information for Physicians Who Sign (Certify) Death Certificates') to approximately 6,000 licensed physicians in Tennessee. Reference may be made to page 8 for the entirety of the paper. The funeral director is free to copy the letter and send to the certifiers of death certificates.

- ◆ Continue follow-up with the certifying physician on the status of the death certificate until the certificate is filed.
- ◆ Review certificates before filing with local registrar to determine if acceptable for legal filing (e.g., correctly entered the Social Security Number).
- ◆ File the death certificate with the local registrar in the county where the death occurred within five (5) days after the death (T.C.A. § 68-3-502 (a)).

In Appendix E, beginning on page 135, there is a listing of the 95 county health departments, addresses, telephone numbers, and fax numbers.

- ◆ Secure and complete the necessary permits from the local registrar as follows:
 - The Permit for Cremation of Human Remains is on page 84. A discussion of the form is on page 79.
 - The Permit for Final Disposition of Human Remains is on page 88. A discussion of the form is on page 85.
 - The Permit for Disinterment and Reinterment of Human Remains is on page 93. A discussion of the form is on page 89.

- ◆ File the Monthly Report of Funeral Directors, page 99, and the Monthly Report of Crematories, page 100, with the local registrar. The report should be filed on or before the third (3rd) working day of the month for the preceding month's events.
- ◆ Assist in completing special death registration when the death occurred more than one year earlier. If legal requirements are met, a delayed death certificate may be filed for any person whose death occurred in Tennessee, and for whom no death certificate was filed within 12 months after the date of death with the Tennessee OVR.

Special Information Concerning Fetal Death (Stillbirth) Reporting

When a baby is delivered and there was absolutely no sign of life, the funeral director must not file a death certificate.

If the funeral director prepares a death certificate with the age of the baby listed as "0," and submits it for filing to the local registrar, this is an indication to him/her that the event was a fetal death (stillbirth). Subsequently, the local registrar is required to make unnecessary telephone calls in order that determination is made whether the event was a death or fetal death (stillbirth).

The hospital is required to prepare the Report of Fetal Death (Stillbirth) if the fetus weighs at least 350 grams (12.3 oz.) or the gestational period of the pregnancy was equal to or exceeded 20 completed weeks (T.C.A. § 68-3-504(a)).

If the funeral director needs paperwork to document cremation of the fetus, he /she should ask the hospital staff for documentation similar to the face sheet that is given when a body is picked up (one who lived and died). It is possible for the hospital staff to give documentation from the mother's chart about the fetal death (stillbirth).

The crematories that perform cremation of a dead fetus have a completed cremation authorization form that was signed by the parent(s). No cremation permit is issued by the local health department (T.C.A. § 68-3-506).

Vital Records Registration - Responsibilities



Physicians

▶◀ According to T.C.A. § 68-3-502 (c) (1) – ***“The medical certification shall be completed, signed and returned to the funeral director by the physician in charge of the patient's care for the illness or condition that resulted in death within forty-eight (48) hours after death, except when inquiry is required by the county medical examiner.”***

The physician who attended the decedent is responsible to:

- ◆ Complete the medical certification of a death certificate within 48 hours after the death of a person that he/she attended during the person's last illness.

If the medical certification cannot be completed within 48 hours, the cause of death is to be shown as 'Pending' on the death certificate and filed with the local registrar within 5 days of the death occurs.

If the attending physician is not available to complete the medical certification, the certificate may be completed and signed by another physician designated by the attending physician or by the chief medical officer of the institution in which the death occurred.

- ◆ Notify the county medical examiner to investigate any death:
 - that occurred due to violence or casualty or suicide, or
 - that happened suddenly to a person in apparent good health, or
 - where the person was found dead, or
 - that occurred in prison, or
 - that occurred in any suspicious, unusual, or unnatural manner, or
 - where the body is to be cremated
- ◆ Return the completed and signed death certificate to the funeral director promptly so that the funeral director can file it with the local registrar within 5 days after the death occurs.



STATE OF TENNESSEE

DEPARTMENT OF HEALTH

Office of Vital Records

October 15, 2008

Subject: Information for Physicians Who Sign (Certify) Death Certificates

- 1) **2007 Physician Licensing Board Rule 0880-2-.14(13)** Any physician who is required to certify a death certificate and refuses; or who is consistently late in certifying, comes under the provisions of unprofessional conduct.
- 2) **Liability:** In 2008, T.C.A. §68-3-513 was amended to read, "Any physician who certifies a death certificate in good faith shall be immune from civil suit for damages."
- 3) **Which Physician Certifies the Death Certificate?** Tennessee law § 68-3-502(c)(1) specifies that the death certificate will be signed and medically certified by... "the [Tennessee licensed] physician in charge of the patient's care for the illness or condition which resulted in death within 48 hours" ... [Unless it is a medical examiner reportable case and he/she assumes jurisdiction]... This assignment is irrespective of who pronounced death. The responsible physician is normally determined as follows:
 - a) Hospital In-Patient Admitting or Attending Physician (to include Hospitalist)
 - b) Emergency Room Patient The Emergency Room Physician
Alternately, Out-Patient Physicians may be required to certify the death certificate if their professional relationship with the deceased was sufficient to meet the legal burden specified in the above definition.
 - c) Nursing Home In-Patient The Nursing Home Physician
 - d) Home Deaths with Hospice Care The Hospice Physician
 - e) Home Deaths (NOTE: Law changed in 2008) IF the Physician has not treated the patient within four months of the death, THEN, he/she may decline and the Medical Examiner must certify the death certificate. IF the Physician has treated the deceased within four months of the death, AND IF the Physician advises the Medical Examiner that he/she does not feel that the deceased died of the disease/condition for which he/she had treated, THEN, the Medical Examiner must certify the death certificate
- 4) **When the Physician is Not Available** - As the death certificate is the last act of care, physicians who expect to be away must arrange coverage for death certificates the same as they would ensure coverage for live patients. The law permits an associate physician (partner, colleague, Chief of Emergency Department, etc.) or the hospital, nursing home or hospice Medical Director to certify the certificate.
- 5) **Correcting a Death Certificate** - Physicians may correct death certificates that they have certified by sending a notarized statement to the Office of Vital Records, stating the items that must be changed.

Sharon M. Leinbach, former State Registrar and Director, Office of Vital Records

Figure 1 - Information for Physicians Who Sign (Certify) Death Certificates

Vital Records Registration - Responsibilities



Medical Examiners

▶◀ According to T.C.A. § 68-3-502 (d) - ***“When inquiry is required, the medical examiner shall determine the cause of death and shall complete and sign the medical certification within forty-eight (48) hours after taking charge of the case.”***

The medical examiner is responsible to:

- ◆ Investigate the death of any person who died:
 - from violence or casualty or suicide, or
 - suddenly when in apparent good health, or
 - unattended and not within a facility, or
 - in prison, or
 - in any suspicious, unusual, or unnatural manner, or
 - where the body is to be cremated
- ◆ Sign the certificate when SIDS (Sudden Infant Death Syndrome) is listed in Item 28. According to T.C.A. § 68-3-502 (2) and 68-1-1101 (b), when SIDS is listed as the cause of death, the child must be less than one year old, and there must have been an autopsy and site investigation.
- ◆ Complete the medical certification of the death certificate within 48 hours after taking charge of the case when inquiry is required into a person's death (T.C.A. § 68-3-502 (d)).

If the medical certification cannot be completed within 48 hours, the cause of death is to be shown as 'Pending' on the death certificate and filed with the local registrar within 5 days of the death.

- ◆ Initiate, complete, and file with the local registrar the Delayed Report of Diagnosis (sample form, page 69), when further findings are available.

- ◆ Certify the death certificate for unattended, out-of-facility deaths if no physician attended the decedent within four (4) months of death, **or** if the physician does not feel that the patient's death resulted from the illness or condition for which the physician was attending the patient.
- ◆ Return the signed death certificate to the funeral director promptly so that the funeral director can file it with the local registrar within 5 days of the death.
- ◆ Fetal Death (Stillbirth) - When inquiry is required concerning a fetal death (stillbirth), the county medical examiner shall investigate the cause. The county medical examiner should prepare and file the Report of Fetal Death (Stillbirth) within 10 days after delivery with the Tennessee OVR.

Vital Records Registration - Responsibilities



Hospitals and Nursing Homes

▶◀ According to the Tennessee Department of Health's Rule 1200-7-1-.14, ***each licensed hospital and nursing home is to file a monthly report of the deaths that occurred in the facility.***

The hospital and the nursing home are to:

- ◆ File the monthly report, Institutional Report of Deaths, Fetal Deaths, and D.O.A.'s, (form not shown in hand book) with the local registrar. The report should be filed on or before the third (3rd) working day of the month for events occurring the preceding month.

All DOAs and deaths in the hospital's emergency room must be listed on the monthly report.

- ◆ When the hospital or nursing home assumes custody of the body (meaning a licensed funeral director is not involved), or is authorized to dispose of the dead body, or releases the body to the family, the hospital or nursing home staff person is responsible for:
 - completing the personal and demographic portion of the death certificate,
 - securing the completion of the medical certification by the physician who attended the patient during the last illness and obtaining his/her signature,
 - filing the death certificate with the local registrar within 5 days after the death occurs, and
 - obtaining the permit for cremation, as required, from the local registrar

Information letter - The State Registrar mailed an information letter dated August 27, 2007 to the chief executive officer in all Tennessee hospitals. The document gave guidance to those hospital persons responsible for the release or disposal of human and fetal remains. See page 133 (Appendix D) for the letter.

- ◆ **Donated body** - When the body is donated to a university hospital for scientific use, the anatomical department staff is responsible for preparing the certificate, obtaining the cause of death, and the physician's signature. The original certificate must be filed with the health department in the county where death occurred within 5 days after the death. This is in accordance with T.C.A. § 68-3-502 (b) which says, “ ... **or person acting as funeral director, who first assumes custody of the dead body shall file the death certificate.**”

Oftentimes the hospital or organization receiving the donated body contracts with a funeral director to prepare and file the death certificate.

- ◆ A licensed registered nurse (RN) may pronounce dead when death occurred in the nursing home or hospital. This is in accordance with T.C.A. § 68-3-511 (2) (A) (4) (A).
- ◆ The RN cannot sign the death certificate.
- ◆ A physician assistant (PA) may pronounce death; however, cannot sign the death certificate.
- ◆ A nurse practitioner cannot pronounce death or sign the death certificate.

Vital Records Registration - Responsibilities



Hospices

▶◀ According to the Tennessee Department of Health's Rule 1200-7-1-.14, ***each licensed facility is to file a monthly report of the deaths that occurred in the facility or under the care of hospice.***

- ◆ The hospice is to file the monthly report, Monthly Report of Hospice Deaths, (form not shown in hand book) with the local registrar. The report should be filed on or before the third (3rd) working day of the month for events occurring the preceding month.
- ◆ When the hospice assumes custody of the body (meaning a licensed funeral director is not involved), or is authorized to dispose of the dead body, or releases the body to the family, the hospice staff person is responsible for:
 - completing the personal and demographic portion of the death certificate,
 - securing the completion of the medical certification by the physician who attended the patient during the last illness and obtaining his/her signature,
 - filing the death certificate with the local registrar within 5 days after the death occurs, and
 - obtaining the permit for cremation, as required, from the local registrar
- ◆ A licensed registered nurse (RN) may pronounce dead when death occurred in the hospice or under care of the hospice. This is in accordance with T.C.A. § 68-3-511 (1) (A).
- ◆ The RN cannot sign the death certificate.
- ◆ A nurse practitioner cannot pronounce dead or sign the death certificate.
- ◆ A physician assistant (PA) may pronounce death; however, cannot sign the death certificate.
- ◆ When the death occurs in a hospice or at home under hospice care, the physician who admitted the patient to the hospice is the one to sign the death certificate. If the admitting physician is unwilling to sign or is not available, (e.g., on extended vacation), the director of the hospice (physician) is responsible for signing the certificate in accordance with T.C.A. § 68-3-502.

Vital Records Registration – Responsibilities



Local Registrars

Every county health department shall have a local registrar who is appointed by, and is under the State Registrar's technical supervision for vital records activities. The primary vital records activity in county health departments is the management of death certificate processing. The local registrars perform many other vital records activities that are listed in the overview.

In Appendix E, beginning on page 135 there is a listing of the 95 county health departments, addresses, telephone numbers, and fax numbers.

Overview of Responsibilities of Local Registrar

An overview of the local registrar's responsibilities in the registration of vital records is as follows:

- ◆ Secures the current death certificates that should be filed within 5 days of the date of death.
- ◆ Assures that the Certificate of Death submitted for filing is the current revision of 10/2011 or later. A new death certificate is required for one prepared on an out of date form.
- ◆ Assures that the original Delayed Report of Diagnosis-Death (current revision is 10/2011) is reviewed, signed, copied for local registrar's file, and original mailed to the Tennessee OVR.
- ◆ Informs the funeral directors that original death certificates are to be timely filed within 5 days of the date of death with the county health department where death occurred.
- ◆ Reviews each death certificate at time of receipt for completeness and item consistency to determine its acceptability for filing.

- ◆ Issues certified copies of death certificates that occur in the local registrar's jurisdiction.
- ◆ Assures that a copy of the original death certificate has been made for the county health department's files before transmitting to the Tennessee OVR.
- ◆ Prepares for mailing once each week the original death certificates to the Tennessee OVR. Original certificates should not be in the local health department any longer than one week.
- ◆ Checks the funeral directors, crematories, and hospices monthly reports and monthly institutional reports of deaths against the original and/or copies of the death certificates. The reports are:
 - Monthly Report of Funeral Directors, page 99
 - Monthly Report of Crematories, page 100
 - Monthly Report of Hospice Deaths, (form not shown in handbook)
 - Institutional Report of Deaths, Fetal Death, and D.O.A.'s (form not shown in handbook)
- ◆ Tracks and obtains the current and delinquent monthly reports.
- ◆ Issues the Permit for Cremation of Human Remains upon receipt of request, authorization of medical examiner, and \$25.00 fee for a death that occurs in the registrar's jurisdiction (sample form is on page 84).
- ◆ Issues the Permit for Final Disposition of Human Remains, upon request, for a death that occurs in the local registrar's jurisdiction (sample form is on page 88).
- ◆ Issues the Permit for Disinterment and Reinterment of Human Remains for disinterment of a single grave within the local registrar's jurisdiction (sample form is on page 93).
- ◆ Keeps an ample supply of original blank death certificates and other vital records forms to give to persons who require them.
- ◆ Promotes complete, accurate, and prompt registration of vital records.



Part II - Review of Format of Death Certificates

- **DOs and DON'Ts**



Review of Format of Death Certificates

Preparation of the Original Death Certificate



According to the Rules of the Department 1200-7-1-.01 (2), ***the requirement for preparation of the certificates is that all certificates must be prepared on a typewriter with a black ribbon or computer entered.***

If it is not feasible to prepare the certificate on a typewriter or computer, it is acceptable to hand write provided the entered information is clearly written, preferably printed. The death certificate is a legal document.

The funeral director should refer to page 21 for ‘Detailed Instructions for Items 1 – 34 of Death Certificate.’



DOs and DON'Ts

Listed below is a checklist in the form of DOs and DON'Ts that should be beneficial to the funeral director in reviewing the actual death certificate form. The reviewer should consider the certificate's appearance, the contents, if the certificate can be filed, or if a new certificate is required. The DON'Ts primarily make up the list.

1. **IMPORTANT NOTICE** - The original death certificate is amended or corrected only in the Tennessee OVR. It must be emphasized that neither the funeral director nor the local registrar is permitted to strike through an incorrect item (e.g., county of death) in order to enter the correct information. A notarized affidavit is required by the Tennessee OVR in order to amend any item on the certificate.
2. **Blue Ink** - If the certifier completed and/or signed the medical certification (Item 27, Item 28, Item 29, Item 30, Item 31, Item 32, Item 33, and Item 34) in blue ink, the funeral director should make a test copy of the certificate. If the test copy is legible, file the certificate.
3. **DON'T file** the original certificate with the local registrar if there is a white out, an erasure, a strike through, a typo, or any other type of alteration **anywhere** on the certificate. A new original certificate is required. There are no exceptions.

4. **DON'T file** the certificate if it is prepared on an out of date form. The current death certificate revision is 10/2011 or later. A new original certificate is required.

Note: There is no back to be printed on the revised 2012 death certificate that was implemented on January 1, 2012.

5. **DON'T file** a death certificate with the local registrar if the event occurred outside of Tennessee. The funeral director should submit the original certificate to the appropriate out of state county office or to the out of state vital records office.

6. **DON'T file** an original certificate when the format and printing of the certificate may be questioned. For example, if the words, 'Tennessee Department of Health,' at the top of the form did not print, the funeral director is to prepare a new certificate. If the original certificate is filed with the local registrar, and it has black streaks, or printing is faded, or is not printed straight on the form, the local registrar should reject the form. A new certificate is required.

- a. **The recommended paper is 25% to 100% cotton content.** The certificate should be clearly printed, and printed perfectly vertical (straight) on the paper.

- b. **Printer problems** - Sometimes funeral establishments incur printer problems that cause the local registrar to reject the certificate.

- c. **Ample space should always be left at the top right corner of the certificate so that a bar-coded State File Number can be applied by the Tennessee OVR.** The title of the form and state seal must be present. The local registrar will reject the certificate for any of these reasons and require a new certificate to be prepared.

- d. **Concerning Item 29, Item 30, Item 31, Item 32, Item 33, and Item 34** - If Item 29 (autopsy), Item 30 (manner), Item 31 (tobacco use), Item 32 (female about pregnancy), Item 33 (transportation), and Item 34 (description of injury) was completed by the funeral establishment (even if it was automatically filled-in by the funeral establishment's computer software), **don't file** the certificate. A new certificate must be prepared. The certifier only must complete these items.

- e. **Concerning check boxes** - Check boxes should be selected by placing an "X" in the box; no other character should be used.

If computer software is violating these rules, the funeral establishment should contact their software vendor for corrections.

7. **DON'T file** the certificate if it is prepared or signed in pencil, red ink, green ink, or any other color. A new certificate is required.

8. **DON'T file** the certificate when the printing is too dim, smudged, or liquid stains are present, and it is apparent that a certified copy would not be legible. A new certificate is required.

If the printing problem was present on the blank certificate forms when the funeral establishment received them, the funeral director should re-order blank death certificates using a Forms Order (sample form on page 118), and indicate the type of problem with the previous order.

9. **DON'T file** a second original certificate for which the local registrar already has a copy in the local files. The funeral director should not submit a second certificate to make a correction to the certificate. The second certificate cannot be accepted by the local registrar, if the first original has been sent to the Tennessee OVR. An affidavit is required to amend the certificate.

Exception - **if** the local registrar is in possession of the first original certificate (e.g., it has not been sent to Tennessee OVR), and **if** all issued certified copies can be retrieved and returned to the local registrar, it is acceptable for the local registrar to receive the second original certificate. Under these circumstances, only the second certificate should be sent to the Tennessee OVR.

When the funeral director and the veterans hospital file original death certificates for the same event, and the local registrar has both originals, he/she will ask the funeral director to confirm which certificate is the correct one. Only the correct and completed certificate should be sent to the Tennessee OVR.

10. **DON'T file** the certificate if it is marked 'Duplicate,' 'Copy,' or is an obvious copy of the form. A new original certificate is required.
11. **DON'T file** the death certificate with the local registrar in a county if the death occurred in another county. The local registrar can only issue certified copies for events occurring in his/her county.

When the local registrar receives a certificate from a funeral director for a death not occurring in his/her county, the local registrar will forward the original certificate to the appropriate local registrar in the county where death occurred or mail the original to the Tennessee OVR.

12. **DON'T file** an original death certificate for which the date of event occurred more than one year after death until specific requirements have been met. If no certificate has been filed, the Tennessee OVR staff will work with the funeral director and certifier in order to obtain required notarized affidavits to legally file the certificate.

For information concerning the filing of a death certificate for which the date of event is more than one year old, the funeral director may refer to page 110 ('Special Registration of Delayed Death Certificate').

13. **DON'T file** an original death certificate for amputated limbs or any human body part.



Part III - Detailed Instructions for Items 1 – 34



Detailed Instructions for Items 1 – 34 of Death Certificate



The funeral director is responsible for preparing the original death certificate in order to file a legally acceptable document for purposes of making certified copies. T.C.A. § 68-3-502 requires that a death certificate be filed within five (5) days of death at the county health department in the county where death occurred.

The detailed instructions for all items of the Certificate of Death (Rev. 10/2011) are provided to guide the funeral director in preparing the certificate. The instructions are listed in Section I for Items 1 - 23, Section II for Items 24 – 25, and Section III for Items 26 - 34.

The funeral director should review each of the items for important guidelines and policies. Certain instructions specific to the local registrar have also been included in this handbook.

The Tennessee Certificate of Death (Rev. 10/2011) follows on page 23.



SECTION I. Items 1 - 23

STATE FILE NUMBER - The official, unique state file number (top right corner) is entered by the Tennessee OVR. Do not enter information in this space.

If alphabetic characters or numbers were written in the state file number space by physicians or their staff, and it did not obscure the words, 'State File Number,' it is acceptable for the funeral director to submit the original death certificate to the local registrar. However, if the writing obscures any of the data items on the certificate, a new certificate is required.

The funeral director's computer-generated death certificate form must provide ample space at the top of the form for the Tennessee OVR to apply the bar code for the official State File Number. When in doubt about the correct spacing, refer to the official Certificate of Death (Rev. 10/2011) on page 23. The title of the form, 'Tennessee Department of Health' and 'Certificate of Death' must always be present. The local registrar will reject the certificate for any of these reasons listed, and require a new certificate be prepared.

NAME OF DECEDENT (*For use by Physician or Institution*)

- The left hand margin of the certificate contains a vertical line where the physician or hospital personnel can write the name of the decedent. This allows the hospital personnel to assist in completing the death certificate before the body is removed by the funeral director. However, the funeral director is responsible for completion of the personal information about the decedent.

The hospital personnel frequently do not have the complete legal name of the decedent. Therefore, the hospital or physician should enter the name they have for the decedent only on this vertical line in the left margin, and the funeral director will then enter the full legal name in Item 1.

ABOUT THE DECEDENT (Items 1 - 19)

Item 1. DECEDENT'S LEGAL NAME (*First, Middle, Last, Suffix*)

- The decedent's name should always be entered in the order of First, Middle, Last, Suffix, and all AKAs. Please do not enter the decedent's last name followed by a comma.
- It is acceptable to use a first initial or a middle initial if that is what the informant desires (e.g., E. John Smith or John E. Smith).

- Names should not be abbreviated (e.g., 'Wm' for William or 'Jas' for James).
- Avoid using titles such as 'Dr.,' 'Rev.,' 'Judge,' or 'Lt. Col. Ret.' However, if the family requests that the title be entered, this is acceptable.
- For religious names such as 'Sister Mary Lawrence,' enter 'Sister Mary' in the first name field.
- There may be as many middle names entered as requested, provided there is space in Item 1.
- I.O. (initials only) or NMN (no middle name) should not be entered.
- It is not necessary to enter Mr., Mrs., Ms., etc., before the decedent's name.
- AKA (also known as) is a substantially different name the decedent used or was known as (Example - Samuel Clemens AKA Mark Twain).
- If the informant indicates a nickname is desired, it is acceptable to enter the nickname within quotation marks or within parenthesis.
- The last name of a newborn should always be entered even when the child was not given first and middle names. If the child does not have first and middle names, it is preferred to leave the first and middle names spaces blank.
- It is acceptable to enter "Baby Boy Smith" if that is all the available information. For twins or multiple births, after the last name, the order of birth should be designated as Twin 1 or Twin 2 when not named.
- The last name of the newborn, infant, or child can be different on the death certificate than what is listed on the birth certificate. The name of the father may be listed on the death certificate even though no father is listed on the birth certificate. The name of the mother in Item 19 on the death certificate should be the matching item for the two certificates.
- If the informant is the mother of a newborn or infant, and she does not want the name of the biological father on the certificate, leave Item 18 (Father's Name) blank. Do not enter 'Unknown.'
- If the informant gives more than one last name separated by a hyphen, enter exactly as given with the hyphen. If there is more than one last name and no hyphen, enter both last names with a space between them in the space for last name. Do not enter a last name in the middle name space.

- If at the time of death, the decedent was in the process of being adopted or had petitioned the court for a name change, the name at time of death should be entered.
- If the decedent's name was changed because of a surgical sex change, the name is whatever the informant listed in Item 20a gives the funeral director.

While the name of the registrant may have been changed on the original Tennessee birth certificate, Tennessee law does not allow the sex of the registrant to be changed on the birth certificate.

- If the funeral director needs to list two names for the decedent because of insurance purposes, or because the certifier treated the decedent under another name, it is suggested that the names be listed as AKA (Example - Samuel Clemons AKA Mark Twain).
- **AKA (also known as)** - The informant normally provides the funeral director with the decedent's name on the death certificate. Occasionally, the funeral director inquires about which name to use for an individual who has assumed a name different from what is listed on his/her birth certificate. In those cases, the Tennessee OVR recommends that the death certificate show the name by which most of the decedent's associates knew him/her, and the name listed on the majority of the decedent's personal records or documents. Both names may be shown for a person who used an alias.
- **Unidentified body, unclaimed body, donated body, John Doe, Jane Doe** - If personal information for the decedent is limited, many items may be blank at the time the funeral director is preparing the certificate. It is suggested the funeral director consult with the medical examiner or forensic pathologist in an attempt to complete the items. Under these circumstances, do not complete the item(s) with the word 'Unknown.'
- **Extraneous writing for Decedent's Name** - When the funeral director receives the signed certificate from the certifier with another name or other information written in Item 1 for the decedent's name, do not submit the certificate to the local registrar. The decedent's name should appear as given by the informant, and should be completed by the funeral director. When the funeral director sends a new certificate to the certifier, he/she should suggest the certifier write the decedent's other name in the left upper margin in the vertical space entitled 'Name of Deceased (For use by the Physician or Institution).'

Purpose - This item is used to identify the decedent.

Item 2. **SEX**

- Enter 'Male,' 'Female,' or 'Unknown.'
- If sex cannot be determined after examination of the medical records, inspection of the body, or other sources, enter 'Unknown.' Do not leave this item blank.
- If the decedent was born as one sex, and the sex was surgically changed, the sex is whatever the informant gives the funeral director.
- If the funeral director examines the body, and is able to anatomically determine the sex, use as given by the informant, provided the information matches. However, if the gender re-assignment was not completed, the decedent is the sex with which born.
- The funeral director should review certain items for the possibility of an inconsistency (e.g., sex is female and name is John). If the information for sex is correct, the Tennessee OVR requests the funeral director place a sticky note on the original certificate to indicate that the particular items were verified before submitting the certificate to the local registrar.

Purpose - This item aids in the identification of the decedent. It is also used in research and statistical analysis to determine sex-specific mortality rates.

Item 3. **DATE OF DEATH** (*Month, Day, Year*)

Very important – The date of death is part of the medical certification. If an error was made in preparing the certificate, the certifier must submit a notarized affidavit to the Tennessee OVR to amend the Date of Death (Item 3).

- Enter the full name of the month (e.g., January, February). The three letter abbreviation for the month (e.g., Jan., Feb.) is acceptable. A number should not be used to designate the month.
- Enter the four digits of the year of death (e.g., 2012).
- Pay particular attention to the entry of month, day, or year when a death occurs around midnight or December 31. Consider a death at midnight to have occurred at the beginning of the next day rather than the end of the previous day. For instance, the date for a death that occurs at 11:59 P.M. or 2359 on December 31 should be recorded as December 31 while those occurring the next minute 0000 should be recorded as January 1.
- If the exact date of death is unknown, it should be approximated by the certifier who signs in Item 27a.

- If the date of death cannot be determined, as when a deteriorated body is found, the word 'Found' should be placed after the date of death in Item 3. This directive is in accordance with T.C.A. § 68-3-502 (a) (2) which states, ***"If the date of death is unknown, it shall be determined by the date the body was found."***

In case a body was found, the funeral director should consult with the county medical examiner concerning the date of death. The county medical examiner may agree for the funeral director to enter the word 'Found' or the county medical examiner may be able to determine the date of death and prefer this date be written without the word 'Found.'

- If the 'day' of death was handwritten in Item 3, whereas the 'month' and 'year' were typed, this is acceptable when the certificate was signed by the county medical examiner. It is possible that the funeral director left out the 'day' in order for the medical examiner to determine the 'day,' and for him/her to enter the correct 'day.'

Purpose - This item records the date of death of the decedent. Epidemiologists also use date of death in conjunction with the cause of death information for research on intervals between injuries, onset of conditions, and death.

Item 4. TIME OF DEATH (Approx.)

Very important – The time of death is part of the medical certification. If an error was made in preparing the certificate, the certifier must submit a notarized affidavit to the Tennessee OVR to amend the Time of Death (Item 4).

- Enter the actual time or presumed time of death, if provided by the medical facility or the county medical examiner.
- If the exact time of death was not obtained, leave blank, or enter 'Unknown.'

When certified copies are issued, and the time was entered as 'Unknown,' the next of kin most likely will question the entry, and request the time be entered. It is easier to amend a death certificate when blank, than when 'Unknown' is entered.

- If a dead body was found (e.g., home, field, motel, etc.), enter 'Unknown.'
- The hour and minute of death should print as A.M or P.M.
- It is acceptable to enter the time of death by typing or clearly handwriting.

Purpose - This item is used to identify the time the decedent was pronounced dead.

Items 5 a, b, c **AGE**

- One entry should be made in either Item 5a, 5b, or 5c, depending on the age of decedent. All items do not need to be completed.
- Unidentified body, unclaimed body, donated body, Jane Doe, John Doe – If the age cannot be obtained, leave blank. Do not enter ‘Unknown.’

Purpose - Information from this item is used to study differences in age-specific mortality, and in planning and evaluating public health programs.

Item 5a. **AGE – LAST BIRTHDAY** (*Years*)

- Enter the decedent’s exact age in years at the last birthday.
- If the decedent was under 1 year of age, leave Item 5a blank.
- The number of years only should be entered in Item 5a. Do not enter the number of months in Item 5b, unless the decedent was under one year old.

Item 5b. **UNDER 1 YEAR** (*Months, Days*)

- If the child was 1–11 months of age, enter the age in **completed months**.
- If the child was **less than 1 month old**, enter the age in **completed days**.
- If the child was over 1 year of age or under 1 day of age, leave Item 5b blank.

Item 5c. **UNDER 1 DAY** (*Hours, Minutes*)

- Enter the exact number of hours or minutes the child lived when he/she did not survive an entire day.
- **Do not enter “0” in Items 5a, 5b, 5c when the child’s date of birth, and date of death occurred on the same day.** Entry of “0” indicates there was no life (e.g., the child was stillborn). The exact age of a newborn or infant must always be entered. The funeral director should call the hospital medical records department to obtain the correct age at death, provided the death occurred in a hospital.
- If the funeral director is informed the child ‘breathed,’ and it lived less than 1 minute or a fraction of a minute, enter ‘1’ under minutes in Item 5c. Do not write in the word ‘seconds.’

- If the child lived 1-23 hours, enter the age in completed hours.
- If the child was less than 1 hour old, enter the age in minutes.
- If the child was more than 1 day old, leave Item 5c blank.

Item 6. DATE OF BIRTH (*Month, Day, Year*)

- Enter the exact month, day, and year the decedent was born.
- The year should be entered in four digits (e.g., 1935).
- Enter the full name of the month (e.g., January, February). The abbreviation for the month (e.g., Jan., Feb.) is acceptable. Do not use a number to designate the month.
- The date of birth for the newborn must always be entered.
- 'Unknown' is an acceptable entry.
- Unidentified body, unclaimed body, donated body, Jane Doe, John Doe – If date of birth cannot be obtained, leave blank. Do not enter 'Unknown.'

Purpose - This item is useful in identification of the decedent for legal purposes. It also helps verify the accuracy of the age item.

Item 7. BIRTHPLACE (*City and State or Foreign Country*)

- Item 7 is to be completed with the City and State or Foreign Country.
- It is acceptable to abbreviate the state name in accordance with standard U.S. abbreviations.
- If the decedent was born in the United States, enter the name of the city and state.
- If the decedent was born in the United States but the city is unknown, enter the name of the state only.
- If the decedent was born in a foreign country, enter the name of the country of birth.
- If the decedent's state or country of birth is unknown by the informant or other source, enter 'Unknown.'

- Unidentified body, unclaimed body, donated body, Jane Doe, John Doe – If birthplace cannot be obtained, leave blank. Do not enter ‘Unknown.’

Purpose - 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 contained 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.

Item 8a. PLACE OF DEATH (*Check only one*)

IF DEATH OCCURRED IN A HOSPITAL

Inpatient ER/Outpatient DOA

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL

Hospice facility Nursing home/Long term care facility Decedent’s home
 Other residence Other (*Specify*) _____

- Check one box for the type of place where death occurred. Do not check more than one box.
- Note - Generally, the veterans hospitals have floors within the facilities dedicated to care of inpatients, hospice patients, nursing home patients, and assisted living residents. For those situations, the responsible persons in the veterans hospitals most likely will enter the facility name (Item 8b) to reflect the area of the hospital where death occurred (e.g., John Q. Smith VA Hospital (Hospice)). In this example, the Item 8a will be checked as ‘Hospice facility.’

Hospital deaths

- It is important that the box checked in Item 8a agrees with the facility name.
- If the death occurred in a hospital, check the appropriate box indicating the decedent’s status at the hospital (‘Inpatient,’ ‘ER/Outpatient,’ ‘DOA’).

Non-hospital deaths

- If death occurred in a hospice facility, check the box for ‘Hospice facility.’ Do not check the hospice box if the decedent was being provided care by hospice in another setting including the decedent’s home. Check the appropriate box such as nursing home, decedent’s home, or a relative’s home (‘Other residence’).
- If the death occurred at a licensed long-term facility, check the box for ‘Nursing home/Long term care facility.’ This includes nursing home, residential home for aged, home for aged, convalescent home, assisted living, etc..
- If the death occurred at the decedent’s home, check ‘Decedent’s home.’

- If death occurred in someone's private residence other than the decedent's home (e.g., daughter's home), check the box for 'Other residence.'
- If death occurred in a licensed ambulatory surgical center, a physician's office, a motel, a jail, on the highway, on the farm, at work, and similar places, check the box for 'Other (Specify).' If 'Other (Specify)' is checked, specify the type of place where death occurred.
- If the decedent's body was found, the place where the body was found should be checked as 'Other (specify),' and enter, for example, 'pond.'

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

- The place of death to be entered in Item 8b is the actual place where the death occurred or the facility where the decedent was dead on arrival.
- The Department of Health's Rules (1200-7-1-.08) are specific in stating that the body is not to be removed from the place of death until the funeral director, or person assuming custody of the body, is given permission by the physician or medical examiner to do so.
- Do not enter two places of death (e.g., a home address and name of hospital).
- The facility name or other place of death that is entered in Item 8b should match the check box in Item 8a for type of place where death occurred or where the decedent was dead on arrival.
- Do not leave Item 8b blank.

Hospital deaths

- If the decedent died in a hospital, enter the name of the hospital.
- If decedent died enroute to a hospital or was dead on arrival at a hospital, enter the name of the hospital. Deaths that occur in an ambulance or emergency squad vehicle enroute to a hospital fall in this category.

Non-hospital deaths

- If it is determined the death occurred at home, enter the house number and street name where the house is located.
- If the death occurred at some place other than home, enter the street and number where the named place is located.

- If the death occurred on a moving conveyance, and the body was removed in Tennessee, enter the name of the commercial conveyance. For example, the entry in Item 8b could be 'TWA Airline Flight 296 (in flight)' or 'Gray Line Bus.'

Item 8c. CITY OR TOWN

- Enter the city or town where death occurred or where the decedent was dead on arrival. This should be the city or town in which the place named in Item 8b is located. A street address should not be entered in Item 8c.

Item 8d. COUNTY OF DEATH

- Enter the Tennessee county where death occurred or where the decedent was dead on arrival. This should be the county in which the hospital, clinic, nursing home, hospice, or other place is located.
- If the place of death is unknown, enter the name of the Tennessee county where the body was found, or county where pronounced dead.
- If death occurred due to drowning, and the body was removed from the water in Tennessee, enter the county where the body was removed from the water and pronounced dead by a Tennessee county medical examiner or physician licensed in Tennessee.
- If the death occurred on a moving conveyance in the United States, and the body was first removed from the conveyance in Tennessee, a death certificate should be completed. The Tennessee county where the body was first removed from the conveyance should be listed.

Item 9. MARITAL STATUS

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Married, but separated |
| <input type="checkbox"/> Never Married | <input type="checkbox"/> Widowed | <input type="checkbox"/> Unknown |

- Check one box for the marital status of the decedent at time of death. These are the only acceptable boxes from which to choose.
- The decedent is legally married if separated when death occurred. Check the box 'Married, but separated.'
- Check the box 'Never Married' for the decedent whose marital status is single, (e.g., newborn, infant, or child). Do not leave blank.

- 'Annulled and not remarried' and 'never previously married' are considered 'Never married.'
- If the decedent was married previously, Item 9 is to be classified as how the previous marriage was terminated (e.g., Widowed or Divorced).
- If marital status cannot be determined (e.g., person was homeless), check 'Unknown.' Do not leave this item blank.
- Husband and wife died simultaneously or unknown when either died - When a married couple is involved in a traumatic event, and it is determined their time of death was simultaneous, or could not be determined, enter 'Married,' and list the name of the spouse in Item 10 on both certificates.

Example 1 - A couple was involved in a tornado; one body was found the same day of tornado, and the other body was found the next day. Use as 'Married' for both. When required, the court will determine the correct marital status.

Example 2 - A murder and suicide event occurred, and it is not known by the funeral director or the informant the true marital status. Use as 'Married' for both.

- Common law marriage - Tennessee does not recognize as valid common law marriages contracted within this State. However, the courts do recognize as valid a common law marriage contracted in a state where such marriage is valid. If definite information is unknown, check 'Never married,' or check the box for whatever the previous married status was prior to the common law marriage.
- Same sex marriage - Tennessee law does not recognize same sex marriages. In states or foreign jurisdictions where such marriages were legally performed between persons of the same sex, Tennessee still does not recognize the marriage. This is in accordance with T.C.A. § 36-3-113. Enter in Item 9 whatever the previous married status was prior to the same sex marriage.

Purpose - This information is used in determining differences in mortality by marital status, and also affects the receipt of benefits by surviving family members.

Item 10. SURVIVING SPOUSE *(If wife, give name prior to first marriage)*

- If the decedent was married at time of death, enter the full name of the surviving spouse.
- If the surviving spouse is the wife, enter her name prior to first marriage which is her maiden name.

- If the surviving spouse's maiden name is not known, enter her first name followed by 'Unknown.'
- If the name of the surviving spouse is entirely unknown, enter 'Unknown.'
- If the entry in Item 9 (Marital Status) is 'Widowed,' 'Divorced,' or 'Unknown,' leave this Item 10 blank. Do not enter 'None' or 'N/A,' or 'not applicable.'

Purpose - This item is used in genealogical studies, and in establishing proper insurance settlement and other survivor benefits.

Items 11 a, b DECEDENT'S OCCUPATION AND BUSINESS/INDUSTRY

Instructions that follow, and the examples on page 125 (Appendix A), are included to mitigate the difficulties in filling out the occupation and industry items on the certificate.

Item 11a. DECEDENT'S USUAL OCCUPATION

- Generally, this item should be completed if decedent was 14 years of age or over.
- For the decedent's usual occupation, enter the one occupation the individual was engaged in for most of his/her working life. Examples of the decedent's usual occupation could be entered as claim adjuster, farmhand, coal miner, janitor, store manager, college professor, nurse, civil engineer, etc.
- If retired, enter the kind of work done during most of his/her working life prior to retirement.
- The word 'Retired' entered alone is not an acceptable entry. An example for clarification is that 'Retired Chemist' is acceptable.
- If it is known that the decedent was retired; however, the occupation was unknown, enter 'Unknown.'
- If the decedent was a homemaker at the time of death but had worked outside the household during his/her working life, enter that occupation. If the decedent was a homemaker during most of his/her working life, and never worked outside the household, enter 'Homemaker.'
- Enter 'Student' if the decedent was a student at the time of death, and was never regularly employed or employed full time during his/her working life.
- If the decedent was disabled his/her entire life, or a portion of life, or institutionalized at time of death, it is acceptable to enter 'None' or 'Disabled,' provided the informant named in Item 20a makes the request.

- If the decedent was homeless, unidentified, unclaimed, Jane Doe, John Doe, etc., leave blank.
- If the decedent's usual occupation was not known, enter 'Unknown.' Do not leave blank.

Item 11b. KIND OF BUSINESS/INDUSTRY

- Generally, this item should be completed if decedent was 14 years of age or over.
- Enter the information to which the occupation listed in Item 11a is related. Examples of the decedent's kind of business/industry could be insurance, farming, coal mining, hardware store, retail clothing, university, government, medical, etc. Do not enter the firm names or organization names; however the certificate is not to be rejected because of such entries.
- If 'Homemaker' is entered as the decedent's usual occupation in Item 11a, enter 'Own home' or 'Someone else's home,' whichever is accurate.
- If 'Student' is entered as the decedent's usual occupation in Item 11a, enter the type of school such as high school or college, in Item 11b.
- If the decedent was disabled his/her entire life, or a portion of life, or institutionalized at time of death, it is acceptable to enter 'None' or 'Disabled,' provided the informant named in Item 20a makes the request.
- If the decedent was homeless, unidentified, unclaimed, Jane Doe, John Doe, etc., leave blank.
- If the decedent's kind of business/industry was unknown, enter 'Unknown.' Do not leave blank.

Purpose - These items are useful in studying occupationally related mortality, and in identifying job related risk areas. For example, correlating asbestos used in particular occupations in the construction industry to respiratory cancer is possible with this information.

Item 12. SOCIAL SECURITY NUMBER

- Enter only one Social Security Number (SSN) for the decedent. A SSN followed by an alphabetic character should not be entered.

- If the decedent has no SSN, enter 'None.'
- If the infant is less than six to eight weeks old, generally, there will be no assigned SSN, and 'None' should be entered. Do not leave blank.
- Do not enter railroad number in lieu of SSN.
 - Generally, if the decedent is under 16 years of age, SSN should not be left blank, or have entries of 'Unknown' or 'None.' There will be exceptions.
 - A person may not have a SSN if he/she was born in a foreign county, and is not a U.S. citizen. Enter 'None.'
 - If the decedent's SSN is unobtainable, enter 'Unknown.' Do not leave blank.

Purpose - This item is useful in identifying the decedent and facilitates the filing of social security claims.

Items 13 a, b, c, d, e, f DECEDENT'S RESIDENCE

The decedent's residence should be the place where he/she actually lived, most of the time. The residence is not necessarily the same as '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. However, place of residence during a tour of military duty or during attendance at college is not considered temporary, and should be entered as the place of residence.

- If the decedent was a newborn, infant, or child who was never able to leave the hospital, the place of residence is that of the mother, legal guardian, or custodian. Do not use the address of a hospital where the child was born as the place of residence for any newborn, infant, or child.
- If the decedent had been living in a facility where an individual usually resides for a long period of time, such as nursing home, veteran's medical center, mental institution, penitentiary, or hospital for the chronically ill, the address of the facility should be entered as the place of residence in Items 13 a - f. Do not enter the name of the facility in these items.
- If the informant listed in Item 20a requests the decedent's resident address to be one before entering the facility, enter the prior residence in Items 13 a - f (e.g., a complete address in Detroit, Michigan).

- If the homeless person has no known address, enter in the residence items the county name and city name where the person died or was found dead.

Purpose - Mortality data by residence are used with population data to compute death rates for detailed geographic areas. These data are important in environmental studies. Data on deaths by place of residence of the decedent are also used to prepare population estimates and projections. Local officials use this information to evaluate the availability and use of services in their area.

Information on residence inside city limits is used to properly assign events with a county. Information on ZIP Code and whether the decedent lived inside city limits is valuable for studies of deaths for small areas.

Item 13a. RESIDENCE – STATE OR FOREIGN COUNTRY

- Enter the name of the state in which the decedent lived.
- If the decedent was not a resident of the United States, enter the name of the country or U. S. territory in this item.
- If the decedent was homeless and there is no known address, enter ‘Tennessee.’ Do not leave blank.

Item 13b. COUNTY

- Enter the name of the county in which the decedent lived (e.g., where decedent’s household was located).
- The county must be located in the state named in Item 13a.
- If the deceased lived in a state (e.g., Virginia), and there is no named county rather it is ‘Independent,’ enter as such in the county item. Do not leave blank.
- If the deceased resided in any country other than the United States or its territories, leave the county (Item 13b) blank.
- If the decedent was homeless and there is no known address, enter the name of the county where the decedent died or was found dead. Do not leave blank.

Item 13c. CITY OR TOWN

- Enter the name of the city or town in which the decedent lived.

- If the decedent was homeless and there is no known address, enter the name of the city or town where the decedent died or was found dead. Do not leave blank.

Item 13d. STREET AND NUMBER

- Enter the street name and number of the place where the decedent lived.
- If the informant does not know the street and number, it is acceptable to enter the Post Office box number or Rural Route number. The 911 address is preferred, if known.
- If the decedent was homeless and there is no known address, leave Item 13d blank.

Item 13e. INSIDE CITY LIMITS? Yes No

- Check 'Yes' if the decedent's residence is inside the city limits. Otherwise, check 'No.'
- If the inside city limits information is not known by the informant, leave blank.

Item 13f. ZIP CODE

- Enter the ZIP Code of the place where the decedent lived.
- The nine digits ZIP Code is acceptable.
- If the decedent was not a resident of the United States or its territories, leave ZIP Code blank.

Item 14. WAS DECEDENT EVER IN U. S. ARMED FORCES? Yes No

- If the decedent ever served in the U.S. Armed Forces, including National Guard, Army Reserve, and Navy Reserve, mark 'Yes.'
- If the decedent was dishonorably discharged from the U.S. Armed Forces, mark 'Yes.'
- If 'Yes' is marked the family is entitled to three (3) free certified copies.
- If it cannot be determined whether the decedent served in the U.S. Armed Forces, leave blank.

Purpose - This item is used to identify decedents who were veterans. This information is of interest to veteran groups.

Item 15. DECEDENT'S EDUCATION *(Check the box that best describes the highest degree or level of school completed at the time of death)*

- 8th grade or less
- 9th – 12th grade; no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g., AA, AS)
- Bachelor's degree (e.g., BA, AB, BS)
- Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
- Unknown

- Check one box only for the highest degree or level of schooling completed by the decedent.
- Please give the informant a chance to respond to this question. Do not routinely check the 'Unknown' box.
- If the decedent is a newborn, infant, or child that had no education, check the box for '8th grade or less'. Do not check the 'Unknown' box.
- If the decedent is an adult that no education, check the box for '8th grade or less'. Do not check the 'Unknown' box.
- 'Unknown' is an acceptable entry.

Purpose - 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 the medical studies pertaining to cause of death, and in prevention programs.

Item 16. DECEDENT OF HISPANIC ORIGIN? *(Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)*

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino (Specify) _____
- Unknown

- Item 16 should be checked on all certificates. Do not leave this item blank.
- Check one box only. The entry in this item should reflect the informant's response based on what he/she considers the decedent to be.
- Reference may be made to page 127 (Appendix B) for a listing of 'Hispanic Origin.'
- The Hispanic origin item is not part of the Race, Item 17. A person of Hispanic origin may be of any race. Each question, 'Decedent of Hispanic Origin?' and 'Decedent's Race,' should be asked independently.
- For purposes of this item, 'Hispanic' refers to people whose origins are from Spain, Mexico, or the Spanish speaking Caribbean Islands or countries of Central America or South America. Origin includes the ancestry, nationality, and lineage.
- If the informant reports the decedent is of multiple Hispanic origins, 'Yes other Spanish/Hispanic/Latino' should be marked. Enter the origins as reported by the informant (e.g., Mexican-Puerto Rican) on the specify line.
- If an informant identifies the decedent as Mexican-American or Cuban-American, mark the 'Other Spanish/Hispanic/Latino' and enter the Hispanic origin on the specify line.
- If the informant reports the decedent was of Hispanic origin, yet the specific origin or ancestry was reported as Vietnamese, Laotian, Japanese, Chinese, etc., check the box 'No, not Spanish/Hispanic/Latino' for Item 16.
- There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A person's Hispanic origin may be reported based on the country of origin of a parent, grandparent, or some far removed ancestor. The response should reflect what the person considered himself/herself to be, and should not be based on percentages of ancestry.
- If the decedent was a newborn, infant, or child, the parent(s) should determine the Hispanic origin based on their own origin.
- 'Unknown' is an acceptable entry.

Purpose - According to the 2010 U.S. Census Bureau, the Hispanic population in the United States is the country's second largest group. Reliable data are needed to identify and assess public health problems of Hispanics, and to target efforts to their specific needs. Information from Item 16 will permit the production of mortality data for the Hispanic community.

Item 17. DECEDENT'S RACE *(Check one or more races to indicate what the decedent considered himself or herself to be)*

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other Asian (Specify)
_____ |
| <input type="checkbox"/> American Indian or Alaska Native
(Name of the enrolled or principal
Tribe) _____ | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander (Specify)
_____ |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other (Specify)
_____ |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Unknown |

- Check one or more boxes that best describe what the decedent considered himself/herself to be. Do not leave blank.
- Reference may be made to page 128 (Appendix C) for a listing of 'Race.' If the informant named in Item 20a reports the decedent to be one or more of the races in this listing, enter the race(s) as reported.
- The race should be what was stated by the informant named in Item 20a. The funeral director should make no assumption of race by observation.
- If the informant has named one or more racial responses for which no box has been checked or seems appropriate, select the "Other" check box and enter the response(s).
- If the informant named in Item 20a indicates that the decedent was of mixed races, check the box for 'Other (specify)' and enter the response(s).
- 'Bi-racial' may be entered in the space for 'Other (specify).'
- 'Unknown' is an acceptable entry.

Purpose - Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine whether specific

health programs are needed in particular areas, as well as to make population estimates.

Items 18 and 19 PARENTS

- Enter the names of parents as given by the informant. Usually these are the natural parents; however in certain instances, the names may be the adopted parents.
- Do not enter the names of foster parents or guardian in Item 18 and Item 19.
- If the deceased was legally adopted, as shown on the birth certificate, the adopted parents' names should be entered in Item 18 and Item 19.
- If the legal process for adoption of a newborn, infant, or child has not been finalized at time of death, the adopting parents' names must not be entered as the parents. The biological parent(s) must be entered in Item 18 and Item 19.
- The name of one of the adopting couple can be listed as the informant in Item 20a. The adopting couple can pursue court action and make a request to the Tennessee OVR to amend the certificate, and have their names added.
- Do not leave parent(s) names blank. 'Unknown' is an acceptable entry.

Purpose - The names of the decedent's mother and father aid in identification of the decedent's record. The maiden surname is important for matching the record with other records because it remains constant throughout a lifetime, in contrast to other names which may change because of marriage or divorce. These items are also of importance in genealogical studies.

Item 18. FATHER'S NAME (*First, Middle, Last*)

- Enter the first name, middle name, and last name of the decedent's father.
- Avoid using the titles such as 'Dr.,' 'Rev.,' 'Judge,' 'Lt. Col. Ret.,' etc. However, if the family requests that the title be entered, this is acceptable.
- I. O. (initials only) or NMN (no middle name) should not be entered.
- If the decedent's father's last name is not known, enter first name followed by 'Unknown.' Enter the known portions(s) of the father's name.
- If the decedent's entire father's name is unknown, do not leave blank. Enter 'Unknown.'

- Unidentified body, unclaimed body, donated body, Jane Doe, John Doe – If father's name cannot be obtained, leave blank. Do not enter 'Unknown.'

Item 19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (*First, Middle, Last*)

- Enter the first name, middle name, and last name of the decedent's mother prior to first marriage (maiden name). This is the name given at birth or adoption, not a name acquired by marriage.
- I. O. (initials only) or NMN (no middle name) should not be entered.
- Do not use the mother's married name.
- If the mother's name prior to first marriage is unknown, enter 'Unknown' after the known portion(s) of her name.
- If the entire mother's name of decedent is unknown, do not leave blank. Enter 'Unknown.'
- Unidentified body, unclaimed body, donated body, Jane Doe, John Doe – If mother's maiden name cannot be obtained, leave blank. Do not enter 'Unknown.'

Items 20 a, b, c INFORMANT

- It is very important that the correct name for informant and his/her mailing address be entered since that individual is the one who is to submit a notarized affidavit to change personal data on the certificate, when required. Otherwise, a certified court order may be required.

Purpose - The informant's name, relationship to deceased, and mailing address are used to contact the informant when inquiries must be made to correct or complete any items on the death certificate. In addition, the informant's name is a useful tool when determining if the requestor has the right to be issued a certified copy of the certificate.

Item 20a. INFORMANT'S NAME

- Enter the name of the person who supplied the personal facts about the decedent and his/her family.
- Enter 'Forensic Center,' 'Hospital Medical Records,' medical and educational institution, and such like as the informant only if this is the only available source of information (e.g., body donated).

- Two or more informant names cannot be entered in Item 20a.
- If the decedent made pre-arrangements for his/her funeral, his/her name should be entered as the informant, and the word 'Pre-arranged' or 'Pre-need' should be entered after the name. Should there be a reason to change personal and geographic data on the certificate, the next of kin or a court order would be the process by which the certificate can be amended.
- Do not leave Item 20a blank. An entry must be present.

Item 20b. RELATIONSHIP TO DECEDENT

- Enter the relationship of the informant whose name appears in Item 20a to the deceased.
- A reasonable entry for the relationship of informant is acceptable (e.g., husband, wife, parent, son, daughter, brother, sister, friend, partner).
- If the source of information for Item 20a is forensic center, hospital medical records, medical and educational institution, and such like, enter 'None' in Item 20b.
- If the informant was in a common-law relationship or partner relationship with the deceased, enter Item 20b as 'Friend' or 'Partner,' or 'Companion.'
- 'Fiancé' is not an acceptable entry in Item 20b when Item 10 lists the name of the surviving spouse. The word 'Friend' is the appropriate entry.
- The informant's relationship may be listed as "Employer."
- If the word 'Informant' only has been entered in Item 20b, the funeral director should enter a defining word such as wife, husband, sister, etc.
- Do not leave Item 20b blank.

Item 20c. MAILING ADDRESS (*Street and Number, City, State, Zip Code*)

- Enter the complete mailing address of the informant whose name appears in Item 20a. Include the ZIP Code.
- If the informant's address is too long to fit in the designated space, it is acceptable to abbreviate (e.g., Rd., Hwy., Pky, Rt., etc.). It is acceptable to not

enter the ZIP code if that will give space. It is also acceptable to handwrite the address by using small print on two lines.

- Do not use the words 'same as deceased' in Item 20c for the mailing address.

Item 21a. METHOD OF DISPOSITION Burial Cremation
 Donation Entombment Removal from State
 Other (*Specify*) _____

- Check the box corresponding to the method of disposition of the decedent's body. If 'Other (Specify)' is checked, enter the method of disposition on the line provided.
- One box is required to be checked. Do not leave blank.
- 'Removal from state' only may be checked when a burial transit permit was obtained for out of state removal.
- If the body is to be used by a hospital or a medical school or a mortuary school for scientific or educational purposes, enter 'Donation,' and specify the name and location of the institution in Item 21b and Item 21c. 'Donation' refers only to the entire body, not to individual organs.
- **Donated body** - The hospital, medical school, or mortuary school that received the body for scientific or educational purposes generally should be responsible for preparing the death certificate, obtaining the medical certification, and filing the original certificate with the county health department.

Item 21b. PLACE OF DISPOSITION (*Name of cemetery, crematory, other place*)

- Enter the name of the cemetery, crematory, or other place. Do not leave blank.
- If the body is removed from this State, and burial or cremation occurs, enter the name of the cemetery, crematory, or other place to which the body is removed.
- If the body is to be used by a hospital, or a medical school, or a mortuary school for scientific or educational purposes, enter the name of the institution.

Item 21c. LOCATION – City or Town and State

- Enter the name of the city or town and state where the place of disposition is located. Do not leave blank.

If the body is to be used by a hospital, or a medical school, or a mortuary school for scientific or educational purposes, enter the name of the city or town and the state where the institution is located.

Items 22 and 23 FUNERAL SERVICE LICENSEE

- The funeral director or person first assuming custody of the body and the embalmer should sign in the appropriate item and give license number. Although the Tennessee OVR prefers a signature, this requirement may possibly make it more difficult for funeral establishments to file the certificate in a timely manner.
- Typed or handwritten names of funeral directors and embalmers are acceptable. Examples of valid reasons for accepting typed names of funeral directors and embalmers are:
 - The certificate was prepared at a veterans or military hospital, and sent directly to the local registrar.
 - The embalmer was out of the area, and is not scheduled to return in the near future.
 - The funeral establishment is out of state, and the embalmer was contracted in Tennessee.

When signatures are present, it is an indication the person charged with responsibility for completing the death certificate has reviewed the personal data items for accuracy, and thereby, fewer requests to the Tennessee OVR are made for amendments to the certificate.

- If the funeral director and embalmer prefer to sign the certificate, the signatures should be present before sending the certificate to the physician or county medical examiner. Sometimes, the physician or county medical examiner mails the certificate directly to the local registrar.

The local registrar should not return the original certificate to the funeral establishment for the signatures. This would delay the timely filing of the certificate.

Item 22a. SIGNATURE OF FUNERAL DIRECTOR

- The funeral director or person first assuming custody of the body and charged with the responsibility for completing the death certificate should sign in black or blue/black ink. However, blue ink is acceptable, if the document can be reproduced.

- The funeral director's name may be the actual signature, typed, or handwritten. A stamped signature is acceptable provided the signature is within the lines for Item 22a.
- When certified copies are issued by the local registrar, and the funeral director observes that the funeral director's signature or typed name was not entered, how should this be handled?

If the funeral director wants his/her signature in Item 22a, he/she must not sign the certified copies. The funeral director must go to the local registrar, and if the original certificate is available in the health department, he/she may sign, and certified copies will be re-issued for every certified copy that was returned. Otherwise, the signature will not be entered.

Item 22b. LICENSE NUMBER OF FUNERAL DIRECTOR

- The funeral director should enter his/her personal state license number.
- If another person who is not a licensed funeral director assumes custody of the body, enter 'NA' or leave blank.

Examples include:

- an anatomical bequest program
- a forensic center is holding body
- a family is handling burial
- a religious organization

Item 22c. SIGNATURE OF EMBALMER

- The embalmer should sign in black or blue/black ink; however, blue ink is acceptable if the document can be reproduced.
- The embalmer's name may be the actual signature, typed, or handwritten. A stamped signature is acceptable provided the signature is within the lines for Item 22c.
- Enter 'None' if no embalming occurred.

Item 22d. LICENSE NUMBER OF EMBALMER

- The embalmer should enter his/her personal state license number.
- Enter 'None' if no embalming occurred.

Item 23a. NAME AND ADDRESS OF FUNERAL HOME

- The name and complete address of the funeral establishment handling the body prior to burial or other disposition should be entered, if space provides.
- Where space issues arise, the funeral establishment could use the name, city, and state, and not enter a specific street address or post office box (e.g., Kandi's Memory Gardens, Funeral and Cremations, Nashville, TN).
- If the body was prepared by the funeral establishment who first assumed custody of the body; however, the receiving funeral director wants his/her home's name listed in Item 23a, this is acceptable. This must be a mutual agreement between the two funeral directors.
- This Item 23a must be completed unless the body was donated for scientific or educational purposes to a medical school or a mortuary school or the body was not handled by a funeral establishment. No entry is required when the body was donated.

Item 23b. LICENSE NUMBER OF FUNERAL HOME

- The funeral establishment personnel should enter the license number of the funeral establishment.
- The license number should correspond to the name of funeral establishment listed in Item 23a.
- The license number for an out of state funeral establishment may be listed even if the out of state funeral establishment is not licensed in Tennessee.
- Note - When the license number item is consistently blank from the same funeral establishment, the Tennessee OVR has requested that the local registrar contact the funeral director to request the license number be entered on all original death certificates. It is not the local registrar's responsibility to locate and enter the funeral establishment's license number.

Purpose - Item 22 and Item 23 identify the funeral establishment who is responsible for filing the certificate with the local registrar in the county where death occurred.

SECTION II. Items 24 - 25



Item 24 and Item 25 are to be completed only by the Local Registrar or the Deputy Registrar.

Item 24. REGISTRAR'S SIGNATURE

- The original signature of the local registrar must be entered in permanent dark ink after the certificate has been checked, and accepted for filing. The local registrar signs certificates only for those events in his/her jurisdiction.
- If the physician or medical examiner signed in Item 24, the local registrar should draw a small arrow from the certifier's signature down to Item 27a. The local registrar should then sign in Item 24 above or to the side of the certifier's signature, provided there is space.

If there is no space for the local registrar to sign above or to the side of the certifier's signature, a new certificate is required.

- If the certifier wrote the cause of death in the space where the local registrar should sign (Item 24), the certificate should not be submitted to the local registrar. It matters not that the certifier drew a line through the disease/condition and initialed, and re-entered the cause of death in the appropriate Item 28. A new certificate is required.

Item 25. DATE FILED (*Month, Day, Year*)

- After review of the certificate, the local registrar enters the date that the certificate has been accepted for legal filing. The local registrar should enter the full name of the month (e.g., January, February). An abbreviation for the month is acceptable (e.g., Jan., Feb.).
- When the local registrar fails to enter a date filed, and a certified copy is issued, the copy is legal as long as the date issued is stamped on the lower right of certified copy by the local registrar.

Purpose - This documents that the certificate was filed, and accepted by the registrar within the time period specified by law which is within five (5) days of death.

SECTION III. Items 26 - 34



The remaining death certificate Items 26 – 34 are the responsibilities of the physician or medical examiner.

The funeral director is responsible for assuring that the certifier's signature and the medical certification are completed. It is suggested that the funeral director review these items for important guidelines and policies pertaining to the completion of the medical certification and signing of the certificate.

The following is a listing of **Dos and Don'ts** concerning the handling of the death certificate between the funeral director and the certifier, and is based on Tennessee statutes, rules, and policies.

1. A physician (M.D.), osteopathic physician (D.O.) or medical examiner licensed in Tennessee must sign the death certificate.

If the funeral director questions whether the certifier is licensed in Tennessee, the funeral director may access <http://health.state.tn.us/licensure/index.htm> to verify whether the physician is licensed.

2. In the absence of the attending physician, the certificate may be completed and signed by another physician designated by the physician (e.g., partner in same office) or by the medical officer of the facility where the death occurred.

3. Please take notice of a law concerning the signing of certificates effective May 6, 2008. The Tennessee legislature amended **T.C.A. § 68-3-502** for deaths, and in summary, the law provides the following:

A. The county medical examiner shall certify the death certificate for deaths unattended by a physician or hospice when those deaths occur outside of a medical facility and when the following conditions apply:

1. A physician has not attended the deceased during the four (4) months preceding death. If a physician had attended prior to the four months, he/she may certify the death certificate but is not required to do so.

2. A physician had attended the deceased during the four (4) months preceding death but advises the medical examiner that he/she does not believe that the patient's death resulted from the condition for which he/she had been attending the deceased.

B. Any physician who certifies a death certificate in good faith shall be immune from civil suit for damages T.C.A. § 68-3-513.

4. If the death occurs in a veteran hospital or in a military hospital or in a state veteran's home in Tennessee **or** the person was dead on arrival at one of these facilities, the death certificate may be signed by a physician who does not have a Tennessee license but is employed by the facility and holds a license in another state.

When physicians who do not hold a Tennessee medical license sign a Tennessee death certificate under the circumstances allowed, the physician should enter in Item 27b (License Number) the standard abbreviation for the State in which they are licensed and the license number.

5. No medical intern, resident, or fellow participating in a training program shall be permitted to sign the certificate unless he/she holds a Tennessee license to practice medicine or osteopathy.
6. A registered nurse (RN) or nurse practitioner (ARNP) (Advanced Registered Nurse Practitioner) is not permitted to sign the certificate.
7. A registered nurse (RN) may pronounce dead when death occurred in the hospital, hospice, under care of the hospice, or in a nursing home. This is in accordance with T.C.A. § 68-3-511. A RN cannot sign the death certificate.
8. The physician assistant (PA) may pronounce death in accordance with T.C.A. § 68-3-512. A physician assistant (PA) cannot sign the death certificate.
9. The nurse practitioner cannot pronounce death or sign the death certificate.
10. The certificate is not accepted when one physician signs, and adds the word 'for' or '/for' and puts the name of the other physician. A new certificate is required.
11. A coroner (not a physician), county medical examiner's investigator, or other non-medical person cannot certify to the cause of death and sign.
12. State Registrar's guidance document - When the funeral director has difficulty in getting a death certificate signed, he/she may review the State Registrar's guidance document that appears on page 8. The document was originally mailed October 15, 2008 to approximately 6,000 licensed physicians in Tennessee who have in the past certified death certificates. This document provides beneficial information with which the funeral director can make the appropriate contact(s) in order to get the death certificate signed.

Suggestion - If the funeral director desires, he/she may make copies of the letter and include with the original death certificate that is taken or mailed to the certifier. This could prove beneficial to the funeral director for the physicians who are habitually late in signing certificates.

13. Blue Ink - The original signature of the certifier and cause of death should be entered in permanent black ink. However, if the certifier signed or entered cause of death in blue ink, this may possibly be accepted. The funeral director should make a test copy on white paper to see if it makes a good copy as if it were for a certified copy, and if it clearly copies, accept the certificate.

14. The certifier should check only one box in Item 26. However, if both boxes are checked, it is acceptable to submit the certificate to the local registrar. The county medical examiner may also be a private physician and prefers to check both items.
15. It is acceptable for the funeral director or medical doctor's staff to highlight in yellow the Items 27 a - d on the original certificate in order for the certifier to visually notice the correct space to sign, put license number, sign, and put name and address.
16. The local registrar is not responsible for getting a death certificate signed when the certificate is received in the county health department without a certifier's signature and/or cause of death. This is the responsibility of the funeral director.
17. Important notice regarding missing person - If no body was found for a missing person, the county medical examiner cannot sign and enter information in the cause of death section for a presumptive death based on someone's account that he/she witnessed the event (e.g., drowning). A certified court order must direct the Tennessee OVR to file the death certificate.
18. According to the T.C.A. § 38-7-108, the medical examiner of the county where the person died is to be notified when death occurs under 'suspicious,' 'unusual,' or 'unnatural circumstances.'

See next page for list of conditions for which the medical examiner must be notified concerning the cause of death.

The county medical examiner must be notified, and probably should sign the certificate when cause of death is such as the following situations:

Accident, no other details	Industrial accident
Airplane accident	Lightning
Anesthetic death	Motor vehicle accident
Burns	Out of facility death not attended by hospice
Death in prison	Poisoning
Death when no obvious disease present	Septic abortion
Drowning	Sudden death
Electrocution	Sudden death when no obvious disease
Exposure	Sudden infant death syndrome (SIDS)
Fall	Suicide
Farm machinery accident	'Suspicious death'
Found dead	Therapeutic misadventure
Fracture	Undetermined injury
Freezing	'Unnatural circumstances'
Home accident	'Unusual death'
Most Home deaths unattended by hospice	Other unnatural causes
Homicide	

Note - For deaths resulting from traumatic injuries a private physician may be given approval by the county medical examiner to sign. This probably would be because the decedent was hospitalized for a certain time period, and the county medical examiner was consulted.

Item 26 CERTIFIER (Check only one):

Item 26a. **PHYSICIAN** - *To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.*

Item 26b. **MEDICAL EXAMINER** - *On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.*

- The funeral director is responsible for getting the certificate to the attending physician, or to the physician who saw the decedent in the hospital or other place of death, or to the medical examiner. The physician who pronounced death in the emergency room is not necessarily the one to sign the certificate.
- Before removing the body from the place of death, the funeral director should make inquiry of the facility's medical records or the family to determine if the deceased had a primary care physician (PCP), and contact that physician to ensure that he/she will sign the certificate.
- If trauma or other situations requiring investigation were involved, the county medical examiner must be immediately notified.

- Check one box only.

Item 27a. SIGNATURE OF CERTIFIER

- The physician or medical examiner completing the cause of death (Item 28) should sign in Item 27a. One signature only is required.
- When inquiry is required, generally the medical examiner in the county where death occurred shall determine the cause of death and sign.

Exception concerning trauma - The county medical examiner in the county where the trauma occurred may sign the certificate although death may have occurred in a hospital in another county. Most likely he/she assumed jurisdiction concerning legal matters of the death.

Exception concerning home death - The investigating county medical examiner may sign the death certificate if he/she was summoned to investigate the home death. It matters not that the person was taken to a hospital in another county to pronounce dead.

- The physician or medical examiner enters his/her personal signature in black or blue-black ink. Other colors of ink (e.g., green, brown, purple, red) will not be accepted.

If the certifier signed in blue ink, as a test, the funeral director should make a plain white copy of the certificate. If the certificate copies in a manner that certified copies may be issued by the local registrar, submit the certificate to the local registrar.

- Signature in wrong item - If the physician or medical examiner signed where the local registrar should sign (Item 24), it is acceptable for the funeral director to draw a small arrow from the physician's signature to Item 27a. The local registrar should then sign in Item 24 above or to the side of the certifier's signature.

If no space was left for the local registrar to sign in Item 24, a new certificate is required.

- Power of attorney signature cannot be delegated to another person.
- **Electronic signatures are not acceptable at this time.**

Item 27b. LICENSE NUMBER OF CERTIFIER

- The physician or medical examiner who signed the certificate should enter his/her license number in Item 27b.

Note – While it is recommended that both the certifier’s license number and certifier’s name and address are entered in Item 27b and Item 27d, the funeral director should assure that one of the items is always completed.

- If the physician or medical examiner entered a license number in Item 27b, and either crossed out the license number, or blocked out the license number, accept the certificate.

Purpose - The license number assists the Tennessee OVR when it is necessary to query the certifier for additional information concerning the cause of death.

Item 27c. DATE SIGNED (*Month, Day, Year*)

- The physician or medical examiner should enter the exact month, day, and year that he/she signed the certificate. The Tennessee OVR encourages the full spell out or abbreviation of the month but will not reject the certificate if the physician or medical examiner uses all numbers in the date.
- If the physician or medical examiner failed to enter a date, it is acceptable to submit the certificate to the local registrar. Do not enter a date or call the certifier for the date.
- If the physician or medical examiner entered a date prior to the date of death (Item 3), do not submit the certificate to the local registrar. A new certificate is required.

Purpose - These items are of legal value in attesting that the medical certification was completed and signed within the time limit required by statute to file with the county health department which is five (5) days following death.

Item 27d. NAME AND ADDRESS OF CERTIFIER

- The name and address of the physician or medical examiner whose signature appears in Item 27a should be entered in Item 27d.

If the address is too long to enter in the provided space, it is acceptable to abbreviate words (e.g., Rd., Hwy., Pky, Rt., etc.). Also, if the funeral director is using a software program, it is also acceptable to type or handwrite the name and address.

- ▶ ◀ If the certificate was **signed by a physician (Item 26a)**, and he/she listed the cause of death as **'cause unknown,' 'unknown,' 'sudden,' 'sudden death,' 'etiology unknown,' 'etiology?,' or 'DOA,'** and no other cause of death is given, **do not** submit the certificate to the local registrar.

How could this certificate be resolved without a new certificate? The funeral director should contact the physician to see if he/she will be able to add somewhere on the front of certificate the word 'history' and a disease, or the word 'possible' and a disease, or 'pending autopsy,' or similar wordings. If so, the certificate will be acceptable. No new certificate is required.

What if the private physician will not add any of the above suggested words to the cause of death? The county medical examiner should co-sign this particular death certificate, and then it will be acceptable. If the county medical examiner chooses not to co-sign, then the funeral director will need to prepare a new death certificate for the county medical examiner to sign.

- ▶ ◀ If the certificate was **signed by the medical examiner (Item 26b)**, and he/she listed the cause of death as **'cause unknown,' 'unknown,' 'sudden,' 'sudden death,' 'etiology unknown,' 'etiology?,' or "DOA,'** the certificate is acceptable, and may be submitted to the local registrar.
- ▶ ◀ Do not submit the original death certificate to the local registrar if the cause of death (Item 28) was omitted in Part I on any of the lines a, b, c, or d (e.g., if the cause of death is totally blank).

If a cause of death was listed in Part II, this does not make for a legal document. Return the certificate to the certifier in order that the cause of death may be entered in Part I.

- ▶ ◀ Accept, and submit the original death certificate to the local registrar when entries are in cause of death such as 'Pending,' 'Pending Autopsy,' 'Pending Toxicology,' 'Pending Further Studies,' etc. The certificate may be signed by the private physician or the county medical examiner.
- ▶ ◀ The funeral director must not hold an original certificate when words such as 'Pending,' 'Pending Autopsy,' 'Pending Toxicology,' 'Pending Further Studies,' etc. appear in the cause of death.

The certificate with cause of death as 'Pending' or similar words has the same timeframe for filing as a certificate with a definitive cause of death. It must be filed within 5 days of death. The family has an immediate right to certified copies of the 'Pending' certificate.

- ◀ For information concerning how a physician may complete the medical portion of the certificate with phrases such as 'Pending,' 'Pending Autopsy,' 'Pending Toxicology,' 'Pending Further Studies,' etc., see Delayed Report of Diagnosis-Death, beginning on page 69.

Purpose - Cause of death 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 human health and mortality, and for analyzing the conditions leading to death.

Mortality statistics provide a basis for epidemiological studies that focus on leading cause of death by age, race, and sex (for example, AIDS, heart disease, and cancer). They also provide a basis for research in disease etiology and evaluation of diagnostic techniques, which in turn lead to improvements in patient care.

Items 29a and 29b. AUTOPSY

Under no circumstance is the funeral director permitted to check the boxes in Item 29a and Item 29b.

If the funeral establishment's computer software permits Item 29a or Item 29b being completed, the funeral director should notify the vendor that the program must be corrected.

Item 29a. WAS AN AUTOPSY PERFORMED? Yes No

- The physician or medical examiner should check one of the boxes in this item.
- The physician or medical examiner should enter 'Yes' if the autopsy was performed. Otherwise, enter 'No.' Item 29b should be left blank if no autopsy was performed.
- The physician or medical examiner should check 'Yes' if a partial or complete autopsy was performed. Otherwise, check 'No.'
- If the certifier crossed through one of the check boxes in Item 29a, and wrote 'error,' he/she must initial at the cross through, and then file the certificate with the local registrar.

Item 29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

- The physician or medical examiner should enter 'Yes' if the autopsy findings were available and used to determine the cause of death. Otherwise, enter 'No.' If no autopsy was performed, leave Item 29b blank.
- If the certifier crossed through one of the check boxes in Item 29b, and wrote 'error,' he/she must initial at the cross through. Accept the certificate.

Purpose - This information assists in determining whether, for the cases for which an autopsy is done, the information was used to assist in determining the cause of death. Knowing whether the autopsy results were used in determining the cause of death gives insight into the quality of the cause of death data.

Item 30. MANNER OF DEATH

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Natural | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Accident | <input type="checkbox"/> Pending investigation |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Could not be determined |

Under no circumstance is the funeral director permitted to check a box in Item 30 when no box was checked.

If the funeral establishment's computer software permits Item 30 being completed, the funeral director should notify the vendor that the program must be corrected.

- It is desired that the certifier check one box for all certificates, including the natural deaths. However, if the certifier failed to check 'Natural,' but the cause of death is clearly natural, the certificate should be accepted.

Comment concerning natural deaths - If the cause of death is clearly recognized as a natural event (e.g., cancer, diabetes, Alzheimer's, renal failure, and such like), and Item 30 is not checked, the funeral director should accept the certificate.

Comment concerning traumatic deaths - When the cause of death is clearly recognized as a traumatic death (e.g., any type of injury, poisoning, tornado effects, closed head injury, blunt force injuries, and such like), and Item 30 is blank, do NOT accept the certificate.

- If the cause of death is **clearly from trauma, the manner of death should be checked.**
- Item 30 is extremely important to the family! The certifier should check one of the boxes in Item 30 (Manner of Death), particularly when an insurance policy is involved whether it is a cancer policy or accident policy.

- 'Pending investigation' is checked when the manner of death cannot be determined whether due to an accident, suicide, or homicide within the time limit for filing the certificate.
- 'Could not be determined' applies ONLY when it is impossible to determine the manner of death.
- If the certifier crossed through one of the boxes in Item 30, and checked another box, he/she must initial at the cross through. File the certificate with the county health department.

Purpose - In cases of accidental death, this information is used to justify the payment of double indemnity on life insurance policies. It is also used to obtain a more accurate determination of cause of death.

Item 31. DID TOBACCO USE CONTRIBUTE TO DEATH?

- | | |
|------------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Probably |
| <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

- In his/her opinion, or clinical judgment, only the certifier should complete one of the check boxes in Item 31.

Purpose - This information is used to determine if any use of tobacco or tobacco exposure contributed to death (e.g., emphysema or lung cancer, some heart disease and cancers of the head and neck, fires started by smoking).

Item 32. IF FEMALE:

- Not pregnant within past year
- Pregnant at time of death
- Not pregnant, but pregnant within 42 days of death
- Not pregnant, but pregnant 43 days to 1 year before death
- Unknown if pregnant within the past year

- If the decedent is a female, only the certifier should check the appropriate box in Item 32 to indicate the decedent's situation at time of death.

Purpose - This information is important in determining the scale of mortality amongst this population and will be of assistance with maternal mortality review programs.

Item 33. IF TRANSPORTATION INJURY, SPECIFY:

- Driver/Operator
- Passenger
- Pedestrian
- Other (Specify) _____

- The certifier only should check one of the boxes that best describes the role of the decedent in the transportation accident.

Purpose - Details will help assign deaths to categories that may be used to assess trends and effectiveness of safety programs.

Items 34 a, b, c, d, e, f TRAUMATIC INJURY

The certifier is to complete Items 34 a - f in all cases where violence caused or contributed to the death. In Tennessee, death resulting from violence should be certified by the county medical examiner. However, there may be instances in which a medical examiner will not assume jurisdiction, and he/she gives authority to the attending physician to certify to an accidental or violent death. In these cases, when the manner of death is anything other than natural, the attending physician is to complete Items 34 a - f.

Under no circumstance is the funeral director permitted to complete Items 34 a - f.

If the funeral establishment's computer software permits Items 34 a - f to be completed, the funeral director should notify the vendor that the program must be corrected.

Purpose - In cases of accidental death, these items are used in justifying the payment of double indemnity on life insurance policies. They are also needed for a more accurate determination of causes of death. Information from these items forms the basis of statistical studies of occupational injuries.

Item 34a. DATE OF INJURY (Month, Day, Year)

- The certifier should enter the month, day, and year that the injury occurred, if known. Enter the full name or abbreviation of the month. While a number for the month is not preferred, the certificate should be filed.

Item 34b. TIME OF INJURY

- The certifier should enter the time (hour and minutes) that the injury occurred, if known. In cases in which the time is impossible to determine, enter 'Approx' time.

Item 34c. INJURY AT WORK? Yes No

- The certifier is to check 'Yes' if the injury occurred while the decedent was at work (for example, if the decedent was on an assembly line while in a factory or a salesperson driving to meet a customer). If the injury did not occur at work, check 'No.'
- If it cannot be determined whether the decedent was at work, leave blank.

Item 34d. PLACE OF INJURY - *at home, farm, street, factory, office building, etc.*
(Specify)

- The certifier should enter the general category of the place where the injury occurred. He/she is not to enter the firm or organization names, just the general category for the place of injury (e.g., loading platform, office building, baseball field).

Item 34e. DESCRIBE HOW INJURY OCCURRED

- The certifier is to briefly and clearly describe how the injury occurred. He/she should explain the circumstances or cause of the accident or injury such as 'fell off ladder while painting house,' 'ran off roadway,' or 'car-truck collision.'

Item 34f. LOCATION OF INJURY (*Street and Number, City or Town, State*)

- The certifier is to enter the address where the injury took place, if known.



The instructions for completing the Certificate of Death (Rev. 10/2011) are concluded at this point in the handbook.



Part IV - Delayed Report of Diagnosis – Death



Questions and Answers, Procedures, and General Statements

Delayed Report of Diagnosis – Death



There is no provision in the law for a physician or medical examiner to delay signing and completing the medical certification of the death certificate. The signed and completed certificate is due in the local health department within five (5) days after death.

The following narrative is in the form of questions and answers, procedures, and general statements that are given for guidance to the funeral director in assisting the family. Specifically, information relates to the death certificate with 'Pending' as the cause of death and the subsequent filing of the Delayed Report of Diagnosis-Death.

For information, refer to the sample Delayed Report of Diagnosis-Death (PH-1665, Rev. 10/2011) on page 69.

1. Is it acceptable for the physician or medical examiner to hold an original death certificate awaiting the actual cause of death? No, the certifier must not await the actual cause of death.

Sometimes, the physician or medical examiner delays returning the original certificate to the funeral director because he/she is awaiting the results of autopsy findings, toxicology studies, or other investigations. This is not an acceptable reason to refrain from signing the death certificate, and listing 'Pending.'

If cause of death cannot be determined within 48 hours, the physician or medical examiner should complete the Item 28 (cause of death) with phrases such as 'Pending,' 'Pending autopsy,' 'Pending toxicology,' 'Pending investigation,' 'Pending further studies,' or similar words, and sign within 48 hours of receiving the death certificate. The original certificate should be returned to the funeral director or mailed to the local registrar for filing.

There is a provision in the T.C.A. § 68-3-502 (c) (e) and the Department's Rule 1200-7-1-.05 (2) for the physician or medical examiner to write 'Pending' in Item 28 thereby delay providing the cause of death. Once the actual cause of death is determined, the physician or medical examiner must use the form, Delayed Report of Diagnosis-Death, and file it anytime after the death certificate is filed. However, the delayed diagnosis form should be filed in all cases within 6 months of the date the death occurred.

2. What possible needs do the certified copy of a 'Pending' death certificate serve?

1. The fact of death is officially recorded.
2. Family members can begin the probate process.
3. Social Security Administration (SSA) may stop benefit payments to the deceased.
4. SSA may initiate benefit payments to qualified dependents.
5. Although the 'Pending' certificate cannot normally be used for insurance, it can be used for other actions such as closing accounts.

3. The funeral director must never hold the original death certificate because the cause of death has 'Pending' or similar words in the medical certification.

The funeral director's reason for holding the original certificate could possibly be because "the insurance company won't accept the 'Pending' certificate." The funeral director should immediately file the original certificate because the fact of death (name, date, place) is useful for the family for matters that do not require the cause of death.

The funeral director can assist the family by advising them they need to tell the insurance company that a certified copy of the Delayed Report of Diagnosis will be submitted to the company as soon as the Delayed Report of Diagnosis is available through the local health department.

4. Procedures for following up on 'Pending' certificates - After the original certificate is filed with the Tennessee OVR, the Tennessee OVR routinely follows up with the physician or medical examiner who signed the death certificate, and entered the cause of death as 'Pending.' In most cases this is following the 6 months timeframe that is allotted by the Rules of the Department.

The process is that the Tennessee OVR will send the physician or medical examiner a request letter, copy of the death certificate, and a partially completed Delayed Report of Diagnosis-Death. The physician or medical examiner will provide the cause of death through the use of the delayed diagnosis form.

It is the responsibility of the local registrar to notify the funeral director that the delayed diagnosis form is available upon receipt. The local registrar may at this time make the certified copy/copies for the funeral director if the 'Pending' certificate was previously issued.

As a general policy, it is suggested that the funeral director not follow-up with the certifier on 'Pending' certificates. The local registrar serves a beneficial role for the family by calling the medical examiner to inquire if he/she has received the autopsy results. In addition, if the physician who signed the death certificate or the county medical examiner or the forensic pathologist who performed the autopsy inquires about obtaining the Delayed Report of Diagnosis form, the local registrar may give him/her the blank form to complete.

The local registrar should maintain a supply of the Delayed Report of Diagnosis-Death (PH-1665, Rev. 10/2011). If the physician asked the funeral director to mail a blank Delayed Report of Diagnosis-Death form to him/her, the funeral director may obtain the blank form from the local registrar or the Tennessee OVR.

5. Certified copies of Delayed Report of Diagnosis-Death - If the original Delayed Report of Diagnosis form is directly filed to the Tennessee OVR, a copy of it is sent to the local registrar of the county where death occurred. This delayed diagnosis form becomes page two (2) of the death certificate. Upon the appropriate request, the Tennessee OVR or the local registrar may issue a certified copy of the Delayed Report of Diagnosis only **or** with the Certificate of Death.

When the local registrar issues a certified copy of the Delayed Report of Diagnosis on separate piece of security paper, the county health department's certification statement, signature, and date must appear on the certified copy. The registrar must always use security paper to issue the Delayed Report of Diagnosis. The copy of the Delayed Report of Diagnosis is not to be made on plain white paper.

6. Is it acceptable for the local registrar to fax a copy of the Delayed Report of Diagnosis to the funeral director? No, the funeral director does not need a copy of the delayed diagnosis form for his/her files.

7. May the forensic pathologist or the county medical examiner request an amendment to the medical certification? Yes, when a death certificate has been completed and signed by a private physician, and filed for which there may or may not have been an autopsy performed, the certificate may be amended using a notarized affidavit.

8. What are the Tennessee OVR's and/or county medical examiner's procedures concerning medical certification when signed by private physician?

The policy of the State Medical Examiner or the county medical examiners or the forensic pathologists is to require the local registrar to fax a copy of the death certificate in certain situations. The medical examiner needs to be aware when the physician who signed, and entered in Item 28 certain medical or traumatic terminologies.

After the medical examiner inspects the medical certification, and investigates when required, it is the medical examiner's decision whether to authorize the filing of the private physician's death certificate. If the medical examiner does not assume jurisdiction of the case, the death certificate should be filed as presented to the local registrar. At a later time, the county medical examiner may send a notarized affidavit to the Tennessee OVR to amend the medical certification as needed.

There will be situations (e.g., request for cremation permit, certified copies) when the funeral director should directly confer with the county medical examiner or forensic pathologist concerning the physician's death certificate. This is not the local registrar's responsibility to make the telephone call.



TENNESSEE DEPARTMENT OF HEALTH
DELAYED REPORT OF DIAGNOSIS - DEATH

STATE FILE NUMBER

TYPE/ PRINT
 IN
 PERMANENT
 BLACK INK.

A DELAYED
 REPORT OF
 DIAGNOSIS MAY
 BE FILED IF THE
 CAUSE OF
 DEATH CANNOT
 BE
 DETERMINED
 WITHIN 48
 HOURS.

ALL ITEMS ARE
 TO BE
 COMPLETE AND
 ACCURATE.
 ITEM NUMBERS
 ARE SKIPPED
 SO THAT
 NUMBERS ARE
 THE SAME AS
 ON
 CERTIFICATE
 OF DEATH.

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)			2. SEX		3. DATE OF DEATH (Month, Day, Year)	
5a. AGE-Last Birthday (Years)		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Month, Day, Year)
8b. FACILITY NAME (If not institution, give street and number)			8c. CITY OR TOWN		8d. COUNTY OF DEATH	
24. REGISTRAR'S SIGNATURE				25. DATE FILED (Month, Day, Year)		
26. CERTIFIER (Check only one): 26a <input type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. 26b <input type="checkbox"/> MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.						
27a. SIGNATURE OF CERTIFIER			27b. LICENSE NUMBER		27c. DATE SIGNED (Month, Day, Year)	
▶			27d. NAME AND ADDRESS			
28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.						Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)						
a. _____ Due to (or as a consequence of):						
b. _____ Due to (or as a consequence of):						
c. _____ Due to (or as a consequence of):						
d. _____ Due to (or as a consequence of):						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						
29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No						
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No						
30. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide		31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		
33. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	34d. PLACE OF INJURY -at home, farm, street, factory, office, building, etc. (Specify)	
34e. DESCRIBE HOW INJURY OCCURRED				34f. LOCATION OF INJURY (Street and Number, City or Town, State)		

PH-1665 (Rev. 10/2011)

RDA 1399

Figure 3 - Delayed Report of Diagnosis - Death



Part V - Issuance of Certified Copies



Issuance of Certified Copies

Identification Information



Tennessee is **not** an open records state for the purposes of anyone obtaining a copy of a death certificate. If the requestor is entitled by law to a certified copy, he/she may pay the fee, and receive the copy.

Effective February 15, 2005, the Tennessee OVR requires that the State Office and all county offices verify the identity of persons who receive certified copies of death certificates. **The local registrar must always ask for identification of any person requesting certified copy of a death certificate.**

The **funeral director is excluded** from the requirement to provide identification provided the request is made on the appropriate application death form.

► **HIPAA Regulations** - For death certificates, HIPAA regulations require that the applications and identity documents for certified copies be retained for six (6) years in the 95 county health departments.

Urgent cautionary message - The fee for a certified copy of death certificate is \$7.00. The funeral director must not add an extra charge. It is in violation of T.C.A. § 68-3-101 et seq. wherein the only amount of money that can be collected for a death certificate is the amount specified in the Rules of the Tennessee Department of Health.

Death Certificates

▶ ◀ Who may have a certified copy of the death certificate?

According to T.C.A. § 68-3-205, ***“The state registrar and other custodians of vital records authorized by the state registrar to issue certified copies shall, upon receipt of an application, issue a certified copy of a vital record in such registrar’s or custodian’s custody or a part thereof to the registrant, the registrant’s spouse, children, parents, or guardian, or their respective authorized representative. Others may be authorized to obtain certified copies when they demonstrate that the records are needed for the determination or protection of their personal or property right.”***

Examples of **“determination or protection of their personal or property right”** may include:

- beneficiary on an insurance policy, or
- joint bank accounts, or
- joint property, or
- to clear property titles, or
- to clear vehicle titles, or
- to pay off a credit life policy

▶ **Local registrar’s SCHEDULE for issuance of death certificates** - It is the decision of the local health department’s county director or regional clerical consultant concerning the time schedule on which certified copies of death certificates are to be issued.

The local registrar should inform the funeral directors within the particular county, in writing, about the hours for issuing, and should always have the hours posted in an obvious area. Furthermore, local registrars are expected to notify out of county funeral directors that submit original certificates concerning their specific hours of operation.

If the hours for the local registrar not to issue certified copies are for example, 11:00 – 1:00, consideration should be made for copies to be made when the funeral director brings in person an original death certificate, and is requesting copies. Perhaps the funeral director is unaware of the hours of issuance.

Certified copies of the original death certificates that are on file in the Tennessee OVR are issued upon the proper request and the current fee for each approved copy. The 95 county health departments issue certified copies from copies in their files within the past six (6) years.

The form, Application for Certified Copy of Certificate of Death (English and Spanish) are on pages 75-76. The application form is to be provided to the general public for requesting a certified copy of the death certificate. No local registrar is to begin a search for a certificate until the applicant has given minimum information to identify the document. The local registrar must search the file before the person pays the fee.

► **Veterans – free certified copies** - Families of deceased veterans are entitled to as many as three (3) free copies of the veteran’s death certificate, according to T.C.A. § 68-3-207(a)(2). Because the funeral director often obtains copies that the family has requested, it is acceptable for the local registrar to provide the free copies to a funeral director who is getting the copies on behalf of the family. An application form should be completed by the funeral director or whoever is requesting the free copies.

► **CERTAIN RESTRICTIONS - Funeral director is permitted to issue non-certified copy of death certificate.** The funeral director may need to be reminded of the following statute:

Tennessee Code Annotated (T.C.A.) § 56-7-206. ***“Life Insurance – Proof of death for small policies - In the case of any life insurance policy with a value of seven thousand five hundred dollars (\$7,500) or less, proof of death may be furnished by submission of a photocopy of the certificate of death accompanied by a sworn statement by the doctor who signed the certificate or the funeral director who conducted burial services that the certificate is authentic.”***

With this law, the funeral director may use an office copy of the certificate that is notarized, and that was submitted to the local registrar to serve as proof of death for a life insurance policy with a value of \$7,500 or less. The copy will not have the local registrar’s signature, and in fact may contain information that is later determined to be erroneous or incomplete. There is nothing in T.C.A. § 56-7-206 that permits death certificate copies to be sold. T.C.A. 68-3-101 et seq forbids anyone from selling these unofficial copies.

The funeral director must not make copies of the certified certificates that were issued by the local registrar. The T.C.A. § 68-3-206 specifies that only the State Registrar and appointed custodians shall issued a certified copy of a vital record or a part of the vital record. Subparagraph (9) of the law reads, “No person shall prepare or issue any certificate that purports to be an original, certified copy, or copy of a vital record ... “

▶ **Funeral establishment requests certified copy for decedent he/she did not handle** - When it is necessary for a funeral director to request a certified copy for a decedent, and the requesting funeral establishment's name is not on the death certificate, it is acceptable to be provided with the copy. However, on the application form, the words 'contractual agreement with funeral establishment' or similar words should be written to indicate to the local registrar that the requesting funeral director has rights to the certified copy.

▶ **Reference document** - The document, 'Vital Events Filed with the Tennessee Office of Vital Records,' may be used as information and reference. The document is displayed on page 77.



TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF DEATH

Date: _____ Number of Copies _____
Enclose \$7.00 for each copy.

Full Name of Deceased: _____
First Middle Last Name

Date of Death: _____ Sex: Male or Female Age at Death: _____
Month Day Year

Place of Death: _____
City County State

Name of Funeral Home: _____

Location of Funeral Home: _____
City County State

Signature of Person Making Request: _____

Relationship to the Deceased: _____

Purpose of Copy: _____

Cause of Death is available only to the decedent's parent, child, spouse, or an attorney or agency acting on behalf of the decedent's estate or qualifying family member. If you request cause of death, please submit a photocopy of a government issued form of identification which includes your signature. Copies of any legal documents, where applicable, should also be submitted.

Do You Want the Certificate to Show Cause of Death? YES NO

Telephone Number Where You may be Reached for Additional Information: () _____

IT IS UNLAWFUL TO WILLFULLY AND KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.
* Government Issued ID Required With Signature

A fee of \$7.00 is charged for the search of the records even if no record is found and includes one copy if the record is filed in this office. If the certificate is not found with the date of death you provide, a search will be made in the records for the year before and the year after the date indicated; this search is routine and is included in the \$7.00 fee. Do not send cash. Send a check or money order made payable to Tennessee Vital Records. If you have not received a response within 45 days, please write or call Tennessee Vital Records at 615-741-1763.

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RDA \$836.1

FILL OUT BELOW/ DO NOT DETACH

PRINT name and address of person to whom the certified copy is to be mailed.

SEND TO:

Name

Address or Route:

City State Zip Code

Tennessee Vital Records
421 5th Avenue North
1st floor, Central Services Building
Nashville, TN 37243

Figure 4 - Application for Certified Copy of Certificate of Death (English)



DEPARTAMENTO DE SALUD DE TENNESSEE
OFICINA DE REGISTROS VITALES

SOLICITUD PARA COPIA CERTIFICADA DE PARTIDA DE DEFUNCIÓN

Fecha: _____ Número de copias _____
Incluye \$7.00 dólares por cada copia solicitada.

Nombre del difunto: _____
Primer nombre Segundo nombre Apellido(s)

Fecha de la defunción: _____ Sexo: Masculino o Femenino Edad cuando murió: _____
Mes Día Año

Adonde ocurrió la defunción: _____
Ciudad Condado Estado

Funeraria: _____

Local de la funeraria: _____
Ciudad Condado Estado

Firma de la persona que solicita la información: _____

Relación con el difunto: _____

El propósito de esta copia: _____

La causa de la muerte está solamente a la disposición del padre, del hijo o de la esposa del difunto, o de un abogado o agencia que funciona en nombre del patrimonio del difunto o de un miembro de la familia que esté autorizado. También se debe remitir copias de cualquier documento legal, donde convenga.

¿Usted quisiera que el certificado demostrara la causa de la muerte? Sí No

El número telefónico donde podemos comunicarnos: () _____

ES ILEGAL HACER ALGUNA DECLARACIÓN FALSA CON CONOCIMIENTO DE CAUSA Y VOLUNTARIAMENTE EN ESTA SOLICITUD.
* Se necesita identificación oficial del gobierno con su firma

Se cobra una cuota de \$7.00 por la búsqueda de los registros aún cuando no se encuentren e incluye una copia si el registro se archivó en esta oficina. Si el certificado no se encuentra con la fecha de la muerte que usted provee, se hará una búsqueda en los archivos del año anterior y del año después de la fecha indicada; esta búsqueda es rutinaria y se incluye en el pago de los \$7.00. No envíe efectivo. Envíe un cheque o Money Order pagadero al Tennessee Vital Records. Si no ha recibido una respuesta dentro de 45 días, por favor escriba o llame al Tennessee Vital Records al 615-741-1763.

PH-1683 (Rev. 0306)

RDA 8338.1

LLENE ABAJO/NO LO SEPARE

ESCRIBA EN LETRA DE MOLDE el nombre y la dirección de la persona que recibirá la copia certificada

ENVÍE A:

Nombre _____

Tennessee Vital Records
421 5th Avenue North
1st floor, Central Services Building
Nashville, TN 37243

Dirección o ruta _____

Ciudad y estado _____ Código postal _____

Figure 5 - Application for Certified Copy of Certificate of Death (Spanish)

Vital Events Filed with the Tennessee Office of Vital Records

Birth Certificates

- Statewide filing of birth certificates began in 1914. Original certificates are maintained in the Tennessee OVR for 100 years. Thereafter, the original documents become public records, and at which time are transferred to the Tennessee State Library and Archives.
- Original certificates for births that occurred January 1, 1914 to current date are filed in the Tennessee OVR.
- Original certificates for births that occurred within the city limits of Chattanooga, Knoxville, and Nashville for 1881 to January 1, 1914 are on file. These records are also available at the Tennessee State Library and Archives.
- Enumeration birth records by school districts July 1, 1908 through June 30, 1912 (age of parents not shown) are on file. These records are also available at the Tennessee State Library and Archives.
- Delayed birth certificates beginning in 1900 for births that were not filed by the birth attendants at the time the birth occurred are on file. Since 1937, delayed birth certificates have been filed by the birth attendants.

Death Certificates

- Statewide filing of death certificates began in 1914. Original certificates are maintained in the Tennessee OVR for 50 years. Thereafter, the original documents become public records, and at which time are transferred to the Tennessee State Library and Archives.

Marriage Certificates and Divorce Certificates

- Statewide registration and filing of marriage certificates and divorce certificates began July 1, 1945. Original marriage and divorce certificates are maintained in the Tennessee OVR for 50 years. Thereafter, the original documents become public records, and at which time they are transferred to the Tennessee State Library and Archives.

Awareness Note Regarding Issuing Certified Copies

- Only certified copies of birth records under 100 years old, or death, marriage or divorce certificates under 50 years old will be issued by the Tennessee OVR.

Address for Tennessee State Library and Archives is 403 7th Avenue North, Nashville, TN 37243-0312, and telephone number is 615-741-2764.



Part VI - Processes for Issuing Three Permits

- **Permit for Cremation of Human Remains**
- **Permit for Final Disposition of Human Remains**
- **Permit for Disinterment and Reinterment of Human Remains**

Processes for Issuing Three Permits



Permit for Cremation of Human Remains

Instructions and policies are provided to guide the funeral director in the use and completion of the Permit for Cremation of Human Remains. The form is on page 84.

1. The Permit for Cremation of Human Remains (PH-3752) was approved for use in October 2002. This form only should be used.
2. A fee of \$25.00 is required for the issuance of the cremation permit. This fee became effective October 20, 2002 (Rules of the Department Chapter 1200-7-1-.13 (3) (t)). The fee is to be paid by the person applying for the cremation permit.
3. The Tennessee OVR does not issue the Permit for Cremation of Human Remains. Only the county health department issues the cremation permit, and receives the \$25.00 cremation permit fee.
4. Cremation permits may be processed on weekends, evenings, and holidays at the discretion of the regional health department director or the county health department director. The director shall determine if the local registrar or deputy registrar is to be available on weekends or long holiday weekends.
5. The death must have occurred in the local registrar's county. Otherwise the cremation permit will not be issued.
6. The medical examiner must sign and date in the section, 'Authorization of Medical Examiner' in accordance with state law (T.C.A. § 38-7-108 and T.C.A § 62-5-504 (2)). It is the responsibility of the funeral director to obtain the approval of the medical examiner before the cremation permit can be issued.
7. **It is acceptable to issue a cremation permit by fax.** The funeral director can complete the Permit for Cremation of Human Remains, sign the form, and fax it to the medical examiner for his/her signature. The funeral director may then either take the signed faxed permit or fax the permit request to the local registrar in the county where death occurred. The local registrar can sign the cremation permit form, and fax the copy to the funeral director.

It is up to the local registrar how the \$25.00 fee is to be collected. The local registrar should retain a copy of the cremation permit that has all required signatures.

8. The majority of Tennessee's 95 counties medical examiners require a completed death certificate before approving the cremation. The funeral director and local registrar should be aware of what his/her county medical examiner expects concerning a signed death certificate. The medical examiner may want to see the original death certificate or he/she will approve cremation based on a faxed signed death certificate. This is the medical examiner's decision.

If the county does not have a medical examiner or has not established an agreement with a medical examiner in a nearby county, the cremation permit shall not be completed, and a permit shall not be issued. According to T.C.A. § 38-7-104, the county legislative body is to appoint a county medical examiner. It is suggested the funeral director call the county mayor, and discuss the need to cremate, and the need for a medical examiner to approve the cremation.

9. The local registrar must never give verbal approval over the telephone to funeral directors, cremation service representatives, or others to cremate regardless whether it is a holiday or weekend. The paperwork must be completed, authorization of county medical examiner obtained, and the \$25.00 fee paid or arrangements for the fee to be paid.
10. The cremation form shall be completed, with all signatures in place, before the permit is issued. The local registrar is responsible for completing the section, 'Permit of Local or Deputy Registrar.'
11. The completed and signed original or faxed Permit for Cremation of Human Remains is given to the funeral director. The crematory is to keep the original or faxed permit on file in the crematory office in the event they are audited.
12. When the cremation permit is issued, and the funeral director or the local registrar observes an error (e.g., name, date of birth), the correction can be made without re-issuing the permit. It is suggested that the funeral director draw a line through the incorrect information, and write above the correct information. The funeral director should initial the line through.
13. The local registrar must keep a copy of the cremation permit. The copy is to remain on file in the county health department for three (3) years, and then it is destroyed.
14. When the cremation has been completed, the person in charge of the crematory should complete the section, 'Certification of Person in Charge of the Cremation,' and mail the form to the local registrar who issued the permit. The local registrar is not required to follow-up to determine if the cremation occurred.
15. Funeral directors may keep a supply of blank cremation permit forms on hand, in order to expedite the process of obtaining a cremation permit. He/she should use the PH-3752 form only.

16. The local registrar should never sign blank cremation permits.
17. If the person died in Tennessee, the funeral director should get a cremation permit regardless of where the cremation is to occur (e.g., Tennessee crematory or out of state crematory). The permit assures that the medical examiner is aware, and approves cremation before potential evidence is destroyed.
18. The Tennessee Permit for Cremation of Human Remains can only be signed by the Tennessee county medical examiner in the county where death occurred. When funeral directors bring bodies from out of state into Tennessee to cremate in a Tennessee crematory, Tennessee medical examiners cannot sign the cremation permit.

It is suggested that funeral directors bringing bodies into Tennessee to cremate should either bring a cremation permit from the state of death or consider using an out of state crematory that may have different regulations for cremating than the Tennessee Rules provide.

19. Court order – When no next of kin is located, a court order is required for authorization to cremate. The county medical examiner must approve the cremation. The \$25.00 fee is to be paid.
20. Generally, the funeral director applies for the cremation permit. However, the verbiage on the form is, ‘funeral director or person acting as such.’ It is acceptable for a family member (most likely next of kin) to apply for the cremation permit. The family member must obtain the original signed and completed death certificate, and coordinate with the county medical examiner in order to obtain the authorization to cremate. The \$25.00 fee must be paid.
21. **A cremation permit is not required in order to cremate fetal remains.**

The law specifies that a cremation permit is to be issued for a dead body. Cremation permits should apply only to dead bodies, not to bodies that never actually lived (fetal deaths or stillbirths).

Concerning the definition of a ‘dead human body,’ T.C.A. § 68-3-102 (3) defines a dead body as ... **“a human body from the condition of which it reasonably may be concluded that the death occurred.”** This definition is separate from the definition of a fetal death (stillbirth) which according to T.C.A. § 68-3-102 (5) is: **“Death prior to the complete expulsion or extraction from its mother of a product of human conception.”**

T.C.A. § 68-3-506 provides specific guidance to funeral directors, directors of hospitals, or others assuming responsibility for the fetal death (stillbirth) remains. It requires the funeral directors, directors of hospitals, or others assuming responsibility for the fetal death (stillbirth) remains to obtain the approval of the parents, but the law says nothing about a 'permit.' As indicated above at the beginning of this No. 21, **a cremation permit is not required for a fetal death (stillbirth).**

If the funeral director requests a cremation permit to cremate the dead fetus, the local registrar should issue the permit, with the \$25.00 fee, and with a copy of the medical records information about the fetal death or a copy of the parent(s) authorization for final disposition of the dead fetus that the funeral director had obtained. Usually the funeral director is requesting the cremation permit because the crematory requires the permit. Remember that the county medical examiner must approve the cremation.

22. **Scientific donation and subsequent cremation** - A cremation permit is not needed for a body that was a scientific donation for purposes of medical education or research (T.C.A. § 62-5-504). The reason a cremation permit is not required is that the body may be held for several months or years before the cremation takes place or whatever disposition occurs. However, a funeral director sometimes is asked to pick up the body, and wants and requests a cremation permit because he is taking the body out of state or the crematory requires it. The key words are 'wants' and 'requests.' The local registrar should issue the cremation permit with the \$25.00 fee. The medical examiner must approve the cremation.
23. **Disposal of cremated human remains** - No additional permit is required for the scattering of cremated human remains whether it is from an aircraft, on private property, or other place.
24. **Transportation of cremated human remains on airlines** - No further permit is needed for purposes of taking the cremated human remains onto the airlines. The cremation was the final disposition. If the funeral director has a copy of the cremation permit, it is acceptable to give a copy to the spouse (or next of kin). The copy should be marked as 'FYI.'
25. **Cremated remains placed in a niche** - When cremated remains were placed in a niche (a space in a building used for placement of cremated remains in an urn), and the family wants to remove to take home or elsewhere, no disinterment and reinterment permit is required. The cremation permit was the final disposition.

26. **Cremation permits for U.S. service members who die outside of the U.S.A.** - Family members may have difficulty obtaining cremation permit for the deceased soldier because the funeral director cannot find a federal agency that would issue a permit. The Armed Forces Medical Examiner created an Armed Forces Cremation Permit to be used in these situations. For assistance, the funeral director should call the Tennessee OVR at 615-532-2677 for assistance. The staff person can provide to the funeral home a copy of the Armed Forces Cremation Permit, and the fax number to where the permit request should be sent.
27. **Power of attorney** - The question may arise concerning if the person who has power of attorney (e.g., executor of estate) can request the cremation when there is no next of kin. First, this is not a vital records issue because the Permit for Cremation of Human Remains requires signatures from the funeral director applying for permit and the county medical examiner. No signature of next of kin is required on the cremation permit. When death occurs, the power of attorney is not valid.
28. A cremation permit is not required to cremate certain body parts.



**TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS
PERMIT FOR CREMATION OF HUMAN REMAINS**

Instructions

1. The fee of \$25.00 for this permit must be submitted to the Local Health Department in the county of death at the time of application.
2. The funeral director or person applying for this permit is responsible for obtaining the authorization of the medical examiner in the county where the death occurred.
3. When cremation is complete, the person in charge of the cremation should mail a copy of this form to the local or deputy registrar who issued the permit.

Name of Decedent	Sex	Date of Birth	Date of Death
Place of Death – City or Town, County		Name of Informant	
Name of Funeral Director (or Person Acting as Such)		Name of Physician Who will Certify Death	
Address of Funeral Director (or Person Acting as such)			

APPLICATION FOR PERMIT	I hereby apply for a permit for the cremation of the remains of the above named decedent. I agree to abide by all laws and rules of the Tennessee Department of Health and all other laws pertaining to the cremation. If I have not been able to submit a properly completed certificate of death for this person at the time of this application, I agree to file the certificate within three days with the local or deputy registrar in the county where the death occurred.	
	Signature	Date
	Address	
PLACE OF CREMATION	Name and address of Crematory where remains are to be cremated	
	Address	
AUTHORIZATION OF MEDICAL EXAMINER	I consent to the issuance of the Permit for Cremation	
	Signature of Medical Examiner	Date
	Address	
PERMIT OF LOCAL OR DEPUTY REGISTRAR	This permit for the cremation of the remains of the above named decedent is granted.	
	Signature of Local or Deputy Registrar	Date
	Address	
CERTIFICATION OF PERSON IN CHARGE OF THE CREMATION	I certify that the cremation of the remains of the above named decedent was made in accordance with this permit on _____ at _____	
	Date	Place
	Signature	
	Address	

PH-3752

RDA 1468

Figure 6 - Permit for Cremation of Human Remains

Processes for Issuing Three Permits



Permit for Final Disposition of Human Remains

There are processes involved in the use and completion of the Permit for Final Disposition of Human Remains. The form is on page 88. The funeral director should be aware of certain instructions when preparing or requesting the final disposition permit (burial transit).

Important message concerning change in policy - On July 17, 2008, the former State Registrar sent a memorandum via e-mail to the funeral establishment managers for whom there was an e-mail address known at that time to the Tennessee OVR.

The e-mail was written in part as: “A Tennessee licensed funeral director who is listed by the Tennessee Board of Funeral Directors as the manager of a licensed funeral establishment may approve burial transit permits (BTPO). This authority extends only to the funeral establishment manager and is effective only while he/she is listed as the manager on the records of the Tennessee Board of Funeral Directors.”

The Tennessee funeral establishment manager may issue the burial transit permit regardless that he/she picks up a decedent out of the county from where his/her funeral home is located.

1. The Permit for Final Disposition of Human Remains (PH-3774) is to be used by the funeral director. Note – This form has three (3) check boxes for type of permit. If the funeral director is using an outdated form (has more than three check boxes), please obtain the correct form (PH-3774).
2. The Permit for Final Disposition of Human Remains is used for burial, transit, and scientific use. More than one box may be checked, for example, burial and transit.

3. The permit is **not** required for transport through Tennessee.

In Tennessee, the Permit for Final Disposition of Human Remains is primarily used as a courtesy to out of state funeral directors who pick up bodies in Tennessee, and must have a burial and transit permit in the state to which the body is being moved. Some out of state cemeteries may require the final disposition permit. Neither the local registrar in the county health department nor the Tennessee OVR is responsible for knowing the laws in the other 49 states regarding the use of a final disposition permit.

4. It is acceptable for the local registrar or the Tennessee funeral establishment manager to issue a final disposition permit by fax to out of state funeral directors.

The out of state funeral director can complete the Permit for Final Disposition of Human Remains, sign the form, and fax it to the local registrar or the Tennessee funeral establishment manager. The local registrar or the Tennessee funeral establishment manager can sign the form, and fax the final disposition permit to the out of state funeral director. The local registrar or Tennessee funeral establishment manager should retain a copy of the final disposition permit in the files that has all required signatures.

After the disposition of the body, the bottom section of the permit form, 'Certification of Person in Charge of the Disposition,' is completed, and the original or faxed copy should be returned to the Tennessee funeral establishment manager or the local registrar in the county health department whose address is shown on the form

5. For convenience after the local registrar's working hours or on weekends, certain staff persons in hospitals and nursing homes have been appointed deputy registrars by the Tennessee OVR for purposes of issuing the burial transit permit to Tennessee funeral directors or out of state funeral directors.
6. Is a completed and signed death certificate required before issuing the Permit for Final Disposition of Human Remains? No, however it is strongly recommended. Reference should be made to the section on the final disposition permit form, 'Application for Permit,' and the verbiage which says that the funeral director is agreeing to file the death certificate in three (3) days.

The funeral director should contact the physician or medical examiner who will sign the death certificate prior to disposition of the body to assure that it is acceptable for final disposition to occur. This will give assurance that the physician or medical examiner does not need to conduct any additional examination of the body. This is in accordance with T.C.A. § 68-3-502 (a) and (e), and the Rules of the Tennessee Department of Health, Chapter 1200-7-1-.08.

7. The funeral establishment manager should never sign a blank Permit for Final Disposition of Human Remains.
8. Funeral directors should keep a supply of blank Permit for Final Disposition of Human Remains forms on hand in order to expedite the process for a final disposition permit.
9. Scientific donation is the final disposition. No Permit of Final Disposition of Human Remains or cremation permit is required if the remains are cremated following scientific use of the dead body (T.C.A. § 62-5-504).
10. When the Tennessee funeral establishment manager issues the Permit for Final Disposition of Human Remains, he/she keeps a copy. He/she is not required to send a copy to the local registrar.
11. Although the Permit for Final Disposition of Human Remains was not designed to be used for a dead fetus, upon request from the out of state funeral director, the permit may be issued to accompany the body of a dead fetus. It is recommended that the funeral director verify that the death was a fetal death (stillbirth) rather than a live born child who died.
12. A Permit for Final Disposition of Human Remains must not be issued for amputated limbs or another body part.



**TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS
PERMIT FOR FINAL DISPOSITION OF HUMAN REMAINS**

Name of Decedent	Sex	Date of Birth	Date of Death
Place of Death – City or Town, County		Name of Informant	
Name of Funeral Director (or Person Acting as Such)		Name of Physician Who Will Certify Death	
Address of Funeral Director (or Person Acting as such)			

APPLICATION FOR PERMIT	I hereby apply for a permit for the disposition of the remains of the above named decedent. I agree to abide by all laws and rules of the Tennessee Department of Health and all other laws pertaining to the preparation, container, transportation, and burial of human remains. If I have not been able to submit a certificate of death for this person at the time of this application, I agree to file, within five days of the date of death, the properly completed certificate with the local registrar in the county where the death occurred.	
	Signature	Date Signed
	Address	

TYPE OF PERMIT REQUESTED -Check all boxes that are applicable

Burial Transit Scientific Use

Note: This form may **NOT** be used as a permit for cremation.

BURIAL	Name and Address of Cemetery where Remains are to be Interred.	
TRANSIT	From:	To:
SCIENTIFIC USE	Name and Address of Facility Receiving Remains	

PERMIT OF LOCAL OR DEPUTY REGISTRAR	This permit for the final disposition of the remains of the person named above is granted for the purpose(s) checked above.	
	Signature of Local or Deputy Registrar	Date Signed
	Address	

CERTIFICATION OF PERSON IN CHARGE OF THE DISPOSITION	I certify that the disposition of the remains of the above named was made in accordance with this permit on	
	Date	at Place
	Signature	
	Address	

When the disposition is complete, mail this form to the local or deputy registrar who issued this permit.

PH-3774

RDA 1468

Figure 7 - Permit for Final Disposition of Human Remains

Processes for Issuing Three Permits



Permit for Disinterment and Reinterment of Human Remains

Urgent advisory note - The Rules of the Department of Health have not been amended to permit the issuance of all disinterment and reinterment permits from the Tennessee OVR. **The local registrar of the county where the single grave is located should issue the disinterment and reinterment permit. The funeral directors and local registrars of all counties will be informed if the Rules of the Department change.**

The funeral director will have questions about the processes involved in the use and completion of the Permit for Disinterment and Reinterment of Human Remains. The sample form is on page 93. The following instructions may be beneficial to the funeral director who is preparing to request the disinterment and reinterment permit.

1. The Permit for Disinterment and Reinterment of Human Remains (PH-4116) is to be used by the funeral director for disinterment of a single grave.

It is acceptable for the funeral director to have a supply of blank forms, Permit for Disinterment and Reinterment of Human Remains. In fact, when the items are completed down through where the funeral director signs and gives his address, this is time saving for the local registrar.

2. The local registrar must not pre-sign blank disinterment and reinterment permit forms.
3. The local registrar in the county where the grave is located should issue the disinterment and reinterment permit of a **single grave**.
4. Disinterring remains of one grave in another state and bringing to Tennessee - The local registrar has no jurisdiction over disinterment of remains in another state for purposes of reinterment in a Tennessee cemetery. The funeral director must communicate with the particular state vital records office to obtain specifics about whether a disinterment and reinterment permit is required.
5. The State Registrar should issue the disinterment and reinterment permit (PH-3773) for part of a cemetery or all of a cemetery (**e.g., more than one grave**). For information, please call 615-532-2677.

6. Tennessee law (T.C.A. § 68-3-508) provides that the disinterment and reinterment permit will be issued in only three (3) instances:
 - o **to move an entire cemetery**
 - o **to move part of a cemetery** Note that moving part of a cemetery includes moving a single grave or multiple graves within a cemetery.
 - o **to reunite families**

Definition of 'to reunite families' - This is interpreted to mean that although the deceased has no family in a cemetery where he/she is to be reinterred, this is not just reuniting the dead but also reuniting the dead with the living.

Example -The wife/husband/parent (living) is being reunited with the spouse/child (dead).

Example - The living family wants to start a family cemetery, and move the dead person to where the live people will eventually be interred.

7. Before issuing a disinterment and reinterment permit, the local registrar should receive either:
 - o written affidavit from the next of kin **and** an affidavit from the person in charge of the disinterment (usually a funeral director) **and** the completed Permit for Disinterment and Reinterment of Human Remains (PH-4116),
or
 - o a court order directing the disinterment **and** the completed Permit for Disinterment and Reinterment of Human Remains (PH-4116) from the person in charge of the disinterment.

The reason for the disinterment and reinterment must be listed in the two affidavits.

Either the name of the next of kin (NOK) requesting the disinterment and reinterment permit or the name of the court ordering the disinterment should be entered in the top right portion of the Permit for Disinterment and Reinterment of Human Remains.

8. If the disinterment and reinterment permit is requested by affidavit, the affidavit should state that the body is being moved for one of the reasons noted above in No. 6. An affidavit must be received from each person with equal next of kin status, and also the funeral director or person in charge of the disinterment. NOK is determined in the following order:
 - o surviving spouse;
 - o if no surviving spouse, then all children of adult age;
 - o if no surviving spouse and no children of adult age, then both parents, if living;
 - o if no surviving spouse, no adult children, and no surviving parent, then all adult brothers and sisters

9. If the request for the disinterment and reinterment permit is for a reason other than one of the three listed in the No. 6, a certified court order directing the disinterment and reinterment or disentombment must be obtained by the person requesting the permit.

Three (3) examples will illustrate the need for a court order:

- a. **disinterring or disentombing to cremate the remains**

Disinter to cremate the remains - If the remains are to be disinterred to cremate, a certified court order directing the disinterment must be obtained by the person requesting the permit. The court order by T.C.A. § 62-5-504 is the authorization for the crematory to cremate.

- b. **disinterring or disentombing for the purpose of autopsy**
- c. **opening the casket**

Disinter to autopsy, open casket, etc. – If the disinterment permit is for autopsy, opening the casket, etc., the certified court order is required (T.C.A. § 68-3-508 and Rule 1200-7-1-.08).

The certified court order and the disinterment and reinterment permit should be given to the crematory for their files. The local registrar and funeral director should keep a copy of the court order and the permit form.

10. **New law concerning error in interment** - Effective June 5, 2009, the law was passed by the Tennessee legislature that amended T. C. A. § 46-1-112 which says, ***“When a cemetery operator has actual knowledge either of an incorrect interment or of an error in the assignment of an interment right, a cemetery operator shall have the right to correct such error pursuant to this section.”***

Furthermore, T. C. A. § 68-4-110 was amended to say that ***“The Department of Health may not require permits for the disinterment of a wrongfully buried decedent if such disinterment is pursuant to § 46-1-112 and the cemetery operator follows all procedures as set out in that section.”***

11. The original disinterment and reinterment permit is issued to the person who is assuming responsibility for the disinterment and reinterment. This person may be a funeral director, a family member, or an attorney.

12. The movement of a dead body from the temporary placement in a mausoleum or crypt to a planned, final location in a mausoleum or crypt does not require a disinterment and reinterment permit. The Rules of the Department of Health 1200-7-1-.08(2)(c) states ***“A dead body properly prepared by an embalmer and deposited in a receiving vault shall not be considered a disinterment when removed from the vault for final disposition.”***
13. A disinterment and reinterment permit is not required to disinter ashes (cremated human remains). Cremation was the final disposition. It is recommended that the NOK contact the manager of the cemetery to make arrangement for disinterment of the ashes.
14. A disinterment and reinterment permit is not required to open a vault that contains cremated human remains of one spouse in order to put the human remains of the other spouse. Cremation was the final disposition. It is recommended that the NOK contact the manager of the cemetery to make arrangement for opening the vault.
15. A separate permit, Permit for Final Disposition of Human Remains (for burial and transit) is not required to transport the remains across state lines when the disinterment and reinterment permit was issued.
16. A copy of the death certificate is not required prior to issuing the disinterment and reinterment permit.
17. After the disposition is completed, the funeral director should mail the disinterment and reinterment permit to the local registrar who issued it.
18. The local registrar must keep a copy of the disinterment and reinterment permit in the county files for three (3) years.

The funeral director should not send a copy of the disinterment and reinterment permit to the Tennessee OVR for a single grave.



**TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS
PERMIT FOR DISINTERMENT AND REINTERMENT OF
HUMAN REMAINS**

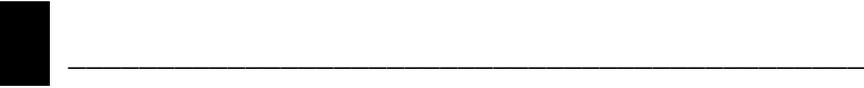
INSTRUCTIONS

1. This permit must be issued by the local or deputy registrar in the county in which the grave is originally located.
2. This permit may be used for the disinterment and reinterment of one grave only. Any permit to relocate more than one grave must be issued by the State Registrar.
3. When the reinterment is complete, mail this form to the local or deputy registrar who issued this permit.

Name of Decedent	Sex	Date of Death
Place of Death – City or Town, County		Name of Next of Kin Requesting Disinterment and Reinterment
Name of Funeral Director (or person acting as such)		Name of Court Ordering Disinterment and Reinterment
Address of Funeral Director (or person acting as such)		
APPLICATION FOR PERMIT	I hereby apply for a permit for the disinterment and reinterment of the remains of the above named decedent. I agree to abide by all laws and rules of the Tennessee Department of Health and all other laws pertaining to the preparation, container, transportation, and burial.	
	Signature	Date Signed
	Address	
DISINTERMENT	Removed From (Name and Address of Cemetery)	
REINTERMENT	Placed (Name and Address of Cemetery)	
PERMIT OF LOCAL OR DEPUTY REGISTRAR	This permit for the disinterment and reinterment of the remains of the person named above is granted.	
	Signature of Local or Deputy Registrar	Date Signed
	Address	
CERTIFICATION OF PERSON IN CHARGE OF THE DISPOSITION	I certify that the disinterment and reinterment of the remains of the above named was made in accordance with this permit on	
	Date	
	Signature	
Address		

When the disposition is complete, mail this form to the local or deputy registrar who issued this permit.

Figure 8 - Permit for Disinterment and Reinterment of Human Remains



Part VII - Funeral Director Filing Monthly Reports



Funeral Director Filing Monthly Reports



▶ According to the T.C.A. § 68-3-510 (b) a ***“funeral director, embalmer or other person ... in addition to filing any certificate ... shall keep a record...”***

▶ Furthermore, the Rules of the Department of Health 1200-7-1-.14 (2) read ***“... each funeral director shall file a report with the Local Registrar...”*** This means that licensed professions of these types (to include crematories) are to keep records for purposes of filing the monthly reports.

The monthly reports are to be filed with the local registrar by the third (3rd) working day of the month for each dead body or fetus he/she handled the preceding month.

The funeral directors and the licensed crematories are to file with the local registrar the monthly reports as follows:

- Monthly Report of Funeral Directors - refer to sample form that follows on page 99.
- Monthly Report of Crematories - refer to sample form that follows on page 100.

There are several important notes for the funeral director’s consideration such as:

1. **Check the report for accuracy, legibility, etc.** - Please check the report before transmitting via mail or fax to the local registrar to assure that all information such as full name of deceased, date of death, county/state of death, facility of death, and physician’s name are always completely printed, and is legible on the form for every event.

The name listed on the monthly report should reflect the same name as on death certificate. Oftentimes, only the middle name of the deceased is on the monthly report, and his/her first name is not listed.

If the deceased was a newborn or stillborn, the parent(s) name and date of the delivery should be included. This will aid the local registrar and/or the Tennessee OVR in investigating an event when no death certificate or report of fetal death has been filed.

Oftentimes, when the monthly report is computer generated, depending upon the arrangement of the deceased's name on the report, the first or last name is omitted. The local registrar and the Tennessee OVR should not make guesses to determine the name(s).

2. **Physician's name** - The physician's name, as given to the funeral director, should always be listed on the monthly report although there is the possibility that another physician will sign the certificate.
3. **Date of death** - Please assure that the date of death listed on the monthly report is the same date as entered on the original death certificate.

Frequently the date of death on the monthly report and the death certificate may be several days (or even months) apart. This makes for difficulty when the local registrar and the Tennessee OVR are accounting for every death certificate. The date of death, not the date that the body was picked up, should be listed on the monthly report.

4. **Chronological order** - Please list the death information on the monthly report in chronological order of date of death. In addition, if the entries are handwritten, all data should be as clearly written as possible.

This will provide ease for the local registrar and the Tennessee OVR checking each deceased name to assure that a death certificate has been filed. It is difficult and time consuming for the staffs to check for the matching death certificates when the dates of events are listed out of order.

5. **Current month's events** - The events for one month only should be listed on the monthly report. Events from the previous month(s) should not be listed on the current month's report. Of course, if an event was inadvertently omitted, the information should be listed on the current month.
6. **Death occurred in Tennessee and shipped out** - The funeral director should list on the monthly report the complete information regarding any bodies they ship to the other 49 states when the death occurred in Tennessee.

Names of deceased persons shipped in from the other 49 states are not required to be listed on the monthly report. However, if the funeral director uses the monthly report as his/her only log, and needs the names to be listed on a log for the funeral home, list the name of state where death occurred.

7. **Assumed custody of body** - If the funeral establishment held a viewing time only or conducted the service only, and death occurred in Tennessee, list the name of deceased and date of death. It is the responsibility of the funeral establishment assuming custody of the body to list the information on their monthly report. This information is oftentimes mistakenly omitted by that funeral establishment.
8. **No bodies handled during a month** - It is required that funeral establishments and crematories that have not handled any bodies during the month to send in a monthly report. The word 'None' should be entered one time where the deaths are normally listed.

The funeral director should exercise care to avoid unnecessary transmission of duplicate or triplicate monthly reports to the local registrar. The local registrar is to mail or fax the original monthly reports on or before the fifteenth (15th) of the month to the Tennessee OVR.

9. **Copy monthly report before mailing** - Before mailing or faxing the monthly report to the local registrar, the funeral director should make a copy of each monthly report for the files.
10. If the death certificate is not on file in the local registrar's office when checking the monthly death reports at or near the third (3rd) working day of the month, the local registrar is responsible for making telephone calls beginning with the funeral director in order to track the whereabouts of the delinquent certificate. The event must not go unnoticed at the local level.
11. If a death certificate is not filed after reasonable attempts have been made by the funeral director and the local registrar to obtain it, the appropriate field representative in the Tennessee OVR should be contacted. See page iv for the field representative's name and phone number. The known particulars for the event should be given to the field representative who will investigate and work toward filing the certificate. Oftentimes, a family is in need of certified copies, and should not be further penalized because the certifier is avoiding his/her paper work.
12. The funeral director, not the local registrar, is responsible for obtaining the signature of the certifier on the death certificate.

13. Fetal Death (Stillbirth) Reporting on Monthly Reports

If there is a fetal death (stillbirth) that should be listed on the monthly report, the funeral director should follow these procedures:

- The funeral director should check with the hospital's medical records to assure that the event truly was a fetal death (stillbirth), and not a live birth.
- When a fetal death (stillbirth) is required to be listed on the funeral directors and crematories monthly report, the name of the parent(s) should be listed. Refer to the two reports, Monthly Report of Funeral Directors and Monthly Report of Crematories that follow on pages 99 and 100, respectively. The funeral director should note the instruction at the bottom of form that the parent(s) name is to be listed.
- When required, the Tennessee OVR, specifically the field representative, will further investigate the reporting of the fetal death (stillbirth). There are crucial questions that the field representative must ask of the hospital medical records to assure whether the event could possibly have been a live birth, and if so, a death certificate is required of the funeral director. The funeral director will be notified if a death certificate is required.

TENNESSEE DEPARTMENT OF HEALTH
 Office of Vital Records
 421 5th Ave North, 1st Floor Central Services Bldg.
 Nashville, TN 37243



FACILITY NAME _____
 ADDRESS _____
 COUNTY WHERE LOCATED _____

MONTHLY REPORT OF FUNERAL DIRECTORS

_____, 20____

MONTH & YEAR

FULL NAME OF DECEASED	DATE OF DEATH	PLACE OF DEATH		FACILITY NAME (If not institution, give street and number)	PHYSICIAN CERTIFYING DEATH NAME AND ADDRESS
		COUNTY	STATE		

I hereby certify that the above is a list of all dead persons or fetuses handled and/or receptacles disposed of, for interring remains, by this firm during the above month. (For dead fetus, list identifying information such as name(s) of parent(s). (If none, enter "NONE" on this sheet.)

Signed _____ Phone No. _____
 FUNERAL DIRECTOR OR PERSON ACTING AS SUCH

Figure 9 - Monthly Report of Funeral Directors



Part VIII – Amendments or Corrections



Amendments or Corrections to Death Certificates



IMPORTANT NOTICE

The original death certificate is amended or corrected only in the Tennessee OVR. It must be emphasized that neither the funeral director nor the local registrar is permitted to line through an incorrect item or xxx through an incorrect item (e.g., county of death) in order to enter the correct information. A notarized affidavit is required to be sent to the Tennessee OVR in order to amend the item(s).

Notice to all funeral directors who submit death certificates and notarized affidavits – The Tennessee OVR urges the funeral director or staff to be cautious when preparing the death certificate or a notarized affidavit, and to review the information for each data item before sending to the Tennessee OVR.

It is recommended that the funeral director carefully read and discuss with the funeral establishment's staff the following:

Effective January 1, 2012, the Tennessee OVR will strictly adhere to the Rules of the Department of Health 1200-7-1-.10 (10) **Amendment of the Same Item More than Once.** *“Once an amendment of an item is made on a vital record, that item shall not be amended again, except upon receipt of an order from a court of competent jurisdiction, and the order must be certified.”*

Example – If the Tennessee OVR was asked to amend the SSN to 123-45-6789, and when the certified copies were issued, the next of kin or informant said the SSN is still wrong. The correct SSN should be 213-45-6789. A court order is required to amend a second time regardless how minor the error may appear.

Because of possible legal issues involved with the amendment of certain items on the death certificate, the funeral director should feel free to call the Tennessee OVR Special Services (Amendment Unit) at 615-532-2685 to ask questions about how to make a request for a certificate to be amended.

►◀ Affidavit preparation

What is an affidavit? An affidavit is a sworn statement made under oath. The affidavit may be typed on letterhead or handwritten on letterhead. The person making the sworn statement (e.g., funeral director, next of kin, or informant) must sign the affidavit in the presence of a notary public. All signatures must be in original handwriting. The notary seal (or stamp) must be affixed as well as the commission expiration date.

The funeral director must **not** use a Word Document signature or electronic signature when making a request to amend the death certificate.

The Tennessee OVR requires that a notarized affidavit submitted for purposes of amending a death certificate should include:

- information to identify the certificate (name of deceased, date of death, county of death), **and**
- incorrect information as it is listed on the certificate, **and**
- correct information as it should appear.

►◀ Responsible party for signing affidavit

The person responsible for signing the notarized affidavit is dependent upon the following factors:

- who made the error, **and**
- what type of error was made.
- The **funeral director** whose funeral establishment's name only appears on the certificate in Item 23a **is responsible for signing the affidavit** such as:
 - when typographical errors occur, **or**
 - when information is transcribed/misread, **or**
 - when information regarding the disposition of body is incorrect (Items 21 a, b, c)

The funeral director should state in the notarized affidavit that the funeral establishment personnel was responsible for the error(s). The funeral establishment should not accept responsibility when it is not their error.

- The **informant or next of kin** is responsible for signing the affidavit when personal data is listed incorrectly (Items 1, 2, and 5 - 21).

▶ ◀ **Where should the notarized affidavit be mailed?**

The properly notarized affidavit, and the supporting documentation, as required, should be mailed to the following address:

Special Services
 Tennessee Office of Vital Records
 Central Services Building, 1st Floor
 421 Fifth Avenue North
 Nashville, TN 37243

▶ ◀ **How should errors be corrected within first year of death?** The Tennessee OVR strictly adheres to procedures for amending death certificates as listed in the Rules of the Department 1200-7-1-.10.

▶ ◀ Because of the frequency in errors made by the funeral establishment personnel in entering certain information on original death certificates within the first year of death, following are selected items, and the procedures for amending them in the Tennessee OVR.

1. Decedent's Name (Item 1)

When a change in decedent's name (Item 1) is made on a death certificate, the Rules of the Department (1200-7-1-.10 (11)) require that the Tennessee OVR may need to draw a line through the original entry but not obliterate it. The new name is inserted above or to the side of the original name. The original name entry will be blocked out only if the court order so orders.

Although the various Social Security offices sometime question the validity of amended certificates, a certified copy with the red seal is acceptable provided there is an amendment notation in the top margin of the record. This notation along with the red seal should reassure any users of the amended certificate that the record is acceptable.

Funeral Director submit affidavit - If the funeral establishment's personnel made an error in entering the decedent's name, a notarized affidavit is required that is signed by the funeral director. A statement should be written that the error was inadvertently made by the funeral establishment.

Informant submit affidavit - When the change in decedent's name needs to be made because the informant gave the incorrect spelling or wrong names, a notarized affidavit is required from the informant.

2. Social Security Number (SSN) (Item 12)

Generally, a notarized affidavit from the informant or next of kin is the only information required, and no other documentation when correcting the SSN.

If the funeral establishment's personnel made the error in entering the SSN in Item 12, a notarized affidavit is required that is signed by the funeral director. A statement should be written in the affidavit that the error was made by the funeral home.

It is advisable that funeral directors read back the SSN to the family before filing the certificate. Approximately 60% of all amendments to the death certificates are incorrect SSNs.

3. Age (Item 5) and /or Date of Birth (Item 6)

Funeral Director submit affidavit - If the funeral establishment personnel made an error in entering the age (Item 5) or Date of Birth (Item 6), a notarized affidavit is required that is signed by the funeral director. A statement should be written that the error was made by the funeral establishment.

Informant submit affidavit - When the change in age (Item 5) or Date of Birth (Item 6) needs to be made because the informant gave the incorrect age or date of birth, a notarized affidavit is required from the informant. Documentation such as a copy of the deceased's birth certificate that supports the change should be included with the affidavit.

4. Marital Status (Item 9)

Because of the possible sensitive nature of requesting to amend the marital status, it is suggested that the funeral director feel free to call the Special Services (Amendments) at 615-532-2685 if clarification is needed.

Funeral Director **and** Informant submit affidavits - Generally, a request to change marital status requires an affidavit from the funeral director **and** an affidavit from the informant listed on death certificate. The affidavit should include an explanation about why the change is needed. When adding or deleting a spouse's name, a notarized affidavit from the surviving spouse is, also, required.

The Special Services (Amendment) manager will review the request to determine acceptance. After review, it may be determined that a certified court order is required to correct the marital status. The requestor will be advised if the court order is needed.

5. Date of Death (Item 3), Time of Death (Item 4), and Medical Certification (Item 28, Item 29, Item 30, Item 31, Item 32, Item 33, and Item 34)

The certifier who signed the certificate must make the affidavit to correct date of death (Item 3), time of death (Item 4), or medical certification (Item 28, Item 29, Item 30, Item 31, Item 32, Item 33, and Item 34).

The funeral director **cannot** submit a notarized statement to amend the date of death (Item 3) even though the typographical error may have been made by the funeral establishment personnel (e.g., incorrect information given to funeral establishment by hospital or nursing home).

When a death certificate is certified by a medical examiner, corrections can only be made with a notarized statement from that medical examiner who signed the death certificate. If an autopsy was performed, the medical examiner who ordered or performed the autopsy may submit an affidavit to correct typographical errors or incorrectly transcribed information.

The medical examiner may determine that the Delayed Report of Diagnosis form, page 69, is the best method to change the cause of death particularly when there was an autopsy. See also discussion regarding use of the Delayed Report of Diagnosis beginning on page 64.

6. Was Decedent Ever in U.S. Armed Forces? (Item 14)

In order to correct service in the armed forces (Item 14), a notarized affidavit from the informant or next of kin is the only information required when the date of death is less than one year. If the date of death is over one year, a notarized affidavit and evidence are required to make the change.

▶ ◀ Sample form - 'Notarized Affidavit of Change' to change cause of death

The Tennessee OVR routinely rejects requests for amendment to the cause of death section of death certificates because the certifier did not specifically state what should be changed. The Tennessee OVR personnel are not permitted to use personal judgment about these matters.

To assist funeral directors, an example of affidavit format was sent to funeral directors. If the certifier asks the funeral director questions about how to submit an affidavit to change cause of death, the funeral director may provide the sample form, 'Notarized Affidavit of Change,' to the certifier. Copies may be made of the sample form of affidavit which follows on page 109.

►◀ **What is the method of amending death certificates within the first year of death?**

The funeral director frequently inquires about the procedures for amending or correcting a death certificate within the first year of death.

When the personal and geographic information are amended, a line may be drawn through the incorrect information. The correct information will be typed above or to the side of the original entry. The Special Services Unit will determine whether the incorrect information is blocked out or lined through.

The certificate may be stamped 'Amended' at the top of certificate unless the correction is made because of an obvious error. The Special Services Unit will determine whether or not the certificate is stamped 'Amended'.

If a certified court order is received directing that the original information be blocked, the certificate is stamped 'Amended.'

►◀ **What is an 'obvious' error on death certificate, and how can it be corrected?**

An 'obvious' error is an entry in items such as Sex (Item 2), County of Death (Item 8d), a City or Town (Item 8c) that does not match the Facility in Item 8b, and Residence (Item 13). The 'obvious' error usually happens when there is transposition of letters or inconsistencies with other items on the certificate. To be considered an 'obvious' error, the death must have occurred within one year of death.

An 'obvious error' may be quickly handled if the death certificate is not on the Tennessee OVR's data base. Oftentimes, the local registrar has issued a certified copy of death certificate and immediately error(s) is/are noted. If the local registrar has not mailed the original certificate to the Tennessee OVR, the funeral establishment, informant, or certifier may submit a notarized statement to the local registrar as soon as possible in order that the original death certificate and the affidavit can be mailed together to the Tennessee OVR.

For the 'obvious' error corrections, the local registrar or the funeral director should mail the original death certificate and the original affidavit to the Tennessee OVR at this address:

Tennessee Office of Vital Records
Central Services Building, 1st Floor
421 5th Avenue North
Nashville, TN 37243
Attention: Donna Pitman

▶ ◀ **Who is notified when a death certificate has been amended?**

A copy of the amended death certificate is sent to the local registrar in the county where death occurred to replace the one in the county file.

The funeral director should check with the local registrar to see if the amended copy has been received. The local registrar may not be aware that a notarized affidavit was sent to the Tennessee OVR.

▶ ◀ **Is a fee required to amend certificate LESS THAN ONE YEAR AFTER DEATH?**

No fee is required for amending a death certificate when the death occurred less than one year after death.

▶ ◀ **Is a fee required to amend certificate ONE YEAR OR MORE AFTER DEATH?**

For amending a death certificate one year or more after the date of death, the \$15.00 amendment fee is required by the Department of Health Rule 1200-7-1-.13 (h). If certified copies are needed, an additional \$7.00 is required for each copy.

When date of death or the cause of death is amended, the certifier is not required to submit the \$15.00 amendment fee.

▶ ◀ **IMPORTANT - The amended copy of death certificate that is sent to the local registrar from the Tennessee OVR is the official legal copy for purposes of issuing certified copies.**

If certified copies have previously been issued by the local registrar, the funeral director may return the certified copy/copies in exchange for copies of the amended certificate, without additional fee.

▶ ◀ **Death occurred more than one year ago**

It is suggested that the funeral director call the Tennessee OVR at 615-532-2685 when the death occurred more than one year ago. Special steps need to be taken in preparing the affidavit, and submitting supporting documents.

NOTARIZED AFFIDAVIT OF CHANGE - Example

*Letter Head Stationary or
Physician Name and Title (MD, DO)
Address
City, State, Zip*

Special Services
Tennessee Office of Vital Records
Central Services Bldg. 1st Floor
421 5th Avenue North
Nashville, TN 37243

Please correct the Death Certificate for (*name of deceased*), DOD (*date of death*), POD (*place of death (county)*) as specified below:

Item 28a. As reads: *“record exactly what is written on the certificate.”*
Change to: *“write what should be on this line.”* If this line is to remain as written, and only lines 28b, c, or d will change, write, *“This line should remain as written.”*

Item 28b: As reads: *“record exactly what is written on the certificate.”*
Change to: *“write what should be on this line.”* If this line is to remain as written, and only lines 28a, c, or d will change, write, *“This line should remain as written.”*

Item 28c. Same as above.
Item 28d. Same as above.

Certifiers should use the same method to amend any other medical information (Item 3, 4 and Items 28 through Item 34).

Reason for change: *Certifier should state reason. Examples: To provide more comprehensive information or Additional information obtained after completion of the death certificate.*

Signed: _____
Signature of Certifier

_____ *Typed Name and License Number*

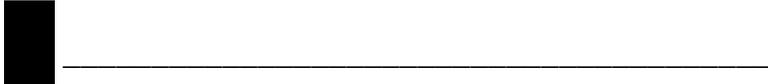
Sworn and subscribed before me, this _____ day of _____, 20____ in the County of _____, State of Tennessee.

Notary Public: _____

[seal]

MY COMMISSION EXPIRES: _____
DATE

Figure 11 - Notarized Affidavit of Change



**Part IX - Special Registration of Delayed Death
Certificate**

(one year or more after date of death)



Special Registration of Delayed Death Certificate (one year or more after date of death)



This part, 'Special Registration of Death Certificate' is for the funeral director's information. Delayed death certificates are filed only with the Tennessee OVR.

Definition of 'delayed death certificate' - A 'delayed death certificate' is one for which no death certificate was located one year or more after date of death, and after thorough search by the Tennessee OVR.

There are situations that become apparent to the funeral director, and for which the death certificate may be registered through special documentation. Listed below are the instructions for preparing the delayed registration of the death certificate. The proper documentations and the original death certificate must be filed only with the Tennessee OVR.

Delayed Registration of Death Certificate

A delayed death certificate is to be filed on the current Certificate of Death (Rev. 10/2011), page 23, for any person whose death occurred in Tennessee and for which no death certificate was filed within one year after death. To confirm that there is no original death certificate on file, a fee must be paid and the search made in the Tennessee OVR.

When no death certificate was located in the Tennessee OVR, the delayed death certificate may be filed if the physician or medical examiner and the funeral director, or person who acted as such, are available. Each one must state in accompanying affidavits that the information on the death certificate is correct, and is based on records kept in their files.

When the attending physician or medical examiner is available, he/she should sign and complete the medical certification in Items 28 - 34.

In the absence of the attending physician or medical examiner and the funeral director, or person who acted as such, the delayed death certificate may be filed by the next of kin of the decedent and shall be accompanied by:

- An affidavit of the person filing the certificate swearing to the accuracy of the information on the certificate,
- and**
- Two documents which identify the deceased and his date of death and place of death.

In all cases, the State Registrar may require additional documentary evidence to prove the facts of death.

When the delayed death certificate is submitted to the local registrar before the Tennessee OVR, the registrar **should not sign and date.** The original delayed death certificate and notarized affidavits are mailed to the Tennessee OVR for review and filing.



Part X - Frequently Asked Questions and Answers





Frequently Asked Questions and Answers **(Topics are listed in alphabetic order)**

Oftentimes the funeral director is asked questions that may or may not be a vital records issue. In order to give some assistance to the funeral director, and thereby be able to help the requestor, listed below in alphabetic order are certain questions and answers and topics of inquiry.

1. Apostille (Authentication) (Exemplification)

What is an apostille? An apostille or authentication or exemplification certifies the authenticity of the signature, seal, and position of the official who has executed, issued or certified a copy of a public document such as the death certificate. This means that the Secretary of State's office must verify the State Seal and the State Registrar's signature.

Important – Please be aware that the certified copy may be issued from the county health department because the security paper has the signature of the State Registrar. If the funeral director prefers, the certified copy may be issued from the Tennessee OVR.

Some foreign countries require certified copies of death certificates to be authenticated (exemplified). An apostille or authentication enables the death certificate issued in one country to be recognized as valid in another country.

The fee for the apostille is \$2.00 for each apostille (copy). A separate check must be made payable to the Tennessee Secretary of State, and sent with any request for an authenticated (exemplified) certificate. The Secretary of State's office will mail the exemplification and certified death certificate to the applicant.

The Secretary of State notary public office telephone number is 615-741-3699.

The address is: Secretary of State
Notary Office
312 8th Avenue, North, 6th Floor
William R. Snodgrass Tower
Nashville, TN 37243

If the funeral establishment needs to request the Tennessee OVR to 'walk through' the apostille request to the Secretary of State, a \$5.00 expedite fee must be made payable to the Tennessee OVR.

2. Burying on private property

May the family bury the decedent's body on their farm or other private property? The State of Tennessee does not have control or jurisdiction on burying on private property or starting family cemeteries. Local laws and city/county zoning ordinances dictate family burial sites. The requestor should consult with the county attorney or the codes department or the county commission in the city/county where the body is to be buried.

If the person died at home without medical attendance, and the funeral director was contacted, the funeral director should tell the family that the medical examiner must be contacted before the body is moved. The funeral director needs to make the requestor aware that a death certificate must be filed with the county health department.

If the death occurred in a hospital, it is recommended that the hospital have the family sign a statement that they know they are responsible for investigating any local ordinances about where a burial can occur, and if there are any prescribed burial requirements.

Neither the funeral director nor the local registrar should give a blank death certificate to the family or other person.

Subsequently, when there is a request to disinter the remains from the family cemetery and reinter within the same family cemetery or move the remains to another cemetery, the next of kin and funeral director or person acting as such must contact the local registrar to apply for the disinterment and reinterment permit. See instructions for issuance of the disinterment and reinterment permit beginning on page 89.

3. Copies of disinterment and reinterment permits

The copy of the Permit for Disinterment and Reinterment of Human Remains that is in the local registrar's files is a public record. If a requestor, such as from a historical society, requests a copy for purposes of updating their cemetery registry, it is acceptable for the registrar to give a copy of the disinterment and reinterment permit form. The registrar should only give copies of the permit for the three (3) years period because copies of previous years permits should have been destroyed.

4. County health departments contact information

A listing of the Tennessee 95 county health departments, addresses, telephone numbers, and fax numbers begins on page 135 (Appendix E).

5. County medical examiner

T. C. A. § 38-7-104 (a) requires that each county government elect a county medical examiner. The county medical examiner is appointed by the county executive, oftentimes the county mayor. The county medical examiner would be prudent to appoint a deputy medical examiner who would fulfill the obligations of the county medical examiner in the event of a temporary absence.

There should be a county medical examiner available 24 hours a day, seven days a week to receive calls for cases requiring review, and for approval of a cremation permit. When no county medical examiner is available, it is the responsibility of the county executive, not the local registrar, to make arrangements to possibly appoint a temporary county medical examiner to serve in the emergency situation (e.g., cremation permit request).

- **Is a county medical examiner permitted to charge for signing death certificates?** The medical examiner's practice of charging for his/her services is an issue that the funeral director needs to take up with the particular county government. The lawyer in that county needs to assess the law and determine if it is legal or otherwise. The Tennessee OVR cannot direct the medical examiner.

6. Foreign death and request for cremation permit

In Tennessee, county health departments have no authority or jurisdiction for issuing cremation permit for a body being shipped from a foreign country.

Cremation permits for U.S. service members who die outside of the U.S.A. - Family members may have difficulty obtaining a cremation permit for the deceased soldier because the funeral director cannot find a federal agency that would issue a permit. The Armed Forces Medical Examiner created an Armed Forces Cremation Permit to be used in these situations. For assistance, the funeral director should call the Tennessee OVR at 615-532-2677 for assistance. The staff person can provide to the funeral director a copy of the Armed Forces Cremation Permit and the fax number to where the permit request should be sent.

7. Foreign shipping regulations

Refer to information in 'Shipping (Foreign) Regulations' that follow on page 120.

8. Letter of no contagious disease for shipping body out of country

When a dead body is being shipped out of the country, most foreign countries require a letter to accompany the body stating the decedent had no contagious disease. The local registrar does not have a form letter to give to the funeral director.

If the county health department has a medical health officer, the funeral director should ask him/her to prepare, and sign a letter as to whether the deceased had a contagious disease. Of course, this would occur only if the medical health officer was in consult with the county medical examiner or the attending physician.

If there is no county medical health officer, the funeral director should ask the county medical examiner or the attending physician to prepare and sign a letter.

9. Ordering vital records forms

The funeral director may order the vital records forms that are in the following list, and maintain a stock of them.

- Certificate of Death (PH-1659), page 23
- Monthly Report of Funeral Directors (PH-1666), page 99
- Monthly Report of Crematories (PH-3883), page 100
- Permit for Cremation of Human Remains (PH-3752), page 84
- Permit for Final Disposition of Human Remains (PH-3774), page 88
- Permit for Disinterment/Reinterment of Human Remains (PH-4116), page 93
- Application for Certified Copy of Certificate of Death (PH-1663)(English and Spanish), pages 75-76
- Forms Order (PH-3347), page 118

The vital records forms may be ordered from the Tennessee OVR by using the sample Forms Order which is on the following page 118.

The request for vital records forms may be made by faxing a request to Sherry Curtis at (615) 253-5187 or sending an email to Sherry.Curtis@tn.gov.



TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

FORMS ORDER

Customer Order No. _____ Order Type: Routine
Location No. _____ Emergency

NO	Title of Form	Form Number	Actual Quantity*
1			
2			
3			
4			
5			

* Attention: You MUST fill in the form number and the actual number of forms (not number of pads, packages, etc.)

Authorized By:		Date:	
E-mail Address:		Phone:	

Ship Forms to: (No P.O. Box)

Note: Please specify a street address and name of business or the individual's name.

Send your request to:

Tennessee Department of Health
Attn: Sherry Curtis
6th Floor, Cordell Hull Building
425 5th Ave N.
Nashville, TN 37243

Contact:
Sherry Curtis (615) 532-7885
or fax request to (615) 253-5187
Sherry.Curtis@tn.gov

Figure 12 - Forms Order

10. Pronouncement of death by Registered Nurse (RN)

According to T.C.A. § 68-3-511, a RN may pronounce death if the patient was in a hospital, or hospice, or a nursing home, or under hospice care, or was receiving services of a licensed home care organization. In either case, the RN must be employed by the facility or organization.

The RN cannot sign the death certificate.

11. Requesting certified copies using VitalChek System

Tennessee OVR does not take orders for certified copies of certificates over the telephone or by fax.

- **Where to order certified copies** - Please advise customers they may use a credit card or debit card to order birth certificates, death certificates, marriage certificates, and divorce certificates by going to www.vitalchek.com.

The Tennessee OVR has a contract with VitalChek for handling the customer's request for certified copy of birth, death, marriage, or divorce certificate. VitalChek provides the equipment and supplies for expedited charge card services.

At the time of this handbook publication, the use of the credit card is \$15.00 service fee. If the customer wishes UPS expedited mail service (service that requires special attention), he/she will need to pay a \$16.50 UPS charge. In addition, Saturday delivery is available for an added charge of \$28.00.

The customer may place a telephone order using a credit card at 866-233-0740.

The customer may send a FAX order with a credit card number to FAX 866-234-8802.

For international fax orders, the telephone number is 615-372-7552.

12. Shipping (foreign) regulations

The local registrar is not responsible for knowing the regulations for shipping a body out of the country. When a body is to be shipped out of the country, the funeral director is responsible for following regulations for international shipping.

Shipping regulations generally vary from country to country. All countries do not require the same documents to accompany the body. The guide for international shipment of human remains for the particular country may be found in the Funeral Home and Cemetery Directory (NOMIS Publications, Inc.). The funeral director should be aware that failure to comply with any country's regulations might result in considerable delay and/or refusal of entry to the country.

See the section 'Apostille (Authentication) (Exemplification),' page 114, for information concerning the funeral director needing an apostille for the certified copy of death certificate.

See the section, 'Letter of no contagious disease for shipping body to foreign country,' page 117 for information.

13. Spanish death certificate and Spanish transit permit

If the funeral director has need of the Tennessee death certificate being translated into Spanish or another language, it is his/her responsibility, not the local registrar, to find someone who will do a certified translation.

The local registrar should not sign a Spanish translation of a Tennessee death certificate or a Spanish translation of a Tennessee burial transit (final disposition) permit.



Part XI – History of Vital Records



History of Vital Records Registration in Tennessee



Interest in vital records in Tennessee was first shown by the Legislature in 1848 when efforts were made to pass a registration law. In that year a bill "to provide for the registration of births, marriages, and deaths throughout the State of Tennessee" was passed by the Lower House of the Legislature but was defeated on the third reading by the Senate. Had this Act passed, Tennessee would have been one of the first six states of the Union to have a statewide registration law.

In 1860, the State Medical Society sent a resolution to the Legislature requesting passage of a vital statistics law. As a result, a bill was introduced and was passed by the Senate but was tabled by the House after passing two readings.

In 1877, as a result of a yellow fever outbreak in Memphis, a law was passed which created the State Board of Health. This law directed the Board "to study the vital statistics of this state ... " This was the first law in Tennessee related to vital statistics, but it could not be implemented due to lack of appropriation of funds.

A bill was passed in 1881 that required the justices of the peace to submit monthly reports of births, marriages, and deaths to the county court clerks. In spite of vigorous opposition by the State Medical Society and the press, this law was repealed twenty months later. During the life of the law, only a small number of cities and counties submitted reports. These reports were of little practical value.

In 1909, a law was passed directing the State Board of Health to furnish forms for local school officials to report births and deaths. These reports were made in much the same manner as the census enumerations today. This system lasted only two years.

In 1913, the system of recording data concerning births and deaths was changed from one of enumeration to one of registration. Accuracy and completeness of reporting improved considerably since events were reported at the time and place of occurrence. The Vital Statistics Law, established by Chapter 30, Public Acts of 1913, was based on the then Model Law of the Census Bureau. This Vital Statistics Law, passed and approved April 2, 1913, provided for the standard forms of birth and death certificates and placed the responsibility for filing the birth certificate on the attendant at birth and for filing the death certificate on the funeral director or person acting as such. Machinery for collecting was provided by requiring the appointment of a local registrar for each civil district or group of civil districts. Approximately 800 registrars were appointed from the time the law was passed until it became effective January 1, 1914.

After the law of 1913 went into effect, other laws with the improvement of registration of vital events as their objective followed rapidly. Chapter 200, Public Acts of 1937, provided for delayed registration of births. An Act of 1939 provided for the preparation of a new certificate of birth for persons adopted or legitimated and a means of registering data concerning a foundling. The law of 1941 (Chapter 23) repealed all previous statutes relating to vital statistics and put into effect a law based on the Model Law developed by the joint action of the Bureau of the Census, the American Public Health Association, the Conference of State and Territorial Health Offices, and the American Bar Association. This Act provided for registration of current births, deaths, fetal deaths, delayed birth registration, foundling registration, and new certificates in cases of adoption and legitimation.

The Vital Statistics Act of 1945 provided for central registration of marriages, divorces, adoptions, and legitimations.

The Vital Records Act of 1977, which was based on the Model Law proposed by the National Center for Health Statistics, was enacted into law on July 1, 1977. All other laws relating to the registration of vital records were repealed. This law provided for the registration of birth, death, marriage, and divorce certificates; new certificates of birth in cases of adoption, legitimation and paternity determination; and reports of foundlings, fetal death, and induced termination of pregnancy. Many of the provisions of the law were not found in earlier laws due to changes in medical or legal procedures, social trends and advances in technology.

LIST OF APPENDICES

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Appendix A - Occupation and Business/Industry

The following examples illustrate the method for reporting some of the more common occupations and related businesses/industries.

<u>Occupation</u>	<u>Business/industry</u>
Accountant	Internal Revenue Service
Attorney	Self-employed
Attorney	Legal Aid Society
Auditor	Savings and loan
Auto mechanic	Auto repair shop
Bookkeeper	Wholesale drugs
Bulldozer operator	County highway department
Camera operator	Television station
Carpenter	Building construction
Carpenter's helper	General contracting
Carpet installer	Retail carpet sales and installation company
Cashier	Bank
Chaplain	State prison
Chauffeur	City fire department
Chauffeur	Taxicab company
Chemist	Plastic film manufacturing
College professor	State university
Computer operator	Gas company
Computer programmer	Life insurance company
Construction contractor	General contracting
Delivery driver	Wholesale bakery
Dentist	County health department
Dressmaker	Dressmaking plant
Electrical engineer	Chemical plant
Electrician	Electric light and power company
Farmhand	Dairy farm
Field examiner	Veterans Administration (U.S. Government)
Fireman, city	Volunteer fire department
Flight engineer	Aircraft company (manufacturing, retail, or wholesale)
Geologist	Petroleum exploration
Groundskeeper	Entertainment park
Housewife or homemaker	Own home

Insurance agent.....	Life insurance company
Janitor.....	City office building
Judge.....	County court
Keypunch operator.....	City board of health
Licensed practical nurse	Manufacturing plant employee clinic
Mechanic, auto.....	Engine repair shop
Medical doctor.....	Board of health (State Government)
Miner.....	Coal mine
Motor operator (retired)	Urban transit system
Musician.....	Recording company
Owner (Embalmer and Manager).....	Funeral home
Owner/Manager	Retail grocery store
Physician	Medical center
Pilot.....	Commercial airline
Plant manager.....	Petroleum refinery
President.....	Business college
Printer (Apprentice).....	Printing shop
Production cost estimator.....	Auto body repair shop
Professor (English)	College
Quarry worker	Marble quarry
Radio operator	College radio station
Receptionist	Dentist's office
Registered nurse.....	Hospital
Secretary	Travel agency
Senator	U.S. Congress
Shipping clerk	Paper box factory
Stationary firefighter.....	Steel mill
Student	Junior college
Supervisor (Weaving).....	Cotton cloth mill
Supervisor (Office)	Health and accident insurance company
Teacher, elementary school	City elementary school
Teacher, kindergarten.....	Private kindergarten
Teacher, high school.....	Private church school
Teacher, preschool	County elementary school
Teamster (Tractor Driver).....	Logging camp
Truck driver	Moving and storage
Typist.....	Printing office
Weaver	Cotton cloth mill
X-Ray technician.....	City hospital

The examples of acceptable entries of occupation and related business/industry contain titles developed by the U.S. Bureau of the Census for proper classification of the labor force. These are provided as a guide for reporting in Item 11a and Item 11b.

Appendix B - Hispanic Origin

The checkbox in Item 16 should be checked 'Yes' if one of the following entries is given as the specific Hispanic group. Otherwise, check 'No.'

Andalusian	Iberia (Ibero)
Argentina (Argentino)	
Asturias	La Raza
	Latin
Balearic Islands	Latin American
Basque	Latino
Belizian	
Bolivan (Boliviano)	Majorca
Boricua (Borinqueno)	Mallorca (Mallorquin)
	Meso American Indian
Californio	Mestizo
Canal Zone	Mexican (Mexicano)
Canary Islands	Mexican American
Caribbean	Mexico
Castilian	Mexican American Indian
Catalonia	
Centroamericano	Nuevo Mexicano
Central American Indian	Nicaragua (Nicaraguense)
Chicano	
Chile (Chileno)	Panama (Panameno)
Colombia (Colombiano)	Paraguay (Paraguayo)
Costa Rica (Costarricense)	Peru (Peruano)
Criollo	Puerto Rican (Puertorriqueno)
Cuban (Cubano)	
	Salvadoreno
Dominican Republic (Dominicano)	South American
	South American Indian
Ecuador (Ecuadorino)	Spain
El Salvador	
Espana	Spaniard
Espanol	Spanish
	Spanish American
Falkland Islands	Spanish American Indian
Fernando Po	
	Tejano
Galapagos Islands	
Gallego	Uruguay (Uruguayo)
Guatemala (Guatemalteco)	
	Valencian
Hispanic	Venezuela (Venezolano)
Hispano	
Honduras (Hondureno)	

Appendix C - Race

Afghanistan	
African	Belizian
Alaskan Indian	Bilalian
Aleut	Biracial
Algerian	Blanc
Alocona	Bohemian
Ameriasian	Bolivian
American	Brava (Bravo)
American Indian	Brazilian
Amish	British Honduran
Anglo-Saxon	Burmese
Arabian	
Argentinian	Cajun
Armenian	Cambodian
Aryan	Canadian
Asian Indian	Canadian Indian
Asiatic	Cape Verde
Assyrian	Carib
Athapaskan	Caucasian
Australian	Central American Indian
Austrian	Ceylonese
Azores	Chamorro
	Chicano
Bahamian	Chinese
Bangladeshi	Chuukese
Basque	Colestran
Bavarian	Colombian
Begri	Cosmopolitan

Costa Rican
Creole
Crucian
Cuban
Czechoslovakian

Dominican
Dutch East Indian

East Indian
East Indies
Ebian
Ecuadorian
Egyptian
English
English-French
English-Irish
Eritrean
Eskimoan
Ethiopia (n)
Eurasian
European

Fijian
Filipino
Finnish
French
French Canadian
French Indian

Georgian

German
Ghanaian
Gilbertese
Greek
Guam (ian) (ese)
Guatemalan
Guyanese
Gypsy

Haitian
Hamitic
Hawaiian
Hebrew
Hindu
Hispanic
Honduran
Hungarian

Icelandic
India
Indo-Aryan
Indonesian
Iran (ian)

Iraqi
Irish
Islamic
Israelite
Italian

Jackson (Jack) White
Jamaican

Japanese	Mexican Indian
Java	Micronesian
Jew	Mixed
Jordanian	Mohammedan (Moslem)
	Moor
Kenyan	Moroccan
Korean	Moslem
Kuwaitian	Mosotho
	Mugandan
Ladina (Ladino)	Mulatto
Laotian (Asian)	Multi-racial
Latin American	Muslim
Latvian	
Lebanese	Nassau
Liberian	Native American
Libyan	Nepalese
Lithuanian	Nicaraguan
	Nigerian
Malada	Nipponese (Nipon)
Malawian	Nordic
Malayan	North American Indian
Maltese	Norwegian
Maori	Nubian
Marshallese	
Marshenese	Occidental
Mauritian	Octaroon
Mediterranean	Okinawan
Melanesian	
Mestizo	Pakistani
Mestizo-Inca	Palauan
Mexican	Panamanian

Parsi	Seychelloise
Persian	Siamese
Phoenician	Siamsh Am
Peruvian	Sicilian
Polish	Sikh
Polynesian	Singhalese
Ponapean	Sino Burman
Portuguese	Slovakian
Puerto Rican	Soanish
Punjabi	South American
	South American Indian
Quadroon	Spanish
	Sudanese
Red	Sunni
Romanian	Swedish
Rotanese	Syrian
Russian	
Ryukyuan	Tahitian
	Taimskin
Saipanese	Taiwanese
Salvadorian	Tamil-Ceylonese
Samoa (n)	Tamil-Malayan
Santo-Domingo	Tanzanian
Saudi Arabia (n)	Teutonic
Saxon (y)	Thai
Scandinavian	Tibetan
Scotch	Tongan
Selawik	Trigueno
Semitic	Trinidadian
Serbian	Trukese
Servian	Tunisian

Turk

Ubontilian

Ugandan

Ukranian

Ulithian

Ute

Venezuela(n)

Vietnam (ese)

Welsh

West Indies (Indian)

Wiam (White American)

Yapanes

Yemenite

Yugoslavian

Zoroastrian

Appendix D - Disposal of Human/Fetal Remains

The State Registrar sent to the CEOs of facilities an August 27, 2007 guidance document concerning disposal of human and fetal remains. This issue was addressed in two parts. The guidance document is provided below as a convenience for the funeral directors who may need to inquire about the facility's policies and procedures.

PART I. Fetal Deaths (Stillbirths)

1. Tennessee Code Annotated (T.C.A.) § 68-3-504 directs facilities to complete a Report of Fetal Death (Stillbirth) form for fetal deaths that weigh 350 grams or more or of 20 completed weeks gestation or more. The Report of Fetal Death (Stillbirth) is to be forwarded directly to the Tennessee Office of Vital Records (Tennessee OVR) within 10 days of the fetal death.
2. T.C.A. § 68-3-510 directs that facilities use a form to record the disposition of all fetal remains irrespective of length of gestation (e.g., a few weeks to full term), and irrespective of the manner of disposition. The form is to be provided or approved by the State Registrar. If the mother signs the form, and if the issues reflected below are contained within the form, the facility personnel may consider it approved. The issues are:
 - a. Release to a licensed funeral director - This is in accordance with policy similar to other deaths – see Part II below.
 - b. Disposal by the facility - The law does not speak to how disposition must occur. The Tennessee OVR recommends that the facility review local ordinances; consider community issues and that the facility personnel consult with the facility legal advisor, and perhaps the facility ethics committee.
 - c. Release of remains to someone other than a licensed funeral director - T.C.A. § 68-3-510 uses the term “funeral director, embalmer, or other person.” The Tennessee OVR interprets the “other person” verbiage to mean that pick-up of fetal remains can be made by the mother or legal father. If the mother or father removes the fetus from the facility, the staff must ensure that:
 - The parent(s) have been advised of any known local ordinances that pertain to where a burial may occur. They should also be advised that it is their responsibility to find out what the local ordinances are.
 - The mother has signed the above discussed form. The form must state that she understands that the body must be disposed of within 48 hours, and it must specify the intended place and method of disposition.

- In addition, the Tennessee OVR recommends that the facility's Deputy Registrar for Burial Transit Permits issue a permit to the parent(s). The permit should assist the parent(s) if there is an incident while they are transporting human remains.

PART II. Deaths of persons who once lived and then died, to include neonates

1. Funeral director pick-up - The facility must ensure the funeral director receives release forms, and the name of the physician who was in charge of the patient's care. If the funeral director states that the body will be transported out of Tennessee, the facility's Deputy Registrar for Burial Transit Permits should issue a permit. This procedure also applies to medical institutions that pick-up bodies that have been donated to medical science.
2. Release of remains to someone other than a licensed funeral director - T.C.A. § 68-3-502 (b) states "the funeral director, or person acting as such, who first assumes custody of the dead body shall file the death certificate." If the body is not managed by a funeral director, the facility is responsible for filing the death certificate. The facility personnel should obtain the demographic information that is necessary for completing the death certificate from the family. The facility should then transcribe the information onto the death certificate form, obtain the medical certification from the appropriate physician, and forward the certificate to the county health department Local Registrar in the county where death occurred.
3. If a Next of Kin (NOK) intends to remove the body from the facility, the staff must ensure that:
 - The name, address, and telephone number for the person receiving the body is included on the facility's Institutional Report of Deaths report that is submitted monthly to the Tennessee OVR.
 - The NOK has been advised of any known local ordinances that pertain to where a burial may occur. The person should also be advised that it is his/her responsibility to find out what the local ordinances are. It is strongly recommended that the facility review local ordinances, consider community issues, and consult the facility legal advisor.
 - The Tennessee OVR strongly recommends that the facility require the NOK to sign an affidavit stating that the body must be disposed of within 48 hours, stating the intended place of burial and that no laws or property rights of others are being violated.
 - The facility assumes responsibility for completing the death certificate.
 - In addition, the Tennessee OVR recommends that the facility's Deputy Registrar for Burial Transit Permits issue a permit to the NOK. The permit should assist the NOK if there is an incident while transporting human remains.

Appendix E - County Health Departments

<u>County</u>	<u>Telephone No.</u>	<u>Fax No.</u>
Local Registrar Anderson County Health Department..... 710 North Main, Suite A Clinton, TN 37716	865-425-8800	865-457-4252
Local Registrar Bedford County Health Department..... 140 Dover Street Shelbyville, TN 37160-2665	931-684-3426	931-684-5860
Local Registrar Benton County Health Department..... 225 Hospital Drive Camden, TN 38320	731-584-4944	731-584-8831
Local Registrar Bledsoe County Health Department..... PO Box 277 (All mail must go to the PO Box) 1185 Alvin York Hwy Pikeville, TN 37367	423-447-2149	423-447-6777
Local Registrar Blount County Health Department 301 McGhee St. Maryville, TN 37801	865-983-4582 ext. 139	865-983-4574
Local Registrar Bradley County Health Department..... 201 Dooley St SE Cleveland, TN 37311-6220	423-728-7020	423-479-6130
Local Registrar Campbell County Health Department..... PO Box 481 162 Sharp-Perkins Jacksboro, TN 37757-0418	423-562-8351	423-562-1593
Local Registrar Cannon County Health Department..... 301 W Main St, Room 200 Woodbury, TN 37190	615-563-4243	615-563-6212

Local Registrar Carroll County Health Department 731-986-1990 633 High St Huntingdon, TN 38344	731-986-1995
Local Registrar Carter County Health Department 423-543-2521 403 East "G" St Elizabethton, TN 37643-3223	423-543-7348
Local Registrar Cheatham County Health Department..... 615-792-4318 162 County Services Dr, Suite 200 Ashland City, TN 37015	615-792-6794
Local Registrar Chester County Health Department..... 731-989-7108 PO Box 323 301 Quinco Dr Henderson, TN 38340	731-989-9686
Local Registrar Claiborne County Health Department 423-626-4291 PO Box 183 620 Davis St. Tazewell, TN 37879	423-626-2525
Local Registrar Clay County Health Department 931-243-2651 115 Guffey St Celina, TN 38551	931-243-3132
Local Registrar Cocke County Health Department 423-623-8733 430 College Street Newport, TN 37821	423-623-0874
Local Registrar Coffee County Health Department..... 931-723-5134 800 Parks St Manchester, TN 37355-2482	931-723-5148

Coffee County **satellite office** is located in Tullahoma at:
 Tullahoma Health Center
 615 Wilson Ave. 931-455-9369 931-455-4827
 Tullahoma, TN 37388

Local Registrar
Crockett County Health Department 731-696-2505 731-696-4370
 209 N Bells St 731-696-4410
 Alamo, TN 38001

Local Registrar
Cumberland County Health Department..... 931-484-6196 931-456-1047
 131 South Webb Ave
 Crossville, TN 38555

Local Registrar
Davidson County Health Department..... 615-340-5612 615-340-2197
 311 23rd Avenue, North
 Nashville, TN 37203

Local Registrar
Decatur County Health Department..... 731-852-2461 731-852-3794
 PO Box 178
 155 North Pleasant St
 Decaturville, TN 38329

Local Registrar
DeKalb County Health Department..... 615-597-7599 615-597-1349
 254 Tiger Drive
 Smithville, TN 37166

Local Registrar
Dickson County Health Department..... 615-446-2839 615-441-1900
 301 West End Ave
 Dickson, TN 37055

Dickson County **satellite office** is located in White Bluff at:
 Dickson County Health Department
 White Bluff Clinic 615-797-5066 615-797-5051
 199 School Rd.
White Bluff, TN 37187

Local Registrar
Dyer County Health Department..... 731-285-7311 731-285-2610
 1755 Parr Avenue 731-285-7359
 Dyersburg, TN 38024

Local Registrar
Fayette County Health Department 901-465-5243 901-465-5245
90 Yum Yum Rd, PO Box 188
Somerville, TN 38068
Local Registrar

Fentress County Health Department 931-879-9936 931-879-9938
PO Box 636
240 Colonial Circle, Suite A
Jamestown, TN 38556

Local Registrar
Franklin County Health Department 931-967-3826 931-962-1168
338 Joyce Lane
Winchester, TN 37398

Local Registrar
Gibson County Health Department 731-855-7601 731-855-7603
1250 Manufacturers Row
Trenton, TN 38382

Two satellite offices are located in Gibson County at:
Gibson County Health Department
149 North 12th St. 731-784-5491
Humboldt, TN 38343

Gibson County Health Department
6501 Telecom Dr 731-686-9240
PO Box 698
Milan, TN 38358

Local Registrar
Giles County Health Department 931-363-5506 931-424-7020
209 South Cedar Lane
Pulaski, TN 38478

Local Registrar
Grainger County Health Department 865-828-5247 865-828-3594
PO Box 27
185 Justice Center Dr
Rutledge, TN 37861

Local Registrar Greene County Health Department.....	423-798-1749	423-798-1755
PO Box 159 810 West Church St. Greeneville, TN 37744-0159		
Local Registrar Grundy County Health Department	931-692-3641	931-692-2201
1372 Main St PO Box 65 Altamont, TN 37301-0065		
Local Registrar Hamblen County Health Department.....	423-586-6431	423-586-6324
331 W Main St Morristown, TN 37814		
Local Registrar Hamilton County Health Department.....	423-209-8025	423-209-8024
921 East Third Street Chattanooga, TN 37403		
Local Registrar Hancock County Health Department.....	423-733-2228	423-733-2428
PO Box 267 110 Willow St Sneedville, TN 37869		
Local Registrar Hardeman County Health Department	731-658-5291	731-658-6536
PO Box 670 10825 Old Hwy 64 Bolivar, TN 38008		
Local Registrar Hardin County Health Department	731-925-2557	731-925-3100
1920 Pickwick St. (All mail must be sent to PO Box) PO Box 397 Savannah, TN 38372		
Local Registrar Hawkins County Health Department.....	423-272-7641	423-921-8073
201 Park Blvd PO Box 488 Rogersville, TN 37857		

Hawkins County **satellite office** is located in Church Hill at:
 Hawkins County Health Department
 Church Hill Office..... 423-357-5341 423-357-2231
 247 Silver Lake Rd
 PO Box 209
Church Hill, TN 37642-0209

Local Registrar
Haywood County Health Department..... 731-772-0463 731-772-3377
 950 East Main
 Brownsville, TN 38012

Local Registrar
Henderson County Health Department..... 731-968-8148 731-968-4777
 PO Box 1050
 90 Rush St
 Lexington, TN 38351

Local Registrar
Henry County Health Department..... 731-642-4025 731-644-0711
 803 Joy Street
 Paris, TN 38242

Local Registrar
Hickman County Health Department..... 931-729-3516 931-729-5029
 111 Murphree Avenue
 Centerville, TN 37033

Local Registrar
Houston County Health Department 931-289-3463 931-298-3499
 60 East Court Square
 Erin, TN 37061

Local Registrar
Humphreys County Health Department 931-296-2231 931-296-4590
 725 Holly Lane
 Waverly, TN 37185

Local Registrar
Jackson County Health Department..... 931-268-0218 931-268-0872
 600 North Murray St.
 Gainesboro, TN 38562

Local Registrar Jefferson County Health Department.....	865-397-3930	865-397-1246
931 Industrial Park Rd, Suite 200 PO Box 130 Dandridge, TN 37725		
Local Registrar Johnson County Health Department.....	423-727-9731	423-727-4153
715 West Main St Mountain City, TN 37683		
Local Registrar Knox County Health Department.....	865-215-5100	865-215-5106
140 Dameron Ave Knoxville, TN 37917		
Local Registrar Lake County Health Department.....	731-253-9954	731-253-9956
400 Highway 78 South Tiptonville, TN 38079		
Local Registrar Lauderdale County Health Department.....	731-635-4661	731-635-3630
500 Highway 51 South Ripley, TN 38063		
Local Registrar Lawrence County Health Department	931-762-9406	931-766-1592
2379 Buffalo Road Lawrenceburg, TN 38464		
Local Registrar Lewis County Health Department.....	931-796-2204	931-796-1625
51 Smith Ave Hohenwald, TN 38462		
Local Registrar Lincoln County Health Department	931-433-3231	931-438-1567
1000 Washington Street West, Suite A ext. 103 Fayetteville, TN 37334		
Local Registrar Loudon County Health Department.....	865-458-2662	865-458-8587
PO Box 278 600 Rayder Ave Loudon, TN 37774		

Local Registrar McMinn County Health Department..... 423-745-7431 PO Box 665 (Note: use Zip Code 37371 for PO Box) 393 County Rd 554 Athens, TN 37303	423-744-1604
Local Registrar McNairy County Health Department..... 731-645-3474 725 E Poplar Avenue Selmer, TN 38375	731-645-4530
Local Registrar Macon County Health Department 615-666-2142 601 Hwy 52 Bypass East Lafayette, TN 37083	615-666-6153
Local Registrar Madison County Health Department 731-423-3020 804 North Parkway Jackson, TN 38305	731-927-8603 (press 4, then 2)
Local Registrar Marion County Health Department..... 423-942-2238 24 East 7 th Street Jasper, TN 37347	423-942-9186 423-942-3737
Local Registrar Marshall County Health Department 931-359-1551 206 Legion Street Lewisburg, TN 37091	931-359-0542
Local Registrar Maury County Health Department 931-388-5757 1909 Hampshire Pike Columbia, TN 38401	931-381-7901
Local Registrar Meigs County Health Department..... 423-334-5185 PO Box 157 389 River Rd Decatur, TN 37322	423-334-1713

Local Registrar
Monroe County Health Department..... 423-442-3993 423-442-9468
3469 New Highway 68
PO Box 38
Madisonville, TN 37354

Local Registrar
Montgomery County Health Dept..... . 931-648-5747 931-645-9019
PO Box 1026
330 Pagent Lane
Clarksville, TN 37041

Local Registrar
Moore County Health Department 931-759-4251 931-759-6380
251 Majors Blvd.
Room One
Lynchburg, TN 37352

Local Registrar
Morgan County Health Department..... 423-346-6272 423-346-2349
PO Box 343
101 Hillcrest
Wartburg, TN 37887

Local Registrar
Obion County Health Department 731-885-8722 731-885-4855
PO Box 248 (regular mail to PO Box)
1008 Mt Zion Rd
Union City, TN 38281

Local Registrar
Overton County Health Department 931-823-6260 931-823-5821
5880 Bradford-Hicks Dr
Livingston, TN 38570-2301

Local Registrar
Perry County Health Department..... 931-589-2138 931-589-5414
31 Medical Drive
Linden, TN 37096

Local Registrar
Pickett County Health Department..... 931-864-3178 931-864-3376
1013 Woodlawn Dr
Byrdstown, TN 38549

Local Registrar
Polk County Health Department 423-338-4533 423-338-1959
2279 Parksville Rd
Benton, TN 37307-3803

Polk County **satellite office** is located in Copperhill at:
Polk County Health Department
840 Cherokee Trail..... 423-496-3275
Copperhill, TN 37317

Local Registrar
Putnam County Health Department..... 931-528-2531 931-526-7451
701 County Services Drive
Cookeville, TN 38501

Local Registrar
Rhea County Health Department 423-775-7819 423-775-8078
PO Box 440 (regular mail to PO Box) (press 0)
344 Eagle Lane
Evensville, TN 37332

Local Registrar
Roane County Health Department..... 865-354-1220 865-354-0112
1362 N Gateway Ave
Rockwood, TN 37854

Local Registrar
Robertson County Health Department 615-384-4504 615-384-0245
800 South Brown
Springfield, TN 37172

Local Registrar
Rutherford County Health Department 615-898-7892 615-898-7829
100 West Burton St. 615-898-7785
PO Box 576
Murfreesboro, TN 37133-0576

Rutherford County **satellite office** is located in Smyrna at:
North Rutherford County Health Dept
108 David Collins Drive..... 615-355-6175 615-459-7996
Smyrna, TN 37167

Local Registrar
Scott County Health Department..... 423-663-2445 423-663-9252
 PO Box 88 (**all mail to PO Box only**)
 344 Court St.
 Huntsville, TN 37756

Local Registrar
Sequatchie County Health Department..... 423-949-3619 423-949-6507
 16939 Rankin Avenue North
 Dunlap, TN 37327

Local Registrar
Sevier County Health Department 865-453-1032 865-429-2689
 PO Box 4648
 227 Cedar Street
 Sevierville, TN 37864-4648

Local Registrar
Shelby County Health Department 901-222-9693 901-222-9678
 814 Jefferson Avenue
 Room 103
 Memphis, TN 38105

Local Registrar
Smith County Health Department..... 615-735-0242 615-735-8250
 251Joy Alford Way
 Carthage, TN 37030

Local Registrar
Stewart County Health Department..... 931-232-5329 931-232-7247
 PO Box 497
 1021 Spring St.
 Dover, TN 37058-0497

Local Registrar
Sullivan County Health Department 423-279-2777 423-279-7595
 154 Blountville Bypass
 PO Box 630
 Blountville, TN 37617

Sullivan County satellite office is located in Kingsport at:
 Sullivan Co. Health Department
 Kingsport Office..... 423-224-1601 423-224-1640
 1041 E. Sullivan St.
Kingsport, TN 37660

Local Registrar
Sumner County Health Department..... 615-206-1100 615-206-9742
 1005 Union School Rd.
 Gallatin, TN 37066

Sumner County has **two satellite offices** located at:

Sumner County Health Department
 Hendersonville Clinic..... 615-824-0552 615-824-9771
 351 New Shackle Island Rd
Hendersonville, TN 37075

Sumner County Health Department
 Portland Clinic..... 615-325-5237 615-325-5549
 214 West Longview Dr
Portland, TN 37148

Local Registrar
Tipton County Health Department..... 901-476-0235 901-476-0229
 4700 Mueller Brass Rd
 PO Box 685 **The PO Box must be on all mail.**
 Covington, TN 38019

Local Registrar
Trousdale County Health Department..... 615-374-2112 615-374-1119
 P. O. Box 439 **The PO Box number must be on all mail.**
 541 East Main St.
 Hartsville, TN 37074

Local Registrar
Unicoi County Health Department..... 423-743-9103 423-743-9105
 101 Okalona Drive
 Erwin, TN 37650

Local Registrar
Union County Health Department..... 865-992-3867 865-992-7238
 PO Box 460
 4335 Maynardville Hwy
 Maynardville, TN 37807-0460

Local Registrar
Van Buren County Health Department..... 931-946-2643 931-946-7106
 907 Old McMinnville St. 931-946-2438
 Spencer, TN 38585

Local Registrar
Warren County Health Department..... 931-473-8468 931-473-0595
1401 Sparta Hwy 931-473-6160
McMinnville, TN 37110

Local Registrar
Washington County Health Department 423-975-2200 423-975-2210
219 Princeton Rd (press 3)
Johnson City, TN 37601

Local Registrar
Wayne County Health Department 931-722-3292 931-722-7249
102 J. V. Mangubat Drive
Waynesboro, TN 38485

Local Registrar
Weakley County Health Department..... 731-364-2258 731-364-5846
9852 Highway 22
Dresden, TN 38225

Local Registrar
White County Health Department..... 931-836-2201 931-836-3580
135 Walker Street
Sparta, TN 38583

Local Registrar
Williamson County Health Department..... 615-794-1542 615-790-5967
1324 West Main Street
Franklin, TN 37064

Williamson County **satellite office** is located at:
Williamson County Health Department
Fairview Clinic 615-799-2389 615-799-2260
2629 Fairview Blvd
PO Box 1207
Fairview, TN 37062

Local Registrar
Wilson County Health Department 615-444-5325 615-444-2750
927 E Baddour Pkwy
Lebanon, TN 37087

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