

DEATH REGISTRATION

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DEATH REGISTRATION

I. INTRODUCTION

Within 24 hours of death, the physician who last attended a deceased person is responsible for completing a death certificate including medical certification of the cause of death. In most cases, however, a funeral director assumes the responsibility for completing personal data relative to the deceased and assuring a death certificate is filed. 18 V.S.A. § 5202a.

When a death is unattended by a physician or occurs in any accidental, suspicious, or unnatural circumstances, the Certificate of Death is signed by the Regional Medical Examiner. 18 V.S.A. 5205.

Beginning with deaths occurring on July 1, 2008, all Vermont deaths are being registered through the Electronic Death Registration System (EDRS) at the Department of Health. The EDRS is a secure web based application that allows physicians and funeral directors to electronically submit the information required to register a death. In addition, the Department of Health has implemented a new format for the Vermont Certificate of Death (see sample on page 3-18) which is based on the 2003 Revision of the U.S. Standard Certificate of Death.

What this means is that instead of death certificates being hand delivered to your office for registration and filing, and you providing copies to the town of residence and to Vital Records, deaths will be registered by the State Registrar at the Vermont Department of Health and file copies of death certificates will be obtained (printed) directly from the EDRS by Vital Records and Town Clerks.

Note: Death certificates printed from the EDRS will reflect the date the record was registered in the EDRS, and will contain the (electronic) signature of the current State Registrar. Therefore, local registrars will no longer need to sign and date file copies.

Town clerks who are enrolled users of the EDRS can print file copies of death certificates for their towns. However, until all town clerks are enrolled, Vital Records will be printing and mailing file copies to towns as deaths are registered in the EDRS.

With the introduction of the EDRS, death certificates will no longer be completed and signed in paper form; instead, they will be printed directly from the EDRS. However, not all funeral directors and physicians will be enrolled in the EDRS. In those cases where only one party, or neither party, is enrolled in the EDRS, a new paper form, the *PROD*, or *Preliminary Report of Death* (DH-PHS-PROD-08), will be used to collect information about the deaths (see pages 3-19 and 3-20). Once this form is completed and signed, it will be sent by the funeral director to Vital Records for data entry into EDRS.

Though all new death certificates (deaths on or after July 1, 2008) will be of electronic origin, you will continue to handle death certificates of paper origin (deaths prior to July 1, 2008) for corrections and amendments. These processes are described later in this document.

Requests for Burial Transit Permits

A burial transit permit is required for final disposition of the body.

A Preliminary Report of Death (copy or original) is acceptable as documentation for obtaining a burial transit permit in cases when the death certificate is not yet available from the EDRS. However, **you cannot issue certified copies of the Preliminary Report of Death (PROD), and it should be destroyed once you have filed the death certificate.**

NOTE: If you receive a Vermont Certificate of Death on the old form DH-PHS-DTH-02, for a death that occurred on or after July 1, 2008, do NOT accept it as documentation for the issuance of a burial transit permit. Please direct the person to use a Preliminary Report of Death form or refer him/her to Vital Records.

If a death is entered into the EDRS or a Preliminary Report of Death is completed during normal business hours, the funeral director (or other authorized person in charge of the body) will come to you to issue a burial transit permit for the deceased.

If the death has already been registered in the EDRS, and you are an enrolled user, you can access the death certificate on line.

If the death has not been registered, or you are not enrolled in the EDRS, the funeral director will present you with a completed Preliminary Report of Death or an “informational copy” of the death certificate (see italicized note below).

If your office is closed, a deputy registrar may issue the burial transit permit. The deputy registrar (see page 3-14) will sign and date the permit, and is responsible for bringing it to your office, along with a copy of the Preliminary Report of Death or an “informational copy” of the death certificate (see below) on the next business day.

[Note – at some point in the future, there will likely be an option in the EDRS for a funeral director to print an “Informational Copy” of a death certificate to present to you as acceptable documentation for requesting a burial transit permit.]

II. REVIEWING A PRELIMINARY REPORT OF DEATH (PROD)

A completed Preliminary Report of Death (DH-PHS-PROD-08) is acceptable (original or copy) as documentation for obtaining a burial transit permit when the Death Certificate produced by the EDRS is not yet available.

A completed Preliminary Report of Death consists of two pages:

- Demographic Information
- Medical Certification

These pages may be presented to you as one two-sided form or as two separate pages. In either case, both pages must be complete and signed. When one of the two parties involved in reporting a death (Funeral Director/Authorized Person or a Physician) has submitted information through the EDRS, but the other is not an enrolled user, one page of the Preliminary Report of Death will appear as a report generated from the EDRS, with an “OFFICIAL COPY” watermark across the page. **For samples of these reports refer to pages 3-21 and 3-22.**

RETAIN THE PRELIMINARY REPORT OF DEATH IN A TEMPORARY FILE. DO NOT ISSUE CERTIFIED COPIES OF A PRELIMINARY REPORT OF DEATH, AND DESTROY THE REPORT ONCE YOU HAVE FILED THE DEATH CERTIFICATE.

Please check the following items on the Preliminary Report of Death (PROD) before issuing a burial transit permit:

Name Known to Physician

If the Preliminary Report of Death is provided using two separate forms the Name Known to Physician field should be complete and match on both forms.

Decedent's Legal Name --Item 1a

Normally a Preliminary Report of Death should have the full name of the deceased. Newborn deaths are an exception. Frequently when a newborn dies, the PROD or death certificate will only have the last name, and this is acceptable. Other exceptions are rare. Call Vital Records before you issue a burial transit permit if the full name of the deceased is not complete.

City or Town of Death -- Item 21b

The town of death must be your town. If it is not your town, do not issue a burial transit permit.

Funeral Director's Signature -- Item 24

This item must be signed by the individual responsible for making the arrangements for the disposition of the body. This is usually the funeral director, but may on occasion be a friend or family member when the family has chosen not to use funeral home services. If there is no signature in this item, refuse to accept the Preliminary Report of Death as documentation for issuance of a burial transit permit.

Cause of Death -- Item 28

The Cause of Death section should not be left blank. If this item is not known, "Pending" should be entered in this section by the medical certifier. Do not accept a Preliminary Report of Death as documentation for issuing a burial transit permit when the cause of death section is blank.

Certifier's Signature -- Item 43a

This block must be signed by the physician certifying the death. If there is no signature in this block, or if the signature is of someone who is not a physician (R.N., P.A.), do not accept the Preliminary Report of Death as documentation for issuing a burial transit permit.

III. COMPLETING AND ISSUING THE BURIAL TRANSIT PERMIT (DH-PHS-BTP-89A)

Complete items 1-7 (from information on the Preliminary Report of Death, or death certificate, if available).

Check appropriate box for disposition of body and complete **ONLY** that section:

Section A: Temporary Storage

Complete this section when body will be stored for the winter months awaiting spring burial.

Section B: Removal from Temporary Storage

(Refer to pages 3-14 and 3-15 for instructions regarding spring burials and removals).

Section C: Cremation

Complete this section when body is cremated.

Section D: Burial or Entombment

Complete this section if the body will be buried, above or below ground, or if the body has been donated to an institution.

If the body is to be donated to an institution, print "Donated to (name of institution)", the location of institution and date. The burial transit permit should be filed in the town/city where the institution is located.

If body is to be buried above or below ground, sign under "Permission is given to dispose of said body...", type in name of your town/city, add the date and give to the funeral director (or authorized person).

The funeral director (or authorized person) will deliver the permit to the sexton of the cemetery or crematorium. The sexton will complete the appropriate boxes and file it in the office of the clerk of the town/city where final disposition occurs.

IV. DEATH CERTIFICATE CHECKLIST (Electronic Origin)

Beginning with deaths occurring on July 1, 2008, all Vermont death certificates are produced using the Electronic Death Registration System (EDRS). If you receive an older death certificate form DH-PHS-DTH-02 for a death which occurred on or after this date, do not accept or file it. Please direct the person who submitted it to use a Preliminary Report of Death form (DH-PHS-PROD-08) or refer him/her to Vital Records.

The EDRS contains edits that check for completeness of a death record and prevent it from being registered without certain required information. If a death certificate is available for you to print, it has passed all of the required edits in the EDRS and should be considered acceptable documentation for issuing a burial transit permit.

While the EDRS edits will check to assure all required fields are completed, there will be records containing typos or incorrect information that will need to be corrected. When you print a death certificate from the EDRS or receive a file copy from Vital Records, please check the following items before you file the record.

IF YOU DISCOVER ANY ERRORS OR INCOMPLETE INFORMATION PLEASE CONTACT THE VITAL RECORDS UNIT, AND STAFF WILL FOLLOW UP WITH THE APPROPRIATE FUNERAL DIRECTOR OR PHYSICIAN TO OBTAIN AN APPLICATION FOR CORRECTION.

Decedent's Legal Name

Normally a death certificate should have the full name of the deceased. Newborn deaths are an exception. Frequently when a newborn dies, the death certificate will only have the last name, and this is acceptable. Other exceptions are rare. Call Vital Records before you file or issue copies of certificates in other cases where the name of the deceased is not complete.

Place of Death or City/Town of Residence

Either the town of death, or the town of residence must be your town. If it is not, do not file or issue a certified copy of the certificate. Please call Vital Records to let them know about the error.

Cause of Death

The cause of death section should not be left blank. "Pending" is an acceptable entry if the cause of death is not yet known. Do not file the certificate if the cause of death is blank. Please call Vital Records to let them know of this omission.

State Registrar Signature

An image of the current State Registrar's signature will appear on the death certificate indicating that the death was registered by the Department of Health, via the EDRS. Do not file the certificate if this item is blank, and please notify Vital Records of this omission.

Date Registered

This will contain the date the record was registered in the EDRS. Do not file the certificate if this item is blank, and please notify Vital Records of this omission.

A Note on Signatures: Since the death record is being produced electronically, the signatures of the Medical Certifier and the Funeral Director will not appear; instead, the physician's name and the name of the funeral director (or authorized person in charge of the body) will be printed on the certificate. Their "electronic signatures" are established by processes they must follow in order to submit a death certificate.

V. FILING THE DEATH CERTIFICATE (Electronic Origin) AND THE BURIAL TRANSIT PERMIT

Beginning with deaths occurring on July 1, 2008, all Vermont death certificates are produced using the Electronic Death Registration System (EDRS).

When you print, or receive from Vital Records, an occurrence or residence copy of a death certificate, review the certificate with the checklist above.

1. Number the death certificate consecutively by the date you received it for filing in the upper left corner.

NOTE: IT IS NO LONGER NECESSARY FOR YOU TO PREPARE PHOTOCOPIES FOR THE TOWN OF RESIDENCE AND FOR VITAL RECORDS.

2. Prepare a general index card and file it alphabetically in your general index or prepare a journal index entry.
3. Enter the name and page number alphabetically in the volume index in the front of the certificate book.
4. File the certificate in the current book of deaths.

When you receive a Burial Transit Permit (BTP):

1. Assign a local file number in the "Permit No." line in the upper right corner.
2. If you have both the death certificate and the burial transit permit, file the BTP behind the death certificate in your death certificate book. You may give the permit the same number but with an "A" after it (i.e., death certificate number 29, BTP 29A), or you may give it the next sequential number.
3. When you receive only the BTP, you should give the permit the next sequential number in your death certificate book and file it with the death certificates.
4. Prepare and file a general index card and make a volume entry for the burial permit. 18 V.S.A. § 5008.

Burial when death occurred out-of-state:

If a body from another state is to be buried or entombed in a town in this state, the permit accompanying the body is sufficient authority for burial. 18 V.S.A. § 5209. However, if there is no permit accompanying the body, the clerk shall issue a BTP (DH-PHS-BTP-89A) when presented with sufficient information relative to identification and cause of death. A certified copy of a death certificate should provide sufficient information.

VI. CORRECTING A DEATH CERTIFICATE WITHIN SIX MONTHS

GENERAL INSTRUCTIONS

Within six months after the date of death, the certifying physician, medical examiner, hospital, nursing home or funeral director may submit an application to correct a death certificate. A "Request to Correct a Death Certificate" (DH-PHS-DC-CORR-7/2008 or DH-VS-1M-95) can be provided for such corrections and additions. However, a written note is acceptable. It is up to the discretion of the Town Clerk or Vital Records to either accept or refuse the application. If refused, the applicant may petition the probate court for the correction or completion. Changes or additions to the medical certification section may be made **ONLY** upon written request from a medical examiner or the certifying physician. 18 V.S.A. § 5202a. If you have any questions about whether to accept a request for a correction, call Vital Records.

NOTE: TOWN CLERKS AND VITAL RECORDS STAFF MAY NOT CORRECT ERRORS ON THEIR OWN INITIATIVE, EVEN IF THESE APPEAR TO BE OBVIOUS ERRORS.

CERTIFICATES OF ELECTRONIC ORIGIN

Any corrections to a certificate of electronic origin (deaths occurring on or after July 1, 2008) must be made in the EDRS by Vital Records. Please forward any applications to Vital Records or request that applicants contact Vital Records directly.

Vital Records will make the necessary changes in the EDRS, and then inform both the town of death and the town of residence that a new file copy of the certificate can be produced from the system (if you are an enrolled user of the EDRS). **Vital Records will also forward to you a hard copy of the corrected certificate.**

Corrections and appropriate documentation (e.g. Attest statement) will appear on all future copies of the certificate printed from the EDRS. THEREFORE, WHEN YOU RECEIVE A REQUEST FOR A CERTIFIED COPY, YOU ARE ENCOURAGED TO ALWAYS PRINT THE CERTIFICATE DIRECTLY FROM THE EDRS TO ENSURE THAT THE MOST CURRENT VERSION IS ISSUED.

When you print, or receive from Vital Records, an occurrence OR residence copy of a corrected certificate:

1. Put the same local file number on the corrected copy as is on your original copy.
2. Attach the corrected copy to the original certificate and re-file them in the same place.
3. Indicate the corrections and/or additions on the original index card (or journal index entry), and to the volume index, if appropriate.

CERTIFICATES OF PAPER ORIGIN

Corrections to certificates of paper origin (deaths prior to July 1, 2008) should be made as described below.

NOTE: AFTER DECEMBER 31, 2008 THE ONLY CERTIFICATES THAT WILL BE ELIGIBLE FOR CORRECTION WILL BE OF ELECTRONIC ORIGIN, SO THE FOLLOWING SECTION WILL NO LONGER BE RELEVANT.

A. When you receive a request to correct a Death Certificate within six months of date of death:

CORRECT THE ORIGINAL CERTIFICATE OF DEATH:

1. Draw a single line through the erroneous information. Whenever possible, use a typewriter to make corrections, including the line through the erroneous information.
2. Type the corrected information above the lined out information or as space allows for that item number. If the item was originally left blank, you may complete it in the appropriate place.
3. Make the following notation (as required by law) in the margin at the bottom of the certificate:

"Item ___ corrected (or added) upon application of (physician, hospital, etc.) pursuant to 18 V.S.A. 5202a (a) on (date). Attest: (Clerk Signature)"

4. Photocopy the original death certificate on **Official Copy Paper** (4 hole punch, 8 1/2 x 11). Sign the copy indicating it is a true copy, date and emboss with your town seal. Send copies of the corrected certificate to:
 - a. The Vital Records Unit with your next transmittal statement.

- b. The Clerk of any Vermont town to whom a copy of the original record was sent.
5. Indicate the correction and/or additions on the original index card (or journal index entry) and in the volume index if that information has changed.
6. Re-file the certificate in the same place. Mark the volume and page number of the corrected certificate on the "Request to Correct a Death Certificate" (DH-VS-1M-95) or other written request. File the written request in a special file kept in your vault or with your court decrees. They should be filed alphabetically by last name, not by date.

B. When you receive a residence copy of a certificate that has been corrected within six months of the date of death from the town of death:

1. Put the same local file number on the corrected copy as is on your original residence copy.
2. Remove the original residence copy from your death certificate volume, note on it "**superseded by corrected copy**", and send it to Vital Records with your next monthly transmittal statement.
3. Indicate the corrections and/or additions on the original index card (or journal index entry), and to the volume index, if appropriate.
4. File the new residence copy in place of the original residence copy.

VII. COURT AMENDED DEATH CERTIFICATES

A person who wishes to amend a death certificate more than six (6) months after the date of death, or when the application for correction was refused by the town clerk, must do so by petitioning the probate court of the district of death. The probate court will issue a decree setting forth the facts as found, and send a copy of the decree to the Vital Records Unit.

CERTIFICATES OF ELECTRONIC ORIGIN

All court ordered amendments to certificates of electronic origin (deaths occurring on or after July 1, 2008) must be made in the EDRS. Vital Records will process the court decree, enter the necessary changes into the EDRS and then inform both the town of death and the town of residence that a new file copy of the certificate can be produced from the system (if you are an enrolled user of the EDRS). **Vital Records will also forward to you a hard copy of the amended certificate.**

The changes and appropriate documentation (e.g. Attest statement) will appear on all future copies of the certificate printed from the EDRS. THEREFORE, WHEN YOU RECEIVE A REQUEST FOR A CERTIFIED COPY, YOU ARE ENCOURAGED TO ALWAYS PRINT THE CERTIFICATE DIRECTLY FROM THE EDRS TO ENSURE THAT THE MOST CURRENT VERSION IS ISSUED.

When you print, or receive from Vital Records, an occurrence OR residence copy of a court amended certificate:

1. Number the certificate consecutively by the date you receive it for filing.
2. Type the following reference on the original certificate in the top margin: "See Court Amended Certificate on file in volume __, page __."
3. Prepare the volume index entry in the most recent book of deaths. Cross-reference the original volume entry to the location of the new amended certificate.
4. File and index the new court amended copy in the current volume of death certificates. The court amended record is the copy used to make certified copies when requested. However, you are encouraged to always print the certificate directly from the EDRS to ensure that the most current version is issued.

CERTIFICATES OF PAPER ORIGIN

The Vital Records Unit will send you the court decree, with a cover page of instructions. 18 V.S.A. § 5202a (b).

A. When you receive a court decree to amend a certificate of death of paper origin (death prior to July 1, 2008) from the Vital Records Unit:

1. Line out erroneous information with a single line and type in corrected information above the line or in that item number as space allows. If the item was blank originally, you may complete it in the appropriate place.
2. The words "**COURT AMENDED**" must be typed at the top of the amended certificate.
3. Complete the following certification in the bottom margin of the certificate:

"Item _ amended by order of (name of court) pursuant to 18 V.S.A. 5202a (b) on (date of decree). Attest: (signature of clerk)"
4. Prepare State and Residence Town Copies:

a. Photocopy the amended original death certificate on **Official Copy Paper** (4 hole punch, 8 1/2 by 11). Certify, date, and emboss with your town seal and send to:

1. The Vital Records Unit with your next transmittal statement.
 2. The Clerk of any town to whom a copy of the original certificate was sent.
5. Indicate the corrections and/or additions on the original index card or journal index entry and in the volume index.
 6. Re-file the certificate in its original place.

B. When you receive a residence copy of a court amended death certificate that is of paper origin (death prior to July 1, 2008):

1. Number the certificate consecutively by the date you receive it for filing.
2. Type the following reference on the original residence certificate in the top margin: "See Court Amended Certificate on file in volume __, page __."
3. Prepare the volume index entry in the most recent book of deaths. Cross-reference the original volume entry to the location of the new amended residence copy.
4. File and index the new court amended residence copy in the current volume of death certificates. The court amended record is the copy used to make certified copies when requested.

VIII. PRELIMINARY REPORT OF HOSPITAL DEATH

PLEASE NOTE: WE ARE NOT AWARE THAT THESE FORMS ARE CURRENTLY BEING USED, BUT HAVE INCLUDED THIS SECTION IN THE EVENT THAT ONE IS PRESENTED TO YOU.

When a patient dies in a hospital, a physician who has access to the facts of death may complete and sign a **Preliminary Report of Hospital Death** (DH-PHS-6-90). 18 V.S.A. § 5202 (b).

The Preliminary Report is used for a hospital death where it is impossible to obtain a death certificate from the attending physician before burial or transportation. When this happens, any physician who has access to the facts of the death and can certify that the

death does not have to be reported to the medical examiner, may issue a Preliminary Report of Hospital Death.

The Preliminary Report of Hospital Death (DH-PHS-6-90) should be completed as follows:

1. Items 1-7 are completed by hospital personnel and contain information about the deceased, including name, sex, date of death, race, age, date of birth, city/town of death, hospital, and patient status.
2. Items 8-9 include the information about the time of death and pronouncement, and signature of certifying physician. Item 10 is the name and address of the physician responsible for preparing the death certificate and delivering it to the funeral director within 24 hours of death.
3. Items 11-13 name the funeral director and date the body was removed from the hospital.
4. The town clerk or deputy registrar completes line 14a-c.
5. You may prepare and issue a Burial Transit Permit (DH-PHS-BTP-89A) when you receive and sign the Preliminary Report of Hospital Death.
6. Give the funeral director the pink copy of the Preliminary Report of Hospital Death form and the Burial Transit Permit.
7. Retain the Preliminary Report of Hospital Death in a temporary file. The form may be destroyed 6 months after you receive the death certificate.
8. If you do not receive the completed death certificate within 36 hours of the death, contact the Vital Records Unit.

IX. ISSUING CERTIFIED COPIES OF DEATH CERTIFICATES TO THE PUBLIC (24 V.S.A. § 1164)

You may issue certified copies of deaths which occurred in Vermont and have been filed in your town. You may not make copies of the informational certificates that are sometimes sent by other states or filed by the family when the death occurred out of state. We recommend that you always receive a written request before you issue a certified copy. The written request should include pertinent information about the record and the requestor. A generic form is available from Vital Records that can be modified and adopted for use in your town.

Copies requested by the public should be photocopied on engraved certificate paper. The engraved certificate paper is tamper resistant, and is available from Vital Records at cost.

NOTE: Beginning January 1, 2010, all certified copies of vital events must be issued on engraved certificate paper. Refer to Act S.229 passed into law during the 2007-2008 Vermont legislative session.

A. How to make certified copies of death certificates of Paper Origin:

1. For deaths that occurred prior to July 1, 2008, photocopy the death certificate onto engraved certificate paper. **NOTE: You will need to reduce the size of the original certificate by 78% in order for it to fit within the margins of the engraved certificate paper.**
2. You may leave blank the “true copy attest” statement portion on the certificate (unless it’s a residence copy where it has already been completed) and need only complete the attest line at the bottom of the engraved certificate paper. Handwritten signatures on certified copies are preferred. Facsimile signatures are acceptable provided the registrar intends this stamp to be a bona fide signature.
3. Emboss the copy with your town seal over your signature.

B. How to make certified copies of death certificates of Electronic Origin:

1. For deaths that occurred on or after July 1, 2008, we encourage you to print certified copies directly from the Electronic Death Registration System (EDRS) rather than from a file copy.
2. Log in to the Vermont Department of Health’s EDRS application and locate the record of interest.
3. Print a copy of the record directly onto the engraved certificate paper. We suggest that you use the manual feed or bypass tray on your printer.
4. Complete the attest line at the bottom of the engraved certificate paper. Handwritten signatures on certified copies are preferred. Facsimile signatures are acceptable provided the registrar intends this stamp to be a bona fide signature.
5. Emboss the copy with your town seal over your signature.

X. APPOINTING DEPUTY REGISTRARS

You are required by law to appoint at least one deputy registrar each year who will register deaths that occur in your town and issue burial transit permits during the times when your office is closed. The deputy registrar(s) should be appointed within 5 days of your appointment or election. If you have a multiple year election or appointment, it should be done annually on the anniversary date of your election or appointment. You are required to record the names of the deputies in the town records and notify the Department of Health. Each year around town meeting day you will receive a letter from the Vital Records Unit asking you to identify the names of your deputy registrars. If your town elections are at a time other than town meeting day you will need to let us know when you will be appointing deputy registrars. 18 V.S.A. § 5201 (a).

XI. GENERAL INSTRUCTIONS FOR DEPUTY REGISTRARS

Upon receipt of a Preliminary Report of Death (PROD – form DH-PHS-PROD-08) or Vermont Certificate of Death:

1. Review the form for completion. See checklist starting on page 3-3. Refuse to accept a Preliminary Report of Death or a death certificate (if available) that does not meet these guidelines.

Please note: If presented with a Preliminary Report of Death, please remind the funeral director or authorized person to fax or deliver a copy to Vital Records so that a death certificate can be produced.

2. Issue Burial Transit Permit.
3. Deliver a copy of burial transit permit along with the Preliminary Report of Death or death certificate to the town clerk on the next official working day. 18 V.S.A. § 5201a.

XII. REMOVAL FROM TEMPORARY STORAGE

When a body has been temporarily stored in your town, you will be asked to issue a burial transit permit (BTP) when permanent burial arrangements have been made. You may issue a permit to the funeral director or the individual taking responsibility for the body. If the body is to be removed from the town of storage for burial in another town, two burial transit permits are required. 18 V.S.A. § 5213. **DO NOT ISSUE A BURIAL TRANSIT PERMIT UNLESS THE BODY WAS IN TEMPORARY STORAGE. IF THE BODY HAS BEEN BURIED, FOLLOW THE PROCEDURE GIVEN IN TITLE 18 V.S.A. § 5212 AND § 5212A. See Section XII, Disinterment, on page 3-15.**

IF BODY IS TO BE BURIED IN ANOTHER TOWN:

1. Remove original burial transit permit (BTP) from book where filed.
2. Make a copy on blank **Official Copy Paper** (4 hole punch, 8 1/2 x 11).
3. Return original BTP to book where filed.
4. Check box for Section B (Removal from Temporary Storage). Complete Section B (Clerk's signature allows body to be removed from temporary storage).
5. Make a copy of this BTP on blank **Official Copy Paper** (4 hole punch, 8 1/2 x 11).
6. On this new copy, check box for Section D (Burial or Entombment). Complete Section D. (Clerk's signature allows body to be moved out of town.)
7. Give both copies to funeral director or authorized person.
8. Funeral director gives both copies to sexton of cemetery where body is stored.
9. Sexton of your cemetery signs and dates both BTP's in Section B.
10. Sexton of your cemetery keeps copy with Section B completed and files it with the town clerk during the first week of the following month. 18 V.S.A. § 5215.
11. The BTP that has Section D completed accompanies the body to the town of burial (either in or out of state) and is given to the sexton of that cemetery.
12. Sexton completes burial information in Section D and files with clerk of the town where cemetery is located.

IF THE BODY WILL BE BURIED IN THE SAME TOWN:

1. Follow instruction 1, 2, and 3 above.
2. Complete Sections B and D to allow removal from the cemetery vault and burial within same town.
3. Give BTP to funeral director.
4. Sexton receives BTP, completes appropriate sections. If body is buried in same cemetery, one sexton completes both sections. If body is buried in another cemetery, the sexton of the cemetery where the body is temporarily stored signs

Section B and the sexton of the cemetery of final disposition completes Section D and files with clerk of the town where cemetery is located.

XIII. DISINTERMENT

When a body is to be removed from a cemetery, or from one part of a cemetery and placed in another part of the same cemetery, a BTP (DH-PHS-BTP-89A) is required from the clerk of the town in which the body is interred or entombed.

On July 1, 1986, the law regarding disinterment and re-interment changed. The applicant for a disinterment / re-interment permit is now required to take certain steps before beginning the relocation of the body. Please read Title 18 V.S.A. Section 5212 and Section 5212a thoroughly. The following is a brief review of the procedure.

An individual wishing to disinter a body that is buried in your town will apply for a BTP.

1. Before you issue the permit, the applicant must publish "notice of intent" to move the body for 2 consecutive weeks in a newspaper of general circulation in the town where the body is buried.
2. An objection may be filed in probate court within 30 days of the date the notice was last published. A copy of the complaint will be filed with you (the town where the body is presently buried). If an objection is made, you may issue the permit **ONLY** upon receipt of a court order.
3. If no objection is made, you may issue a burial transit permit 45 days after notice was last published.

A DISINTERMENT/REINTERMENT PERMIT (BTP) MAY BE ISSUED WITHOUT PUBLICATION IN THE FOLLOWING SITUATIONS:

1. When body has been placed in temporary storage (i.e., spring burials after winter death). See page 3-14.
2. To federal, state, county or municipal officials when carrying out official duties.
3. When all persons entitled to object (spouse, child, parent, and sibling) give written permission to relocate remains.

Issue two disinterment permits (BTP's) if the body is to be removed from the town. Complete Section B on one copy to allow removal from the cemetery. Complete Section D on second copy to allow burial in another town, state or country. The sexton of the cemetery where removal is made will receive the copy where Section B has been completed. The second permit will be given to the sexton of the cemetery or crematorium of permanent disposition.

XIV. DISPOSITION OF FETAL REMAINS

Occasionally you may receive a Burial-Transit-Disposition-Permit for Fetal Remains (BTP-FET-89). This permit is issued by the hospital or physician when the "Report of Fetal Death" (DH-PHS-FD-89) is prepared and does not require a town clerk signature. It is filed in the same book as other BTP's but there will not be an accompanying death certificate. 18 V.S.A. § 5224(b). If you get a blue copy of the "Report of Fetal Death", send it to Vital Records immediately.

XV. CREMATION

Before a body may be cremated, a permit must be obtained from the medical examiner. This permit is a special release indicating that no further examination or judicial inquiry concerning the body is necessary. The cremation permit is delivered to the crematorium.

When an individual is cremated, item 22a on the Preliminary Report of Death will specify cremation. Items 22d and 22e will contain the name and address of the crematory.

Cremation is considered final disposition of a body. The burial permit is filed in the town where the crematory is located. The family may take the ashes and dispose of them in any manner. 18 V.S.A. § 5319(d). The intent of the burial permit is to assure that a body with potential to transmit disease is properly disposed of. Cremains do not pose a threat to public health.

XVI. PRIVATE BURIAL PLOTS

A family may choose to inter a body on their own property. When they do this they are creating a private burial plot. A private burial plot is permitted under Vermont law as long as no health hazard is created. 18 V.S.A. § 5319(a). The family must have the proposed site approved by the town board of health or health officer.

Burial in a private plot does not remove the necessity of filing a death certificate and burial permit. For those considering establishing a private cemetery, a pamphlet titled: "Private Burial Plot" is available. The pamphlet gives information, including the disadvantages that a family should consider. You may request this pamphlet on your monthly transmittal statement.

SAMPLE

VERMONT CERTIFICATE OF DEATH

Pebbles Jemstone Flintstone-Rubble

Aliases: None

Date of Death: December 30, 2006 **Time of Death:** 1:30 PM **Age:** 10 Years

144-2008000001
State File Number

Date of Birth: September 30, 1930 **Birthplace:** Barre, VT **Sex:** Female

Mother's Birth Name: Wilma Granite Slate

Father's Name: Fredrick Gravel Flintstone

Marital Status: Married

Spouse/Civil Union Partner: Barney Bam-Bam Rubble

Residence: 317 South Street, Montpelier, VT

Hispanic Origin: No

Race: White

Occupation: Teacher

Business/Industry: Education

Education: Doctorate or Professional degree

Ever in U.S. Armed Forces: No

Veteran of Any War: N/A

Hospice Care (in past 30 days): Yes

Place of Death: Decedent's home; 999 Gravel Road, Middlebury, VT

Informant: Jennifer Franklin; 28889 Route 7, Middlebury, VT 05602

Relationship: Daughter

Disposition Date: September 30, 2006

Place of Temporary Storage:

Method: Burial

Place of Final Disposition: Elmwood Memorial Cemetery, Barre, VT

Funeral Director/Authorized Person: Elizabeth Trombly Loving

Address: Loving Memorial Funeral Home, 121 West Main St, East Montpelier, VT 05641

Cause of Death and Interval (Onset to Death): **Manner of Death:** Accidental

A. Rupture of left ventricle (30 Minutes) *due to* **B.** Myocardial infarction (30 Minutes) *due to* **C.** Coronary atherosclerosis and such (7 Years)

Other Contributing Conditions:

Did Tobacco Use Contribute to Death: Yes

Pregnant at Time of Death: Unknown

Date Pronounced Dead: January 1, 2007

Time Pronounced Dead: 4:00 AM

Medical Examiner Contacted: No

Autopsy Performed: No

Autopsy Available: No

Injury Date/Time: N/A

Injury at Work:

Transportation Injury:

Injury Place:

Injury Location:

How Injury Occurred:

Medical Certifier: Imareally Longnamed Doktor; 2909 Old Fort Shady Lane East, Northfield, VT 04600

Title of Certifier: Medical Examiner **Date Certified:** January 20, 2007 **Other Attending Physician:** Somegreat Docktorofimport

Registration *Linda A. Davis* Linda A. Davis, State Registrar **Date Registered:** January 3, 2007

| | |
|---------------------------------|-----------------------|
| Name Known to Physician: | Date of Death: |
|---------------------------------|-----------------------|

DHPSPROD08

**STATE OF VERMONT
DEPARTMENT OF HEALTH
Preliminary Report of Death – Demographic Information**

Type or Print in Black Ink

| | | | | | |
|--|--|--|--|--|--|
| To Be Completed/Verified By: FUNERAL DIRECTOR OR PERSON ACTING AS SUCH | 1a. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) | | | | |
| | 1b. ALIASES (Any other names the decedent used or was known as) | | 1c. DECEDENT'S LAST NAME AT BIRTH | | |
| | 2. SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female | 3. SOCIAL SECURITY NUMBER | 4a. AGE-LAST BIRTHDAY (Years) | 4b. IF UNDER 1 YEAR Months: _____ Days: _____ | |
| | 4c. IF UNDER 1 DAY Hours: _____ Minutes: _____ | | 5. DATE OF BIRTH (Month, Day, Year) | | |
| | 6. BIRTHPLACE (City and State or Foreign Country - include Province if Canada) | | 7a. RESIDENCE STREET AND NUMBER (Include Apartment Number) | | |
| | 7b. CITY OR TOWN OF RESIDENCE | | 7c. STATE OR FOREIGN COUNTRY | | |
| | 8a. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No | 8b. VETERAN OF ANY WAR? <input type="checkbox"/> Yes <input type="checkbox"/> No | 8c. IF SO, WHAT WAR(S)? | | |
| | 9. MARITAL STATUS AT TIME OF DEATH: <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Civil Union <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Union dissolution <input type="checkbox"/> Never Married or in Civil Union <input type="checkbox"/> Unknown | | | 10. BIRTH NAME OF SURVIVING SPOUSE / CIVIL UNION PARTNER | |
| | 11. FATHER'S NAME (First, Middle, Last) | | 12. MOTHER'S BIRTH NAME (First, Middle, Last) | | |
| | 13a. INFORMANT'S NAME (First, Middle, Last) | | 13b. RELATIONSHIP TO DECEDENT | | |
| | 13c. INFORMANT'S MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) | | | | |
| | 14. DECEDENT'S EDUCATION LEVEL: (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> 9 th - 12 th grade; no diploma <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) | | | 15. 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.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino/Latina (Specify) _____ | |
| | 16. 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"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Samoan <input type="checkbox"/> _____ <input type="checkbox"/> Japanese <input type="checkbox"/> _____ <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> _____ <input type="checkbox"/> Other (Specify) _____ | | | | |
| | 17. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED) | | 18. KIND OF BUSINESS/INDUSTRY | 19. DID DECEDENT RECEIVE HOSPICE CARE? (In past 30 days) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| | 20. PLACE OF DEATH (Indicate only one) If death occurred in a hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival If death occurred somewhere other than a hospital: <input type="checkbox"/> Nursing home / Long Term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify) _____ | | | | |
| 21a. FACILITY NAME (If not institution, give street and number) | | 21b. CITY OR TOWN | | 21c. STATE | |
| 22a. METHOD OF DISPOSITION: <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (specify) | | | | | |
| 22b. PLACE OF TEMPORARY STORAGE (Name of cemetery, other place) | | | 22c. LOCATION OF TEMPORARY STORAGE (City or Town, State) | | |
| 22d. PLACE OF FINAL DISPOSITION (Name of cemetery, crematory, other place) | | | 22e. LOCATION OF FINAL DISPOSITION (City or Town, State) | | |
| 23a. NAME OF FUNERAL FACILITY OR AUTHORIZED PERSON | | 23b. ADDRESS OF FUNERAL FACILITY OR AUTHORIZED PERSON (Street and Number, City, State, Zip Code) | | | |
| 24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR AUTHORIZED PERSON | | 25. VERMONT LICENSE NUMBER | 26. DATE OF DISPOSITION (Month, Day, Year) | | |

If attached to a completed Preliminary Report of Death – Medical Certification, this document shall be acceptable for issuance of burial transit and removal permits. This is not a permanent record. A town clerk may not issue certified copies of this record.

| | |
|--------------------------|----------------|
| Name Known to Physician: | Date of Death: |
|--------------------------|----------------|

**STATE OF VERMONT
DEPARTMENT OF HEALTH
Preliminary Report of Death – Medical Certification**

Type or Print in Black Ink

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|-------|--|-------|--|-------|--|-------|--|-------|--|-------|----------|-------|
| 27. MANNER OF DEATH: Note: All deaths that are not "Natural" should be referred to a Medical Examiner. Call 1-888-552-2952. | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could Not Be Determined | | | | | | | | | | | | | | | | | |
| 28. CAUSE 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. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. | | | | | | | | | | | | | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death.) → Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST . | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">a. _____ Due to (or as a consequence of):</td> <td style="width: 30%; padding: 5px; vertical-align: top;"> <table style="width:100%; border-collapse: collapse;"> <tr><td style="border-right: 1px solid black; padding: 5px;">APPROXIMATE INTERVAL: ONSET TO DEATH</td><td style="padding: 5px;">_____</td></tr> <tr><td style="border-right: 1px solid black; padding: 5px;"></td><td style="padding: 5px;">_____</td></tr> <tr><td style="border-right: 1px solid black; padding: 5px;"></td><td style="padding: 5px;">_____</td></tr> <tr><td style="border-right: 1px solid black; padding: 5px;"></td><td style="padding: 5px;">_____</td></tr> </table> </td> </tr> <tr> <td style="padding: 5px;">b. _____ Due to (or as a consequence of):</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">c. _____ Due to (or as a consequence of):</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">d. _____</td> <td style="padding: 5px;">_____</td> </tr> </table> | a. _____ Due to (or as a consequence of): | <table style="width:100%; border-collapse: collapse;"> <tr><td style="border-right: 1px solid black; padding: 5px;">APPROXIMATE INTERVAL: ONSET TO DEATH</td><td style="padding: 5px;">_____</td></tr> <tr><td style="border-right: 1px solid black; padding: 5px;"></td><td style="padding: 5px;">_____</td></tr> <tr><td style="border-right: 1px solid black; padding: 5px;"></td><td style="padding: 5px;">_____</td></tr> <tr><td style="border-right: 1px solid black; padding: 5px;"></td><td style="padding: 5px;">_____</td></tr> </table> | APPROXIMATE INTERVAL: ONSET TO DEATH | _____ | | _____ | | _____ | | _____ | b. _____ Due to (or as a consequence of): | _____ | c. _____ Due to (or as a consequence of): | _____ | d. _____ | _____ |
| a. _____ Due to (or as a consequence of): | <table style="width:100%; border-collapse: collapse;"> <tr><td style="border-right: 1px solid black; padding: 5px;">APPROXIMATE INTERVAL: ONSET TO DEATH</td><td style="padding: 5px;">_____</td></tr> <tr><td style="border-right: 1px solid black; padding: 5px;"></td><td style="padding: 5px;">_____</td></tr> <tr><td style="border-right: 1px solid black; padding: 5px;"></td><td style="padding: 5px;">_____</td></tr> <tr><td style="border-right: 1px solid black; padding: 5px;"></td><td style="padding: 5px;">_____</td></tr> </table> | APPROXIMATE INTERVAL: ONSET TO DEATH | _____ | | _____ | | _____ | | _____ | | | | | | | | |
| APPROXIMATE INTERVAL: ONSET TO DEATH | _____ | | | | | | | | | | | | | | | | |
| | _____ | | | | | | | | | | | | | | | | |
| | _____ | | | | | | | | | | | | | | | | |
| | _____ | | | | | | | | | | | | | | | | |
| b. _____ Due to (or as a consequence of): | _____ | | | | | | | | | | | | | | | | |
| c. _____ Due to (or as a consequence of): | _____ | | | | | | | | | | | | | | | | |
| d. _____ | _____ | | | | | | | | | | | | | | | | |
| 29. CAUSE PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I . | | | | | | | | | | | | | | | | | |
| 30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown | 31. 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"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death | | | | | | | | | | | | | | | | |
| 32a. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No | 32b. M.E. CASE NUMBER | 33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No | 34. WERE FINDINGS OF AUTOPSY AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| IF AN INJURY IS PART OF THE CAUSE OF DEATH (Pt. I OR II) THE DEATH SHOULD BE CERTIFIED BY A MEDICAL EXAMINER. CALL 1-888-552-2952 | | | | | | | | | | | | | | | | | |
| 35. DATE OF INJURY (Month, Day, Year) | 36. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM | 37. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) | 38. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| 39. LOCATION OF INJURY (Street and Number, City or Town, State) | | | | | | | | | | | | | | | | | |
| 40. DESCRIBE HOW INJURY OCCURRED | | 41. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (specify) _____ | | | | | | | | | | | | | | | |
| 42a. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year) | 42b. ACTUAL OR PRESUMED TIME OF DEATH <input type="checkbox"/> AM <input type="checkbox"/> PM | 42c. DATE PRONOUNCED DEAD (Month, Day, Year) | 42d. TIME PRONOUNCED DEAD <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | | | | | | | | | | | |
| 43a. SIGNATURE OF CERTIFIER – To the best of my knowledge, on the basis of case history, examination, and/or investigation, death occurred at the time, date, and place and due to the cause(s) and manner stated. | | | 43b. DATE CERTIFIED (Month, Day, Year) | | | | | | | | | | | | | | |
| 43c. NAME OF CERTIFIER (Type or Print) | | | 43d. LICENSE NUMBER | | | | | | | | | | | | | | |
| 43e. ADDRESS OF CERTIFYING PHYSICIAN (Street and Number, City or Town, State, Zip Code) | | | 44. CONTACT PHONE NUMBER () | | | | | | | | | | | | | | |
| 45. TITLE OF CERTIFIER: <input type="checkbox"/> Physician <input type="checkbox"/> Pathologist <input type="checkbox"/> Medical Examiner | | 46. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | | | | | | | | | | | | |

To Be Completed/Verified By: MEDICAL CERTIFIER

If attached to a completed Preliminary Report of Death – Demographic Information, this document shall be acceptable for issuance of burial transit and removal permits. This is not a permanent record. A town clerk may not issue certified copies of this record.

SAMPLE
STATE OF VERMONT
DEPARTMENT OF HEALTH
Preliminary Report of Death – Demographic Information

EDRS Record Name: Maryanne Makebelieve

EDRS Record Number: #####

Date of Death: December 30, 2006

- 1a. **Decedent's Legal Name:** Maryanne Karen Makebelieve, III
- 1b. **Aliases:** Daisy Nightingale; Rainbow Dewdrop
- 1c. **Decedent's Last Name at Birth:** Madeup
2. **Sex:** Female
3. **SSN:** 111-22-3333
4. **Age:** 10 Hours 48 Minutes
5. **Date of Birth:** December 30, 1930
6. **Birthplace:** Northfield, Vermont, U.S.A.
- 7a-c. **Residence Address:** 317 Hill Street, Apt. 13, Montpelier, VT
- 8a. **Ever in U.S. Armed Forces?** Yes
- 8b-c. **Veteran of Any War?** Yes, Vietnam; Persian Gulf Era; Afghanistan; Operation Iraqi Freedom
9. **Marital Status:** Married, but separated
10. **Birth Name of Surviving Spouse/Civil Union Partner:** Enoch Marvin Johnson
11. **Father's Name:** Peter Thomas Madeup, III
12. **Mother's Birth Name:** Gladys Elizabeth Alexanderson, Jr.
- 13a. **Informant's Name:** Jennifer Annalisabeth Franklin
- 13b. **Informant's Relationship to Decedent:** VNA Visiting Nurse
- 13c. **Informant's Mailing Address:** 2888 Route 216 South, Middlesex, VT 05602
14. **Decedent's Education Level:** Doctorate or professional degree
15. **Decedent of Hispanic Origin?** Yes, Mexican, Mexican American, Chicana/Chicano
16. **Decedent's Race:** White; Black or African American; Vietnamese; Korean
17. **Decedent's Usual Occupation:** Heavy machinery operator
18. **Kind of Business/Industry:** Road construction
19. **Did Decedent Receive Hospice Care?** Unknown
20. **Place of Death Type:** Hospital Emergency Room/Outpatient
- 21a-c. **Place of Death Facility Name and Location:** Fletcher Allen Health Care, Burlington, Vermont
- 22a. **Method of Disposition:** Temporary Storage
- 22b-c. **Place and Location of Temporary Storage:** Elmwood Cemetery, Barre, Vermont
- 22d-e. **Place and Location of Final Disposition:** Elmwood Cemetery, Barre, Vermont
- 23a-b. **Name and Address of Funeral Facility/Authorized Person:** Loving Memorial Funeral Home, 11 Main St, Barre, VT 05641
24. **Signature of Funeral Service Licensee or Authorized Person:** Jane T. Loving
25. **Vermont License Number:** 229999
26. **Date of Disposition:** December 30, 2006

This record was produced using the Vermont Electronic Death Registration System. It represents information that has been signed electronically by the funeral service licensee or authorized person listed in item 24. If attached to a Preliminary Report of Death which contains completed and signed medical information this shall be acceptable as a legal document for obtaining burial transit and removal permits.

SAMPLE

**STATE OF VERMONT
DEPARTMENT OF HEALTH
Preliminary Report of Death – Medical Certification**

EDRS Record Name: Maryanne Makebelieve

EDRS Record Number: #####

Date of Death: December 30, 2006

27. Manner of Death: Accidental

28. Cause of Death PART I.

Approximate Interval:
Onset to Death

- | | |
|---|------------|
| a. Rupture of left ventricle – the number of characters recommended in the data dictionary is 120 which I believe is correct <i>Due to (or as a consequence of):</i> | 30 Minutes |
| b. Myocardial infarction <i>Due to (or as a consequence of):</i> | 30 Minutes |
| c. Coronary atherosclerosis <i>Due to (or as a consequence of):</i> | 7 Years |
| d. Chronic ischemic heart disease <i>Due to (or as a consequence of):</i> | 25 Years |
| e. Fuzzy brain disease <i>Due to (or as a consequence of):</i> | 40 Years |
| f. Chronic trying to think disease | 70 Years |

29. Cause of Death PART II. *Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.*

Insulin-dependent diabetes mellitus, hypertension brought on by over twenty years of smoking, excessive alcohol consumption, over-eating as a daily habit and absolutely no exercise.

30. Did Tobacco Use Contribute To Death? Probably

31. If Female/Pregnant At Time Of Death? Not pregnant, but pregnant within 42 days of death

32a. Was Medical Examiner Contacted? Yes

32b. If Yes, M.E. Case Number: 2007-2222

33. Was An Autopsy Performed? Yes

34. Were Findings Of Autopsy Available To Complete Cause Of Death? Yes

35. Date of Injury: May 12, 2006

36. Time of Injury: 2:00 AM

37. Place of Injury: Construction Site

38. Injury at Work? Yes

39. Location of Injury: 180 Center RD, Williston, Vermont

40. Describe How Injury Occurred

Decedent backed forklift into oncoming traffic causing lots of words to fly everywhere in fact there were 100 characters which is the limit for the amount of data that can be entered in this space.

41. If Transportation Injury: Driver/Operator

42a. Actual or Presumed Date of Death: December 30, 2006

42b. Actual or Presumed Time of Death: 1:30 PM

42c. Date Pronounced Dead: January 1, 2007

42d. Time Pronounced Dead: 4:00 AM

43a. Signature of Certifier: Agreed

43b. Date Certified: January 20, 2007

43c. Name of Certifier: Ima Doktor

43d. License Number: 421234

43e. Address of Certifying Physician: 2909 Shady Lane, Northfield, VT 04600

44. Contact Phone Number: (802) 777-9999

45. Title of Certifier: Medical Examiner

46. Name of Attending Physician If Other Than Certifier: Ima Nother Docketor

This record was produced using the Vermont Electronic Death Registration System. It represents information that has been signed electronically by the funeral service licensee or authorized person listed in item 24. If attached to a Preliminary Report of Death which contains completed and signed medical information this shall be acceptable as a legal document for obtaining burial transit and removal permits.