TITLE 9. HEALTH SERVICES
CHAPTER 19. DEPARTMENT OF HEALTH SERVICES
VITAL RECORDS AND STATISTICS

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ARTICLE 1. ~~ADMINISTRATIVE ORGANIZATION, DUTIES AND PROCEDURES~~ ADMINISTRATION

R9-19-101. Definitions

In addition to the definitions in A.R.S. § 36-301, the following definitions apply in this Chapter unless otherwise stated:

1. "Administrator" means an individual designated by the governing authority of a health care institution to have the authority and responsibility for managing the health care institution.
2. "Affidavit" means a document that is signed by an individual:
   a. Who attests to the validity of the facts on the document, and
   b. Whose signature is notarized.

~~1.~~3. "Anatomical gift" has the same meaning as in A.R.S. § 36-841.

4. "Birth record" means the information specified in R9-19-201 that is maintained by the Department:
   a. As a written registered certificate, or
   b. In a database.
5. "Death record" means the information specified in R9-19-302 that is maintained by the Department:
   a. As a written registered certificate, or
   b. In a database.

~~2.~~6. "Delivery" means the complete expulsion or extraction of a product of human conception from its mother.

~~3.~~7. "Document" or "documented" means in written, photographic, electronic, or other permanent form.

~~4.~~8. "Electronic signature" has the same meaning as in A.R.S. § 44-7002.

~~5.~~9. "Facility" has the same meaning as "facilities" in A.R.S. § 36-401.

10. "Fetal death record" means the information specified in R9-19-305 that is maintained by the Department:
    a. As a written registered certificate, or
    b. In a database.

~~6.~~11. "Funeral director" has the same meaning as in A.R.S. § 32-1301.

12. "Guardian" has the same meaning as in A.R.S. § 14-10103.

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13. "Health professional license number" means a standard unique identifier for a health care provider assigned by the state governmental agency that regulates the health care provider.

14. "Hospice inpatient facility" has the same meaning as in R9-10-101.

~~7.~~15. "Hospital" has the same meaning as in A.A.C. ~~R9-10-201~~ R9-10-101.

16. "Independent source" means a person who is not:

    a. The individual submitting an evidentiary document; or

    b. Related by consanguinity, adoption, or marriage to the individual submitting an evidentiary document.

~~8.~~17. "Injury" means damage to a human body caused by an external source as determined by a medical examiner or tribal law enforcement authority.

~~9.~~18. "Inpatient" means an individual who is receiving services in a facility as an inpatient, as determined by the facility.

~~10. "Inpatient hospice facility" has the same meaning as "hospice inpatient facility" in A.A.C. R9-10-801.~~

~~11. "Medical certification" means confirmation of a cause of death.~~

~~12.~~19. "Medical certifier" means a ~~physician, registered nurse practitioner~~ health care provider, medical examiner, or tribal law enforcement authority authorized to sign a medical certification of death as prescribed in A.R.S. § 36-325.

20. "Medical record number" means a standard unique identifier, assigned by a licensed health care institution or a health care provider, for documentation concerning the diagnosis or treatment of a patient.

~~13.~~21. "National Provider ~~Number~~ Identifier" means a standard unique ~~identifier~~ number for a health care provider assigned by the Centers for Medicare and Medicaid Services.

~~14.~~22. "Nursing care institution" has the same meaning as in A.R.S. § 36-401.

~~15.~~23. "Organ procurement organization" has the same meaning as in A.R.S. § 36-841.

~~16.~~24. "Outpatient" means an individual who is receiving services from a facility but is not an inpatient as determined by the facility.

~~17.~~25. "Part" has the same meaning as in A.R.S. § 36-841.

26. "Passport" means an official document issued by the government of a specific country that confirms the identity and citizenship of an individual and allows the individual to travel to and from the specific country.

27. "Person" has the same meaning as in A.R.S. § 1-215 and includes a governmental agency.

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28. "Personal knowledge" means having observed an individual's mother:
    a. In an apparent pregnant state within two months before the individual's date of birth and in a non-pregnant state after the individual's date of birth, or
    b. Giving birth to the individual.

~~18.~~29. "Registered nurse practitioner" has the same meaning as "nurse practitioner" in A.R.S. § ~~36-301~~ 32-1601.

~~19.~~30. "Residence" means an address or location at which an individual lives.

~~20.~~31. "Signature" means:
    a. The first and last name of an individual written with his or her own hand as a form of identification or authorization, ~~or~~
    b. An electronic signature, or
    c. A mark or symbol made by an individual, representing the individual's identification or authorization, and, if not notarized, the first and last name of another individual, written with his or her own hand, who witnessed the individual make the mark or symbol.

32. "State file number" means the official state number that is assigned to a vital record by the State Registrar or a local registrar or deputy local registrar when registering a birth, death, or fetal death.

33. "Transfer" has the same meaning as in A.A.C. R9-10-101.

~~21.~~34. "Transportation" means the use of an animal or vehicle for conveyance or travel from one place to another.

~~22.~~35. "Tribal community" means a tract of land held by an Indian tribe recognized and eligible for funding and services from the U.S. Bureau of Indian Affairs.

36. "WIC" means a federally funded program established by the Child Nutrition Act of 1966 that provides eligible women, infants, and children with food, nutrition education, breastfeeding support, and referrals.

R9-19-102. ~~Expired~~ Evidentiary Documents

A person submitting an evidentiary document to support the creation, correction, or amendment of a vital record for an individual or to request a copy of a certificate issued under this Chapter shall ensure that:

1. The evidentiary document:
    a. Is documentation of a transaction, occurrence, billing, or legal relationship;
    b. Contains the date the evidentiary document was created;
    c Is one of the following:

i. An original document;

ii. A copy of a document, certified by the issuing entity;

iii. A copy of the individual's medical record;

iv. If applicable, a copy of the individual's mother's medical record;

v. A record or document, accompanied by a written statement signed by the custodian of the record or document, attesting to the validity of the record or document;

vi. A document submitted by an independent source directly to the State Registrar or, if applicable, a local registrar;

vii. A document in a sealed envelope provided by an independent source;

viii. A copy of a published document, such as a newspaper, a magazine, or a book; or

ix. A copy of a governmental agency document; and

d. Is from a different independent source than any other evidentiary document submitted to support the creation, correction, or amendment of the vital record or the request for the copy of a certificate issued under this Chapter; and

2. If the evidentiary document is in a language other than English, the evidentiary document is accompanied by:

a. An English translation of the evidentiary document; and

b. A written statement signed by the translator, attesting that the translator is competent to translate the evidentiary document and that the English translation is an accurate and complete translation of the evidentiary document.

R9-19-103. ~~Expired~~ Review Process

A. The State Registrar or a local registrar or deputy local registrar shall review for compliance with requirements in A.R.S. Title 36, Chapter 3 and this Chapter the information submitted for:

1. Registering a birth, death, or fetal death;

2. Correcting or amending a registered birth record, death record, or fetal death record;

3. Obtaining a disposition-transit permit;

4. Obtaining a disinterment-reinterment permit; or

5, Obtaining a copy of a certificate issued under this Chapter.

B. If the State Registrar or a local registrar or deputy local registrar determines that information submitted for a purpose specified in subsections (A)(1) through (5) is in compliance with

requirements in A.R.S. Title 36, Chapter 3 and this Chapter, the State Registrar, local registrar, or deputy local registrar shall, as applicable:

1. Register the birth, death, or fetal death;
2. Correct or amend the registered birth record, death record, or fetal death record;
3. Issue the disposition-transit permit;
4. Issue the disinterment-reinterment permit; or
5. Issue the copy of a certificate.

C. If the State Registrar or a local registrar or deputy local registrar determines that information submitted for a purpose specified in subsections (A)(1) through (5):

1. Is incomplete, illegible, or inconsistent with other information submitted, the State Registrar, local registrar, or deputy local registrar may request in writing the missing information or clarification of the required information;
2. Is not in compliance with requirements in A.R.S. Title 36, Chapter 3 and this Chapter, the State Registrar, local registrar, or deputy local registrar may, in writing, state how the submitted information is not in compliance and:
   a. Request additional information or evidentiary documents required in A.R.S. Title 36, Chapter 3 or this Chapter; or
   b. Provide information to a person submitting the information on what is necessary for compliance; or
3. May not be valid or accurate, the State Registrar, local registrar, or deputy local registrar may request in writing an evidentiary document, as determined by the State Registrar, local registrar, or deputy local registrar, to validate the information.

D. If the required information or requested clarification or evidentiary document specified in subsection (C) is not submitted within the applicable time period specified in this Chapter, the State Registrar, local registrar, or deputy local registrar:

1. Shall not register the birth, death, or fetal death or correct or amend the registered birth record, death record, or fetal death record;
2. May not issue the disposition-transit permit, disinterment-reinterment permit, or copy of the certificate; and
3. If not registering the birth, death, or fetal death; correcting or amending the registered birth record, death record, or fetal death record; or issuing the disposition-transit permit, disinterment-reinterment permit, or copy of the certificate, shall provide written notice to the person who submitted the information that includes:

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a. The reasons for not registering the birth, death, or fetal death; correcting or amending the registered birth record, death record, or fetal death record; or issuing the disposition-transit permit, disinterment-reinterment permit, or copy of the certificate; and

b. Except as provided in R9-19-308(D) or R9-19-312(C), as applicable, the right to appeal the State Registrar's determination as prescribed in A.R.S. Title 41, Chapter 6, Article 6.

R9-19-104. Duties of ~~local registrars~~ Local Registrars

~~In addition to the duties outlined in A.R.S. § 36-308, each local registrar shall~~:

~~1. Promptly register every properly completed certificate received;~~

~~2. Be available for registration duties during normal working hours. When a local registrar is to be absent during any normal working day, the local registrar shall designate a deputy local registrar who shall assume all the duties and responsibilities of the office. In the event the absence or incapacity of the local registrar extends beyond ten days, the State Registrar shall be notified of such designation;~~

~~3. Make reasonable arrangements to enable funeral directors to obtain disposal-transit permits during non-working hours;~~

~~4. Keep timely and accurate records pertaining to registration duties; and~~

~~5. Report all deaths to the medical examiner as required pursuant to R9-19-112.~~

A local registrar shall:

1. Only use paper approved by the Department when issuing:

a. A certified copy of an individual's certificate of birth registration according to R9-19-211,

b. A certified copy of a deceased individual's certificate of death registration according to R9-19-315,

c. A certified copy of a certificate of fetal death registration according to R9-19-317, or

d. A certified copy of a certificate of birth resulting in stillbirth according to R9-19-317; and

2. Ensure that, before a document in subsection (1)(a) through (d) is issued, the document contains:

a. The state seal,

b. The signature of the State Registrar or an individual designated by the State Registrar, and

c. The raised seal of local registrar's registration district.

~~R9-19-105.~~ ~~Removal of local registrars~~

~~The State Registrar may remove a local registrar, pursuant to A.R.S. § 36-307(B), or (no longer exists) for any of the following causes:~~

~~1. Failure to comply with the duties and responsibilities as set forth in Chapter 3, Title 36, Arizona Revised Statutes and this Chapter;~~

~~2. Misuse of funds received pursuant to Chapter 3, Title 36, Arizona Revised Statutes or this Chapter; or~~

~~3. Permitting access to or releasing information from any certificate except as authorized by law or this Chapter.~~

~~R9-19-413.~~ R9-19-105. Fee Schedule

A. ~~Except as provided in subsection (C), the Department shall charge the~~ When a fee is specified in this Chapter, the following fees apply:

1. For a noncertified copy of a certificate, $5.00;
2. For a certified copy of a:
   - a. ~~Birth certificate~~ Certificate of birth registration, $19.00;
   - b. Certificate of delayed birth registration, $19.00;
   - c. Certificate of death registration, $19.00;
   - d. Certificate of delayed death registration, $19.00;
   - ~~b.~~e. ~~Fetal death certificate~~ Certificate of fetal death registration, $19.00;
   - ~~c.~~f. Certificate of birth resulting in stillbirth, $19.00;
   - ~~d.~~g. ~~Death certificate~~ Certificate of delayed fetal death registration, $19.00; or
   - ~~e.~~h. Certificate of no record, $19.00;

~~3. For each search for a putative father in the Putative Father Registry, $5.00;~~

~~4.~~3. For ~~each~~ a search to verify birth or death data for statistical~~, medical,~~ or research~~, or administrative~~ purposes according to A.R.S. § 36-342(A), $5.00;

~~5.~~4. For ~~each submission of~~ a request to establish a:

- ~~a. For the registration of a:~~
  - ~~i. Foreign birth certificate, $19.00;~~
  - ~~ii. Delayed birth certificate, $19.00;~~
  - ~~iii. Delayed fetal death certificate, $19.00;~~
  - ~~iv. Delayed certificate of birth resulting in stillbirth, $19.00;~~
  - ~~v. Delayed death certificate, $19.00; or~~
  - ~~vi. Presumptive death certificate, $19.00; or~~

~~b. To issue a death certificate or birth certificate based on a court order, $19.00; and~~

a. Delayed birth record for an individual and register the individual's birth, $19.00;

b. Registered record of foreign birth for an adopted individual, $19.00;

c. Delayed death record for a deceased individual and register the deceased individual's death, $19.00;

d. Delayed fetal death record for a fetal death and register the fetal death, $19.00; or

e. Death record or delayed death record for a presumptive death under A.R.S. § 36-328, $19.00; and

~~6.~~5. For ~~each submission of~~ a request to amend or correct information ~~on~~ in a:

a. ~~Birth certificate~~ Registered birth record, $29.00;

b. ~~Death certificate~~ Registered death record, $29.00; or

c. ~~Fetal death certificate~~ Registered fetal death record, $29.00.

B. If a request submitted and fee paid, as prescribed in subsection ~~(A)(5)(a) or (6)~~ (A)(4) or (5), results in the registration of a birth, ~~or~~ death, or fetal death or a correction or amendment to a registered ~~certificate~~ birth record, registered death record, or registered fetal death record, the Department shall provide to the person submitting the request and paying the fee a certified copy of the ~~resulting registered or amended certificate to the person submitting the request~~ applicable certificate for the registered, corrected, or amended record.

C. Except as provided in subsection (E), the Department shall not charge an agency, as defined in A.R.S. § 41-1001, any fee in this Section.

D. In addition to the fees charged in subsection (A), the Department shall assess the following surcharges:

1. As required in A.R.S. § 36-341(B), for a certified copy of a ~~registered birth~~ certificate of birth registration or certificate of delayed birth registration, $1.00; and

2. As required in A.R.S. § 36-341(E), for a certified copy of a ~~registered death~~ certificate of death registration, certificate of delayed death registration, certificate of fetal death registration, or certificate of delayed fetal death registration, $1.00;

E. A local registrar shall pay the following surcharges to the Department for copies issued by the local registrar:

1. As required in A.R.S. § 36-341(B), for a certified copy of a ~~registered birth~~ certificate of birth registration or certificate of delayed birth registration, $1.00;

2. As required in A.R.S. § 36-341(E), for a certified copy of a ~~registered death~~ certificate of death registration, certificate of delayed death registration, certificate of fetal death registration, or certificate of delayed fetal death registration, $1.00;

3. For system access for each certified copy of a certificate; $4.00; and
4. For system access for each noncertified copy of a certificate, $1.00.

R9-19-106. ~~Vital record forms~~ Repealed

~~A. Only such forms as are prepared, printed and supplied by the State Registrar shall be used in registering, recording, amending and preserving vital statistics records and reports required by law.~~

~~B. All forms used in recording vital events shall remain the property of the state and shall be used for official purposes only. They shall be surrendered to the State Registrar upon demand and shall not be used for private or internal administrative purposes by those individuals or agencies to whom they are distributed.~~

R9-19-108. ~~Unacceptable forms~~ Repealed

~~A form shall not be accepted for registration or other purposes if it:~~

~~1. Omits necessary information for which no satisfactory explanation and supporting documentation is provided;~~
~~2. Contains erasures, strikeovers, misplaced or illegible entries or its general appearance is soiled and untidy;~~
~~3. Is a carbon copy or is marked "copy," "duplicate" or similar notation;~~
~~4. Contains incorrect or inconsistent information;~~
~~5. Contains information which the registrar reasonable believes to be fraudulent or false; or~~
~~6. Is not completed using the form currently issued by the State Registrar; or~~
~~7. Is not completed in accordance with instructions issued by the State Registrar.~~

R9-19-109. ~~Review and transmittal procedures for forms~~ Repealed

~~Each local registrar shall:~~

~~1. Examine each form submitted for completeness and general appearance. If the form is not acceptable, it shall be rejected and the reasons for rejection shall be listed.~~
~~2. Maintain lists of all births, deaths and fetal deaths on registers designated for that purpose. The registers shall show the name of the registrant, date and place of the event, date of registration by the local registrar and the registrar's file number. The registers shall be available, upon request, for inspection by the State Registrar or an authorized designee.~~

~~3. Promptly transmit each form to the State Registrar, who shall consider completeness, timeliness and general appearance of each certificate in determining eligibility for payment.~~

~~a. Class A registration districts shall retain original forms for no more than 30 days from the date of registration before forwarding them to the State Registrar.~~

~~b. Local registrars in Class B registration districts shall forward forms to the State Registrar promptly upon receipt or at least once each week.~~

~~c. Individual forms shall be promptly forwarded upon request of the State Registrar.~~

R9-19-111. ~~Local registrars' responsibility to review death certificates for medical examiner referral~~ Repealed

~~A. Each local registrar shall review death and fetal death certificates for individuals whose deaths occurred under circumstances set forth in A.R.S. § 11-593. If such certificate was not signed by the medical examiner and information on the certificate or other report indicates that death occurred under any of the circumstances listed in A.R.S. § 11-593, the local registrar shall immediately notify the nearest peace officer.~~

~~B. When a local registrar receives a death or fetal death certificate where the cause or manner of death or the circumstances surrounding the death should have been reported pursuant to A.R.S. § 11-593, and the medical examiner has not signed the death certificate, the local registrar shall not issue a disposal-transit permit until the deficiency is corrected.~~

~~C. Each local registrar shall review death and fetal death certificates when the remains are to be cremated. If the medical examiner has not signed the certificate as required under A.R.S. § 11-599, the local registrar shall not register the death and shall not issue a disposal-transit permit.~~

~~D. Any local registrar who receives and registers an improperly completed certificate and issues a disposal-transit permit in violation of this rule shall be subject to disciplinary action.~~

R9-19-112.01. ~~Amendments to Birth and Death Certificates by County Registrars~~ Repealed

~~A. Prior to submitting a birth certificate to the State Registrar for assignment of a state file number, a county registrar may correct, amend or make additions to the entries on a birth certificate. All changes to a birth certificate shall be supported by documentation in accordance with R9-19-118(B) and (C) and R9-19-117.~~

~~B. Prior to submitting a death certificate to the State Registrar for assignment of a state file number, a county registrar may correct, amend or make additions to the entries on a death certificate except for the medical cause of death and the manner of death entries. All changes to a death~~

~~certificate shall be supported by documentation in accordance with R9-19-119(B) and (C) and R9-19-117.~~

~~C.~~ ~~When a county registrar changes information originally entered on a birth or death certificate, a single line shall be drawn through the incorrect entry and the correct information written immediately above or as near the initial entry as practicable. The county registrar shall also enter a notation on a death certificate at "58. Supplementary entries" or on a birth certificate at "20. Supplementary entries" which specifies what information was changed, the date of the change and the initial of the county registrar.~~

~~D.~~ ~~When a county registrar adds information to a birth or death certificate which was previously omitted or missing, the information shall be typed in the appropriate spaces on the certificate and a notation explaining the addition entered on the back of the certificate.~~

~~E.~~ ~~When a county registrar corrects, amends or makes an addition to a birth or death certificate, the county registrar shall forward the documentary evidence supporting such correction, amendment or addition to the birth or death certificate to the State Registrar when transmitting the birth or death certificate in accordance with R9-19-109(3).~~

R9-19-114. ~~**Correction and amendment of vital records after official acceptance of certificate**~~ **Repealed**

~~No changes, corrections, additions, deletions or substitutions shall be made on any birth, death or fetal death certificate after the assignment of a state file number unless such alterations are fully documented according to law and these rules. All certificates on which judicial or major administrative changes are made shall be marked "certificate amended" unless otherwise provided by law. All certificates on which minor administrative changes are made after one year following the date of the event shall also be marked "certificate amended."~~

R9-19-115. ~~**Classification of changes to correct or amend vital records**~~ **Repealed**

~~All changes on vital record forms shall be classified as follows:~~

~~1. Judicial changes - Any alterations, additions, deletions or substitutions relative to information originally entered which are authorized by law or ordered by a court of competent jurisdiction.~~

~~2. Major administrative changes - Any non-judicial alterations, additions, deletions or substitutions relative to information originally entered which would materially affect the validity or integrity of a certificate or would substantially modify certain fundamental relationships on it.~~

3. ~~Minor administrative changes – Any alterations, additions, deletions or substitutions relative to information originally entered which would not materially affect the validity or integrity of a certificate or would not substantially modify any fundamental relationship on it. Typographical and spelling errors and transposed letters are included in this category.~~

R9-19-116. ~~Authority to request changes on certificate~~ Repealed

A. ~~A request for changes on a birth or fetal death certificate concerning any information except medical information and items relating to the burial of a fetus shall originate with the registrant or a parent or guardian if the registrant is a minor child. A request for change of medical information shall originate with the attendant or the hospital where the delivery took place. A request for change in information pertaining to burial or cremation shall originate with the funeral director.~~

B. ~~A request for changes on a death certificate shall originate with the following:~~

1. ~~A surviving spouse, parent or other close relative or the informant for identifying information or other personal particulars concerning the deceased;~~
2. ~~The physician or pathologist, as provided in R9-19-310, in matters relating to the medical cause of death;~~
3. ~~The medical examiner, as provided in R9-19-310, in matters relating to the manner and circumstances of death; or~~
4. ~~The funeral director or person acting in such capacity, as provided in A.R.S. § 36-327(B), in matters relating to burial or other disposition of the body.~~

R9-19-117. ~~Documentary evidence requirements~~ Repealed

A. ~~The following shall be required documentary evidence for each category of change on an existing vital record form:~~

1. ~~Judicial changes – A certified copy of the certificate of adoption, order of adoption, judgment, court order or other legal instrument and any additional documents or information necessary to accomplish the desired changes.~~
2. ~~Major administrative changes – An affidavit from the person requesting the change and one independent factual document corroborating the information to be corrected. If an independent factual document is not available or the information to be corrected is such that a factual document is not applicable, an affidavit of personal knowledge from a second individual may be substituted. The sufficiency of such affidavit is to be determined by the State Registrar who shall evaluate the accuracy, sufficiency,~~

~~consistency and veracity of the document. The State Registrar shall decide which type of document or documents is acceptable in a particular care. For changes on a certificate initiated:~~

~~a. Within one year from the date of the birth or death, the factual document shall have been established, in the case of a death, on or before the date of death or, in the case of a birth, within six months of the date of birth.~~

~~b. Between one year and five years from the date of the birth or death, the factual document shall have been established at least one year prior to the date offered as evidence.~~

~~c. Five years or more after the birth or death, the factual document shall have been established at least three years prior to the date offered as evidence and shall have been established during the first ten years of the registrant's life.~~

~~3. Minor administrative changes – An affidavit from the person requesting the change and such other evidence as the State Registrar shall deem necessary to establish the validity of the requested change. For changes requested within one year from the date of the birth or death, the affidavit alone shall suffice. For changes after one year, additional evidence shall be required.~~

~~B. The State Registrar may reject any document which does not satisfy any requirement of these rules, including one which is incomplete, fails to show the required information, conflicts with other information provided, shows signs of alteration or for which there is reasonable cause to believe the document is not authentic or truthful.~~

~~C. Documents furnished in connection with change or amendment or vital records shall be originals, certified photographic copies or authenticated abstracts. All documents, except the affidavit, shall be returned to the person requesting the change after review by the Department. Except as otherwise provided by law, reproductions of all documents shall be kept on file at the Department for at least three years following the date of the action and may be microfilmed for permanent retention.~~

R9-19-118. ~~Changes on birth and fetal death certificates~~ <u>Repealed</u>

~~A. Any changes of the following nature shall be judicial changes;~~

~~1. New birth certificate based on adoption, legitimation of paternity determination; or~~

~~2. Amendment of a birth certificate to show a change of name of the registrant by court order. All name changes after one year from the date of birth shall require a court order.~~

~~B. Any changes of the following items shall be major administrative changes:~~

1. ~~Substantial alteration of the surname of the registrant not covered by judicial authorization;~~
2. ~~Sex of the registrant due to surgical alterations of chromosomal counts;~~
3. ~~Name of the registrant within one year from the date of the birth;~~
4. ~~Name of either parent, except minor spelling errors;~~
5. ~~Date or place of the birth;~~
6. ~~Sex of child, type of birth or medical data relating to delivery and postnatal period;~~
7. ~~Date or place of birth of either parent;~~
8. ~~Marital status of the mother; or~~
9. ~~Medical cause of death or related information of the fetal death certificate.~~
10. ~~Addition of a father's name based upon sworn statements of paternity submitted by both parents.~~

~~C.~~ ~~All other changes to information, including all minor errors of spelling, typographical errors or correction of transposed letters, shall be minor administrative changes. When a child has not been named on a certificate at the time it is filed with the registrar, the name may be added within 90 days upon receipt of a written, notarized request signed by both parents. After 90 days the request shall be by an affidavit signed by both parents and supported by one factual document showing the requested name. After five years, a court order shall be required to add a name to the certificate. No fee shall be charged for adding only the child's name if done within one year from the date of birth.~~

R9-19-120. **~~Changes on a delayed birth certificate~~** **Repealed**

~~Changes on a delayed birth certificate shall not be permitted except in the following instances:~~

1. ~~Where a name has been changed by court order subsequent to the filing of the certificate, the new name may be shown on the certificate.~~
2. ~~Where a person has been adopted subsequent to the filing of the certificate, a notation to that effect may be shown on the certificate in lieu of the issuance of a new birth certificate.~~
3. ~~When, after review of the documentary evidence submitted, the State Registrar determines that there is incorrect information on the certificate due to an administrative or typographical error by the Office of Vital Records.~~

ARTICLE 2. ~~DUTIES REGARDING LIVE BIRTHS~~ VITAL RECORDS FOR BIRTH

R9-19-201. ~~Registration of live births~~ Information for a Birth Record

~~A. In addition to birth registration requirements specified in A.R.S. § 36-222, each hospital, clinic or other institution in the state providing regular maternity services shall furnish a monthly report to the State Registrar of all live births and of all registrable fetal deaths occurring in that facility for the preceding month. The report shall be sent to the State Registrar no later than the tenth day of the month following the period covered in the report and shall list the name of the child, date of birth and the name and address of the parents.~~

~~B. When, because of circumstances beyond its control, a hospital, clinic or other institution cannot file a birth certificate within the prescribed period, it shall notify the local registrar by telephone or letter of the reasons for the delay and the expected date of filing. If the delay extends beyond 14 days, a second notification shall be made to the local registrar. Such birth certificates shall be filed with the local registrar no later than 20 days after the date of birth whether or not it is complete.~~

~~C. When a physician, midwife or other person who delivers a child outside of a hospital, clinic or other institution is unable to file a birth certificate within the prescribed period of time, the local registrar shall be notified by telephone or letter, giving the name of the child, date of birth, name and address of the parents and the reason for the delay. Such birth certificate shall be filed no later than 20 days after the date of the birth.~~

A. Except as provided in subsection (B) and R9-19-204(F) or (I), the information submitted for an individual's birth record includes the following:

1. Information for the individual's certificate of birth registration provided by the individual's mother or, if applicable, the individual's father or another family member who is of legal age:
   a. The individual's name;
   b. The following information about the individual's mother:
      i. Name before first marriage;
      ii. Date of birth;
      iii. State, territory, or foreign country where the individual's mother was born;
      iv. Street address, apartment number if applicable, city or town, state, zip code, and county of the individual's mother's residence; and

c. If applicable according to A.R.S. § 36-334, the following information about the individual's father:

i. Name;

ii. Date of birth;

iii. State, territory, or foreign country where the father was born; and

2. Other information for individual's birth record provided by the individual's mother or, if applicable, the individual's father or another family member who is of legal age:

a. The individual's mother's:

i. Current last name,

ii. Social Security Number,

iii. Race,

iv. Height, and

v. Pre-pregnancy weight;

b. Whether the individual's mother:

i. Is of Hispanic origin and, if so, the type of Hispanic origin;

ii. Received food from WIC for herself during the pregnancy;

iii. Was ever married; or

iv. Was married at any time in the ten months immediately preceding the individual's birth;

c. Whether the individual's mother's residence is:

i. Inside a city's limits, or

ii. In a tribal community;

d. The following information about the individual's mother:

i. The highest degree or level of education completed by the individual's mother at the time of the individual's birth;

ii. If the individual's mother's mailing address is different from the address in subsection (1)(b)(v), the individual's mother's mailing address; and

iii. Date the last normal menses began;

e. The individual's mother's history of:

i. Smoking before or during the pregnancy,

ii. Prenatal care for this pregnancy,

iii. Previous pregnancies and pregnancy outcomes;

f. If applicable according to A.R.S. § 36-334, the following information about the individual's father:

i. Social Security Number;

ii. Race;

iii. Whether the father is of Hispanic origin and, if so, the type of Hispanic origin; and

iv. Highest degree or level of education completed by the father at the time of the individual's birth;

g. If the birth occurred at a residence and was not attended by a physician, registered nurse practitioner, nurse midwife, or midwife who is willing and able to request the registration of the individual's birth, the name of the person who assisted the birth and the person's relationship to the individual's mother; and

h. Whether a Social Security number has been requested for the individual;

3. Information for the individual's certificate of birth registration provided by the hospital where the individual was born or, if the individual was not born in a hospital, by the physician, registered nurse practitioner, nurse midwife, or midwife who attended the birth and is willing and able to provide the information:

a. The individual's sex;

b. The individual's date and time of birth;

c. The individual's plurality of delivery;

d. If the plurality of delivery involves more than one, the individual's order of birth;

e. If the individual was born in a hospital:

i. Name, type, and, if applicable, National Provider Identifier of the hospital where the birth occurred; and

ii. The city or town and county where the hospital is located;

f. If the birth occurred at a residence and was attended by a physician, registered nurse practitioner, nurse midwife, or midwife who is willing and able to provide the information:

i. The street address, city or town, and county where the residence is located; and

ii. Whether the birth was planned to occur at the residence; and

g. If the birth occurred at a facility other than a hospital or residence and was attended by a physician, registered nurse practitioner, nurse midwife, or midwife who is willing and able to provide the information:

i. Name, type, and, if applicable, National Provider Identifier of the facility where the birth occurred; and

ii. The city or town and county where the facility is located;

4. Other information for individual's birth record provided by the hospital where the individual was born or, if the individual was not born in a hospital, by the physician, registered nurse practitioner, nurse midwife, or midwife who attended the birth and is willing and able to provide the information:

a. The principal source of payment for the individual's birth;

b. The name of the person who assisted the individual's birth and the person's health care provider license type;

c. If the person specified according to subsection (A)(4)(b):

i. Has a National Provider Identifier, the person's National Provider Identifier; or

ii. Does not have a National Provider Identifier, the person's health professional license number;

d. The individual's mother's medical record number, assigned by the hospital, physician, registered nurse practitioner, nurse midwife, or midwife to document the diagnosis or treatment of the individual's mother;

e. If the individual's mother was not married at the time of the birth or at any time during the ten months preceding the birth, whether a voluntary acknowledgement of paternity was completed by the individual's father;

f. The individual's mother's:

i. Weight at the time of delivery, and

ii. History of cesarean deliveries;

g. The following information about the individual's mother:

i. Medical risk factors during this pregnancy;

ii. Characteristics of the labor and delivery; and

iii. Medical complications during labor or delivery;

h. Whether the individual's mother was transferred from one facility to another facility for a maternal medical condition or fetal medical condition before the birth;

i. If the individual's mother was transferred from one facility to another facility before the birth, the name of the facility from which the individual's mother was transferred;

j. The following information about the individual:

i. The fetal presentation at delivery;

ii. The individual's birth weight and length;

iii. An estimate of gestation by the person who performed the delivery;

iv. Characteristics of the individual's medical condition after delivery;

v. Whether the individual has any congenital anomalies and, if so, what type of congenital anomalies; and

vi. Information about immunizations received by the individual after delivery;

k. Whether the individual was transferred within 24 hours after the individual's delivery;

l. If the individual was transferred within 24 hours after the individual's delivery, the name of the facility to which the individual was transferred;

m. Whether the individual was alive at the time the information in this subsection was submitted; and

n. Whether the individual was being breastfed at the time the information in this subsection was submitted.

B. If the birth of an individual did not occur in a hospital and was either not attended by a physician, registered nurse practitioner, nurse midwife, or midwife, or was attended by a physician, registered nurse practitioner, nurse midwife, or midwife who is not willing or not able to provide the information specified in subsections (A)(3) and (4), the information submitted for an individual's birth record includes the following:

1. Information for the individual's certificate of birth registration that includes:

a. The information in subsection (A)(1);

b. The information in subsections (A)(3)(a) through (d);

c. Whether the birth occurred at a residence and, if so, whether the birth was planned to occur at the residence;

d. If the birth did not occur at a residence, a description of where the birth occurred; and

e. The street address, city or town, and county where the birth occurred; and

2. Other information for individual's birth record that includes:

a. The information in subsection (A)(2);

b. The information in subsections (A)(4)(e) through (g), (j)(i) and (ii), and (k) through (n);

c. The name of the person who assisted the individual's birth and the person's relationship to the individual's mother; and

d. Whether the individual's mother's temperature was 38°C or higher during labor.

R9-19-202. ~~General requirements regarding late birth certificates~~ Requests from Hospitals for Birth Registration

~~A late birth certificate registered within one year from date of the birth shall satisfy the following requirements:~~

~~1. The birth of the registrant occurred in Arizona as evidenced by one independent factual document establishing the mother's presence in Arizona at the time of birth;~~

~~2. The certificate shall be signed by a parent, relative or other person who can certify from personal knowledge of the date and place of birth, names of the parents and other facts required on the certificate.~~

~~3. The certificate shall be signed by the physician, midwife or other attendant who delivered the child. If the child was born in a hospital and the attending physician is no longer available, the hospital administrator or person in charge of medical records may sign instead and indicate his title; and~~

~~4. The certificate shall be registered by the local registrar of the district in which the birth occurred, unless exempted by law.~~

A. Before requesting the registration of the birth of an individual born in a hospital, the administrator or person in charge of the medical records for the hospital where the individual was born shall obtain a written statement attesting to the validity of the information in:

1. R9-19-201(A)(1) and (2), signed and dated by the person providing the information; and
2. R9-19-201(A)(3) and (4), signed and dated by the person providing the information.

B. To request the registration of the birth of an individual born in a hospital, within seven days after the date of the individual's birth, the administrator or person in charge of the medical records for the hospital where the individual was born shall:

1. Enter into the state electronic birth registration system the information in R9-19-201(A); and
2. If applicable, submit the documentation in subsections (E) or (F).

C. To request the registration of the birth of an individual born in a hospital, more than seven days but less than one year after the individual's birth, the administrator or person in charge of the medical records for the hospital where the individual was born shall submit, in a Department-provided format, to the State Registrar or a local registrar or deputy local registrar:

1. The information required in R9-19-201(A);

2. If the information required in R9-19-201(A) is not submitted electronically, a written statement attesting to the validity of the submitted information, signed and dated by the administrator or person in charge of the medical records; and
3. If applicable, the documentation in subsection (E) or (F).

D. If an individual was born in a hospital and the individual's birth has not been registered more than one year after the individual's birth, the administrator or person in charge of the medical records for the hospital where the individual was born may submit to the State Registrar to request the registration of the individual's birth:
1. The information required in R9-19-201(A);
2. If applicable, the documentation in subsection (E) or (F);
3. A copy of supportive medical records; and
4. A written statement attesting to the validity of the submitted information, signed and dated by the administrator or person in charge of the hospital's medical records.

E. If the name of an individual's mother in R9-19-201(A)(1)(b)(i) is based on a court order establishing maternity, the person submitting the information for a birth record shall submit a copy of the court order establishing maternity, certified by the issuing entity.

F. If the name of an individual's father in R9-19-201(A)(1)(c)(i) is based on:
1. A voluntary acknowledgement of paternity, the person submitting the information for a birth record shall submit a copy of the voluntary acknowledgement of paternity that meets the requirements in A.R.S. § 25-812; or
2. An administrative order or a court order establishing paternity, the person submitting the information for a birth record shall submit a copy of the administrative order or court order establishing paternity, certified by the issuing entity.

R9-19-203. ~~Expired~~ Requests for Birth Registration from Physicians, Registered Nurse Practitioners, Nurse Midwives, and Midwives

A. Before requesting the registration of the birth of an individual not born in a hospital whose birth was attended by a physician, registered nurse practitioner, nurse midwife, or midwife, the physician, registered nurse practitioner, nurse midwife, or midwife who attended the birth and is willing and able to request the registration of the individual's birth shall obtain a written statement attesting to the validity of the information in:
1. R9-19-201(A)(1) and (2), signed and dated by the person providing the information; and
2. R9-19-201(A)(3) and (4), signed and dated by the person providing the information.

B. A physician, registered nurse practitioner, nurse midwife, or midwife who attended an individual's birth and is willing and able to request the registration of the individual's birth shall:

1. Maintain a copy of the written statement in subsection (A) for at least 10 years after the date of the individual's birth, and
2. Provide a copy of the written statement to the State Registrar for review within 48 hours after the time of the State Registrar's request.

C. To request the registration of the birth of an individual not born in a hospital whose birth was attended by a physician, registered nurse practitioner, nurse midwife, or midwife, within seven days after the date of the individual's birth, if the physician, registered nurse practitioner, nurse midwife, or midwife is willing and able to, the physician, registered nurse practitioner, nurse midwife, or midwife shall submit, in a Department-provided format, to the State Registrar or a local registrar or deputy local registrar:

1. The information required in R9-19-201(A);
2. If applicable, the document required in subsection (E) or (F); and
3. If the information required in R9-19-201(A) is not submitted electronically, a written statement attesting to the validity of the submitted information, signed and dated by the physician, registered nurse practitioner, nurse midwife, or midwife.

D. To request the registration of the birth of an individual not born in a hospital whose birth was attended by a physician, registered nurse practitioner, nurse midwife, or midwife, more than seven days but less than one year after the individual's birth, if the physician, registered nurse practitioner, nurse midwife, or midwife is willing and able to, the physician, registered nurse practitioner, nurse midwife, or midwife shall submit, in a Department-provided format, to the State Registrar or a local registrar or deputy local registrar:

1. The information required in R9-19-201(A);
2. A copy of the medical records related to the individual's birth;
3. If applicable, the document required in subsection (E) or (F); and
4. A written statement attesting to the validity of the submitted information, signed and dated by the physician, registered nurse practitioner, nurse midwife, or midwife.

E. If the name of an individual's mother in R9-19-201(A)(1)(b)(i) is based on a court order establishing maternity, the person submitting the information for a birth record shall submit a copy of the court order establishing maternity, certified by the issuing entity.

F. If the name of an individual's father in R9-19-201(A)(1)(c)(i) is based on:

1. A voluntary acknowledgement of paternity, the person submitting the information for a birth record shall submit a copy of the voluntary acknowledgement of paternity that meets the requirements in A.R.S. § 25-812; or
2. An administrative order or a court order establishing paternity, the person submitting the information for a birth record shall submit a copy of the administrative order or court order establishing paternity, certified by the issuing entity.

R9-19-204. ~~Expired~~ Requests for Birth Registration from Persons Other than Hospitals or Health Care Providers

A. To request the registration of the birth of an individual not born in a hospital whose birth was either not attended by a physician, registered nurse practitioner, nurse midwife, or midwife, or was attended by a physician, registered nurse practitioner, nurse midwife, or midwife who is not willing or not able to comply with requirements in R9-19-203(A), within seven days after the date of the individual's birth, the individual's parent, guardian, or person who has custody of the individual shall submit the following to the State Registrar or a local registrar or deputy local registrar:

1. The information required in R9-19-201(B);
2. If the name of the individual's mother in R9-19-201(A)(1)(b)(i) is based on a court order establishing maternity, a copy of the court order establishing maternity, certified by the issuing entity;
3. If the name of the individual's father in R9-19-201(A)(1)(c)(i) is based on:
   a. A voluntary acknowledgement of paternity, the person submitting the information for a birth record shall submit a copy of the voluntary acknowledgement of paternity that meets the requirements in A.R.S. § 25-812; or
   b. An administrative order or a court order establishing paternity, the person submitting the information for a birth record shall submit a copy of the administrative order or court order establishing paternity, certified by the issuing entity;
4. A written statement attesting to the validity of the submitted information, signed and dated by the person submitting the request;
5. One evidentiary document establishing the individual's mother's presence in Arizona at the time of the individual's birth that:
   a. Meets the requirements in R9-19-102;

b. Contains the individual's mother's first and last name, the individual's mother's street address or the location where the individual's mother was present in Arizona, and the date the evidentiary document was created; and

c. Was created no more than 30 days before the date of the individual's birth or seven days after the date of the individual's birth;

6. One evidentiary document that meets the requirements in R9-19-102 supporting the facts of the individual's birth, including:

a. A copy of the part of the individual's mother's medical record showing services received by the individual's mother during:

i. The three months before the individual's birth, or

ii. After the individual's birth and before the submission of the request to register the individual's birth;

b. A copy of the individual's medical record, if seen by a physician, registered nurse practitioner, nurse midwife, or midwife before the submission of the request to register the individual's birth;

c. The laboratory results of a newborn screening test, conducted under A.R.S. § 36-694;

d. An affidavit from an independent source, attesting to personal knowledge of the individual's birth;

e. A certified blessing or baptismal certificate for the individual with either a raised seal of the church or accompanied by a written statement signed by the church minister or other church official; or

f. Another document from an independent source containing information that supports the facts of the individual's birth; and

7. If the request for registration of the individual's birth is submitted by:

a. The individual's guardian, a copy of the court order establishing guardianship, certified by the issuing court; or

b. A person who has custody of the individual, a copy of the court order establishing custody, certified by the issuing court.

B. To request the registration of the birth of an individual not born in a hospital whose birth was either not attended by a physician, registered nurse practitioner, nurse midwife, or midwife, or was attended by a physician, registered nurse practitioner, nurse midwife, or midwife who is not willing or not able to comply with requirements in R9-19-203(A), more than seven days but less than one year after the individual's birth, the individual's parent, guardian, or person who has

custody of the individual shall submit the following to the State Registrar or a local registrar or deputy local registrar:

1. The information required in R9-19-201(B);
2. If the name of the individual's mother in R9-19-201(A)(1)(b)(i) is based on a court order establishing maternity, a copy of the court order establishing maternity, certified by the issuing entity;
3. If the name of the individual's father in R9-19-201(A)(1)(c)(i) is based on:
    a. A voluntary acknowledgement of paternity, the person submitting the information for a birth record shall submit a copy of the voluntary acknowledgement of paternity that meets the requirements in A.R.S. § 25-812; or
    b. An administrative order or a court order establishing paternity, the person submitting the information for a birth record shall submit a copy of the administrative order or court order establishing paternity, certified by the issuing entity.
4. A written statement attesting to the validity of the submitted information, signed and dated by the person submitting the request;
5. One evidentiary document establishing the individual's mother's presence in Arizona at the time of the individual's birth that:
    a. Meets the requirements in R9-19-102;
    b. Contains the individual's mother's first and last name, the individual's mother's street address or the location where the individual's mother was present in Arizona, and the date the evidentiary document was created; and
    c. Was created no more than 30 days before the date of the individual's birth or no more than 30 days after the date of the individual's birth;
6. One evidentiary document that meets the requirements in R9-19-102 supporting the facts of the individual’s birth, including:
    a. A copy of the part of the individual's mother’s medical record showing services received by the individual’s mother during the three months before or six weeks after the individual’s birth;
    b. A copy of the individual’s medical record, if seen by a physician, registered nurse practitioner, nurse midwife, or midwife less than six weeks after the individual’s birth;
    c. The laboratory results of a newborn screening test, conducted under A.R.S. § 36-694;

d. An affidavit from an independent source, attesting to personal knowledge of the individual's birth;

e. A certified blessing or baptismal certificate for the individual with either a raised seal of the church or accompanied by a written statement signed by the church minister or other church official; or

f. Another document from an independent source containing information that supports the facts of the individual's birth; and

7. If the request for registration of the individual's birth is submitted by:

a. The individual's guardian, a copy of the court order establishing guardianship, certified by the issuing court; or

b. A person who has custody of the individual, a copy of the court order establishing custody, certified by the issuing court.

C. If the State Registrar or a local registrar or deputy local registrar determines that a request for registration of an individual's birth submitted according to subsection (A) or (B) and the evidentiary documents submitted as part of the request:

1. Contain the required information, meet the requirements in subsection (A) or (B), as applicable, and are true and valid, the State Registrar shall establish a birth record for the individual and register the individual's birth; or

2. Do not contain the required information, do not meet the requirements in subsection (A) or (B), as applicable, or may not be true or valid, the State Registrar shall:

a. Not establish a birth record for the individual or register the individual's birth; and

b. Provide written notification to the person who submitted the request:

i. Specifying the missing, incomplete, false, or invalid information or evidentiary documents; and

ii. Informing the person that the person has until one year after the individual's birth or 30 days after the date of the written notification in subsection (C)(2)(b), whichever is later, to provide the required information or evidentiary documents.

D. Except as provided in R9-19-202(C), a request for registration of an individual's birth, which occurred in Arizona, more than one year after the individual's birth, may be submitted by:

1. The individual, if the individual is of legal age or is married;

2. The individual's parent, if the individual is not of legal age and is not married;

3. The individual's guardian; or

4. A person who has custody of the individual.

E. Before a person in subsection (D) may request the registration of an individual's birth more than one year after the individual's birth, the person shall request a certified copy of the individual's certificate of birth registration according to the requirements in R9-19-211, and receive a "Certificate of No Record."

F. Except as provided subsection (I), to request the registration of an individual's birth, which occurred in Arizona, more than one year after the individual's birth, a person in subsection (D) shall submit to the State Registrar:

1. A "Certificate of No Record" for the individual issued by the State Registrar, dated not more than five years before the date the request in this subsection is submitted;
2. The following information, in a Department-provided format:
   a. Whether the individual has a registered birth record in another state or country;
   b. If the individual has a registered birth record in another state or country, the state or country that registered the individual's birth;
   c. The following information about the individual:
      i. Current name;
      ii. Name before first marriage;
      iii. Sex;
      iv. Date of birth;
      v. Town, city, or county where the individual's birth occurred; and
      vi. Race;
   d. The following information about the individual's mother:
      i. Name at the time of the individual's birth;
      ii. Name before first marriage;
      iii. Date of birth;
      iv. City or town, county, and state of the individual's mother's usual residence at the time of the individual's birth;
      v. State, territory, or foreign country where the individual's mother was born;
      vi. Social Security Number;
      vii. Race;
      viii. Whether the individual's mother is of Hispanic origin and, if so, the type of Hispanic origin;

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viii. Whether the individual's mother's usual residence at the time of the individual's birth was in a tribal community; and

ix. If the individual's mother's usual residence at the time of the individual's birth was in a tribal community, the name of the tribal community;

e. If applicable according to A.R.S. § 36-334, the following information about the individual's father:

i. Name;

ii. Date of birth;

iii. State, territory, or foreign country where the individual's father was born;

iv. Social Security Number;

v. Race; and

vi. Whether the individual's father is of Hispanic origin and, if so, the type of Hispanic origin;

f. If the individual is not of legal age and is not married, an affidavit, attesting to the validity of the information required in subsections (F)(2)(a) through (e), signed by:

i. The individual's parent; or

ii. If applicable, the individual's guardian or the person who has custody of the individual; and

g. If the individual is of legal age or married, an affidavit, attesting to the validity of the information required in subsections (F)(2)(a) through (F)(2)(e), signed by:

i. The individual; or

ii. If applicable, the individual's guardian or the person who has custody of the individual;

3. If the information is submitted by:

a. The individual's guardian, a copy of the court order establishing guardianship, certified by the issuing court; or

b. A person who has custody of the individual, a copy of the court order establishing custody, certified by the issuing court;

4. The following documents:

a. If the individual is 14 years of age or younger:

i. Except as provided in subsection (F)(5)(a), an affidavit attesting to the facts of birth signed by the individual's father, the individual's mother, or

other adult family member of the individual who has personal knowledge of the individual's birth;

ii. At least one evidentiary document that meets the requirements in R9-19-102 containing the facts of the individual's birth, established before the individual was five years of age; and

iii. At least one evidentiary document that meets the requirements in R9-19-102 establishing the individual's mother's presence in Arizona at the time of the individual's birth; or

b. If the individual is over 14 years of age:

i. Except as provided in subsection (F)(5)(b), an affidavit attesting to the facts of birth signed by the individual's father, the individual's mother, or other adult family member of the individual, who is at least ten years older than the individual and who has personal knowledge of the individual's birth;

ii. At least one evidentiary document that meets the requirements in R9-19-102 containing the facts of the individual's birth, established in the first ten years of the individual's life;

iii. At least one evidentiary document that meets the requirements in R9-19-102 containing the facts of the individual's birth, established at least five years before the date of submission; and

iv. At least one evidentiary document that meets the requirements in R9-19-102 establishing the individual's mother's presence in Arizona at the time of the individual's birth;

5. If an affidavit attesting to the facts of birth from the individual's father, the individual's mother, or other adult family member of the individual, at least ten years older than the individual, who has personal knowledge of the individual's birth, is not available and:

a. The individual is 14 years of age or younger, an additional evidentiary document that meets the requirements in R9-19-102 containing the facts of the individual's birth, established before the individual was five years of age; or

b. The individual is over 14 years of age, an additional evidentiary document that meets the requirements in R9-19-102 containing the facts of the individual's birth, established at least five years before the date of submission; and

6. The fee in R9-19-105 for a request to establish a delayed birth record and register the individual's birth.

G. A person submitting a request for the registration of an individual's birth according to subsection (F) shall ensure that an evidentiary document required in:

1. Subsection (F)(4)(a)(ii) or subsections (F)(4)(b)(ii) and (F)(4)(b)(iii), as applicable, contains, in addition to the individual's first and last name:

   a. The individual's date of birth;

   b. The town, city, or county where the individual's birth occurred;

   c. The first and last name of the individual's mother, submitted as required in subsection (F)(2)(d)(i); or

   d. If applicable, the first and last name of the individual's father, submitted as required in subsection (F)(2)(e)(i); and

2. Subsection (F)(4)(a)(iii) or (F)(4)(b)(iv), as applicable:

   a. Contains the individual's mother's first and last name and street address, and

   b. Was created no more than six months before the date of the individual's birth or six months after the date of the individual's birth.

H. If a request for the registration of an individual's birth is submitted according to subsection (F) and the individual's birth occurred in Arizona before 1970, the State Registrar may:

1. Waive one of the evidentiary documents required in subsection (F)(4)(b) as long as at least two other evidentiary documents verify each of the pieces of the individual's birth information required in subsection (G)(1); or

2. Consider all evidentiary documents submitted to determine whether the information contained in the evidentiary documents supports the registration of the individual’s birth.

I. If an individual's birth occurred in Arizona before 1970, the individual belongs to a tribe recognized by the Federal Bureau of Indian Affair’s Office of Federal Acknowledgement under 25 CFR Part 83, and the individual's birth is not registered, the individual or the individual's guardian may request the registration of the individual's birth by submitting to the State Registrar:

1. A "Certificate of No Record" for the individual issued by the State Registrar, dated not more than five years before the date the request in this subsection is submitted;

2. The following information, in a Department-provided format:

   a. Whether the individual has a registered birth record from another state or country;

   b. If the individual has a registered birth record from another state or country, the state or country that issued the individual's registered birth certificate;

   c. The individual's:

      i. Name;

ii. Sex;

iii. Date of birth; and

iv. Town, city, or county where the individual's birth occurred;

d. The individual's mother's:

i. Name before first marriage,

ii. Current last name, and

iii. Date of birth;

e. The name and date of birth of the individual's father;

f. If the individual is not of legal age and is not married, an affidavit, attesting to the validity of the information required in subsections (I)(2)(a) through (e), signed by:

i. The individual's parent; or

ii. If applicable, the individual's guardian or the person who has custody of the individual; and

g. If the individual is of legal age or married, an affidavit, attesting to the validity of the information required in subsections (I)(2)(a) through (e), signed by:

i. The individual; or

ii. If applicable, the individual's guardian or the person who has custody of the individual;

3. If the information is submitted by the individual's guardian, a copy of the court order establishing guardianship, certified by the issuing court;

4. Except as provided in subsection (J), two evidentiary documents that contain the information required in subsection (I)(2)(c) through (e), one of which is a copy of the official tribal enrollment issued by the Tribal Authority of the federally recognized tribe and certified by the Tribal Authority; and

5. The fee in R9-19-105 for a request to establish a delayed birth record and register the individual's birth.

J. If the two evidentiary documents submitted according to subsection (I)(4) do not each verify all pieces of the individual's birth information in subsection (I)(2)(c), (d), and (e), the individual or the individual's guardian may submit additional evidentiary documents as follows:

1. At least two evidentiary documents that verify each of the pieces of the individual's birth information; or

2. Additional evidentiary documents that, based on a review of the request and the evidentiary documents by the State Registrar, support the registration of the individual's birth record.

K. If the State Registrar determines that a request for registration of an individual's birth submitted according to subsection (F) or (I) and the evidentiary documents submitted as part of the request:

1. Contain the required information, meet the requirements in this Section, and are true and valid, the State Registrar shall:

a. Establish a delayed birth record for the individual that includes a summary statement that lists the evidentiary documents the State Registrar accepted as support for the registration of the individual's birth and register the individual's birth; and

b. Issue a certified copy of a certificate of delayed birth registration to the person who submitted the request to register the individual's birth; or

2. Do not contain the required information, do not meet the requirements in this Section, or may not be true or valid, the State Registrar shall:

a. Not establish a delayed birth record for the individual or register the individual's birth; and

b. Provide written notification to the person who submitted the request:

i. Specifying the missing, incomplete, false, or invalid information or evidentiary documents; and

ii. Informing the person that the person has 180 days after the date of the written notification in subsection (K)(2)(b) to provide the required information or evidentiary documents.

L. If a person who received the notification in subsection (K)(2)(b):

1. Submits all the required information or evidentiary documents to the State Registrar within the 180-day time period, the State Registrar shall comply with subsection (K)(1); or

2. Does not submit all the required information or evidentiary documents to the State Registrar within the 180-day time period, the State Registrar shall:

a. Provide written notice to the person who submitted the request of the reasons for not registering the individual's birth; and

b. Advise the person of the person's right to:

i. Appeal the State Registrar's determination, as prescribed in A.R.S. Title 41, Chapter 6, Article 6;

ii. If the individual has obtained the required information or evidentiary documents, apply to register the individual's birth as prescribed in subsection (F), or (I), as applicable; or

iii. Petition for a court order to register the individual's birth, as prescribed in A.R.S. § 36-333.03.

M. If the Department receives a court order, issued under A.R.S. § 36-333.03, for the registration of a delayed birth record for an individual, the Department shall establish a delayed birth record for the individual that includes a summary statement that lists the evidentiary documents the court accepted as support for the registration of the individual's birth and register the individual's birth.

N. After reviewing for completeness and compliance with R9-19-102, R9-19-201, and this Section, the State Registrar or a local registrar or deputy local registrar shall return an evidentiary document submitted to support a request to register an individual's birth to the person who submitted the request to register the individual's birth.

R9-19-205. ~~Application for delayed birth registration~~ Establishing a Registered Birth Record for a Foundling

~~A. Any person born in Arizona who is older than one year and whose birth has not previously been registered can apply to the State Registrar for a delayed birth certificate, except that an application shall not be accepted for a deceased person. Persons whose late birth registration is rejected under R9-19-203 may apply for a delayed birth certificate. The application fee shall be paid at the time of formal application.~~

~~B. The application shall be pending until completed or until one year has elapsed from the date of application, whichever is earlier. The date the fee is paid shall be considered the date of formal application. After one year from the date of application all uncompleted registrations shall lapse and the fees forfeited.~~

~~C. Any applicant who voluntarily withdraws his request before the lapse date shall be entitled to a full refund. No refund will be made after an application has lapsed.~~

A. To establish a registered birth record for a foundling, a person who has custody of the foundling shall submit to the State Registrar or the local registrar or deputy local registrar of the registration district where the foundling was found:

1. The following information, in a Department-provided format:

a. The location where the foundling was found, including:

i. If the foundling is a newborn left with a safe haven provider according to A.R.S. § 13-3623.01, the facility where the foundling was found;

ii. If the foundling is not a newborn left with a safe haven provider according to A.R.S. § 13-3623.01, the name or a description of the place where the foundling was found;

iii. If applicable, the street address and the city or town; and

iv. The county;

b. The following information about the foundling:

i. Name given to the foundling;

ii. Approximate date of birth of the foundling, based on the foundling's approximate age;

iii. Sex;

iv. Approximate race of the foundling; and

v. If applicable, the identification number assigned to the foundling by the Department of Child Safety or a person designated by the Department of Child Safety to take custody of the foundling;

c. The date the foundling was found; and

d. The name and address of the person who has custody of the foundling;

2. A written statement attesting to the validity of the information submitted, signed and dated by the person who has custody of the foundling; and

3. A copy of the court order establishing custody, certified by the issuing court.

B. Upon receipt of the information and documents in subsection (A), the State Registrar shall establish a registered birth record for a foundling using the submitted information and include the street address, city or town, and county where the foundling was found as the place of the foundling's birth.

R9-19-206. ~~General requirements for delayed birth registration~~ Establishing a Registered Record of Foreign Birth for an Adopted Individual

~~A. The facts regarding a delayed birth registration shall be recorded on a form provided by the State Registrar for that purpose.~~

~~B. The following data concerning the registrant shall be shown on the delayed birth certificate:~~

~~1. Full name at birth. Where a person, whose birth is to be registered, has undergone a change of name through adoption, legitimation or other court action prior to application for delayed registration, the person, whose birth is to be registered, may choose to have the new name shown;~~

~~2. Date of birth – month, day and year;~~

~~3. Sex;~~

~~4. Race or color;~~

~~5. Place of birth – town or city and county;~~

~~6. Names of parents. If a registrant has been adopted, the names of adoptive parents may be shown; and~~

~~7. Information required by the State Registrar in order to comply with federal or state laws, rules or regulations or federal document guidelines.~~

~~C. Each delayed certificate of birth shall be signed by the person whose birth is to be registered and sworn to before an official authorized to administer oaths, provided that each person is 18 years of age or over and is competent to sign and swear to the accuracy of the facts stated therein. Otherwise the certificate shall be signed and sworn to by one of the following in the indicated order of priority:~~

~~1. One of the parents of the person whose birth is to be registered;~~

~~2. The legal guardian of the person whose birth is to be registered; or~~

~~3. The next of kin of the person whose birth is to be registered.~~

A. To establish a registered record of foreign birth for an adopted individual:

1. A state court, the adopted individual's adoptive parent, the married adopted individual, or the adopted individual of legal age shall submit to the State Registrar:

   a. An adoption decree or other official document, finalizing the adoption from the country of the adopted individual's birth, that meets the requirements in R9-19-102, and

   b. A copy of an IR-3 stamp in the individual's passport;

2. If the individual's adoptive parent has completed a readoption process in an Arizona court, the individual's adoptive parent or state court shall submit to the State Registrar a copy of an IR-3 stamp in the individual's passport and:

   a. An original state of Arizona certificate of adoption, issued by a court in this state; or

   b. A court order of adoption issued and certified by a court in this state and:

      i. A birth certificate from the country of the adopted individual's birth translated into English; or

      ii. Written documentation, establishing the date and place of the adopted individual's birth, that meets the requirements in R9-19-102; or

3. If the adopted individual does not have an IR-3 stamp in the individual's passport, the individual's adoptive parent, the married adopted individual, the adopted individual who is of legal age, or a state court shall submit to the State Registrar:
   a. An original state of Arizona certificate of adoption, issued by a court in this state;
   b. A court order of adoption issued and certified by a court in this state and:
      i. A birth certificate from the country of the adopted individual's birth that meets the requirements in R9-19-102, or
      ii. Written documentation, establishing the date and place of the adopted individual's birth, that meets the requirements in R9-19-102; or
   c. If the individual was not adopted in this state, a court order, issued in this state and recognizing the adoption.

B. If the evidentiary documents submitted according to subsection (A) to establish a registered record of foreign birth for an adopted individual do not contain the following information, the person who submitted the evidentiary documents shall submit to the State Registrar:
1. The following information about the individual:
   a. Name;
   b. Date of birth;
   c. Town, city, or county where the individual's birth occurred;
   d. Sex; and
   e. Race;
2. The following information about the individual's adoptive mother:
   a. Name;
   b. Last name before first marriage;
   c. Date of birth;
   d. State, territory, or foreign country where the individual’s adoptive mother was born;
   e. Street address, city or town, county, and state of the individual's adoptive mother's usual residence at the time of the individual's birth;
   f. Whether the individual's adoptive mother's usual residence at the time of the individual's birth is within city limits; and
   g. Social Security Number; and
3. If applicable according to A.R.S. § 36-334, the following information about the individual's adoptive father:
   a. Name;

b. Date of birth;

c. State, territory, or foreign country where the individual's adoptive father was born; and

d. Social Security Number.

R9-19-207. ~~Documentary requirements for delayed birth registration~~ Correcting Information in a Registered Birth Record

~~A. If the person is between one and fourteen years of age, the following documents shall be submitted:~~

~~1. An affidavit attesting to the facts of birth from the father, mother or other family member having personal knowledge of the birth;~~

~~2. One independent factual document attesting to the facts of birth established prior to the person reaching age five; and~~

~~3. One independent factual document establishing the mother's presence in Arizona at the time of birth.~~

~~B. If the person is 15 years of age or older, the following documents shall be submitted:~~

~~1. An affidavit attesting to the facts of birth from the mother, father, a relative or other individual at least ten years older than the person and who has personal knowledge of the birth; and~~

~~2. Two factual supporting documents attesting to the facts of birth independently established at least 5 years prior to the date on which offered as evidence, at least one of which was established during the first ten years of the person's life; and~~

~~3. One independent factual document establishing the mother's presence in Arizona at the time of birth.~~

~~C. The full name of the person and the date and place of birth shall be evidenced in each of the required documents. All other birth facts, including the names of the parents, shall be clearly supported by at least one document. A document established before the person's fourth birthday shall be preferred over later ones. A factual document may be substituted for an affidavit, provided it contains the necessary information.~~

~~D. A summary statement of the documentary evidence submitted in support of a delayed birth certificate shall be written on the face of the form. The date of registration shall also be entered and the signature of the State Registrar shall signify official acceptance of the certificate.~~

~~E. The State Registrar shall determine the acceptability of all documents submitted by an applicant. The State Registrar shall reject any document judged to be inadequate, unsatisfactory, conflicting,~~

~~or in any manner not in compliance with these rules, and require an additional document. The State Registrar shall not register a delayed birth certificate if no combination of documents show the minimum required information, if the documents do not agree as to the facts, or if the State Registrar has reasonable cause to question the validity, adequacy, or consistency of the certificate or documentary evidence. The State Registrar shall apprise the applicant of such refusal and the reasons therefore. The State Registrar shall consider the acceptability of the group as a whole and require additional documentation until the minimum requirements are met.~~

~~F. Documents furnished in connection with a delayed birth certificate shall be originals, certified photographic copies or authenticated abstracts. The State Registrar shall refuse any document showing alterations, erasures or substitutions or information. All documents shall be returned to the sender after review. Reproductions of all documentary evidence shall be kept on file at the Department for at least three years following the date of the registration and may be microfilmed for permanent retention.~~

A. A person requesting a correction to an individual's registered birth record shall submit to the State Registrar or a local registrar, a written request to correct, in a Department-provided format, that includes:

1. The individual's name currently in the individual's registered birth record;
2. The individual's sex;
3. The individual’s date of birth;
4. The name before first marriage of the individual’s mother;
5. If known, the:
   a. State file number;
   b. Town or city of the individual’s birth;
   c. County of the individual’s birth;
   d. Hospital where the individual was born, if applicable;
   e. Name of the individual’s father; and
   f. Dates of birth of the individual’s parents; and
6. The specific information in the individual's registered birth record to be corrected.

B. In addition to the information in subsection (A), an administrator of a hospital or the person in charge of the medical records for the hospital where an individual was born, who is requesting a correction to the individual's registered birth record because of a hospital error, shall submit to the State Registrar or a local registrar:

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1. A written statement attesting to the validity of the submitted correction, signed and dated by the hospital administrator or the person in charge of the hospital's medical records; and
2. A copy of:
   a. The part of the individual's or the individual's mother's medical record containing the specific information to be corrected, or
   b. A form containing the information required in R9-19-201(A) signed by the individual's parent or another family member who is of legal age for the completion of the individual's registered birth record.

C. In addition to the information in subsection (A), a physician, registered nurse practitioner, nurse midwife, or midwife who attended an individual's birth, submitted a request for the individual's birth registration according to R9-19-203, and requests a correction to the individual's registered birth record because of the physician's, registered nurse practitioner's, nurse midwife's, or midwife's error shall submit to the State Registrar or a local registrar:
1. A written statement attesting to the validity of the submitted correction, signed and dated by the physician, registered nurse practitioner, nurse midwife, or midwife who attended the individual's birth; and
2. A copy of:
   a. The part of the individual's or the individual's mother's medical record containing the specific information to be corrected, or
   b. A form containing the information required in R9-19-201(A) signed by the individual's parent or another family member who is of legal age for the completion of the individual's registered birth record.

D. In addition to requests for correction of an individual's registered birth record made according to subsections (B) or (C), a written request for a correction to an individual's registered birth record may be submitted by:
1. The individual, if the individual is of legal age or married;
2. The individual's mother listed in the individual's registered birth record;
3. The individual's father listed in the individual's registered birth record;
4. The individual's guardian; or
5. A person who has custody of the individual.

E. In addition to the information in subsection (A), a person in subsection (D) requesting a correction to an individual's registered birth record shall submit to the State Registrar or a local registrar:

1. The name and mailing address of the person requesting the correction;
2. A written statement attesting to the validity of the submitted correction, signed and dated by the person requesting the correction, either:
   a. With the signature notarized; or
   b. Accompanied by a copy of a valid, government-issued form of photo identification that contains the name and signature of the person requesting the correction to the individual's registered birth record;
3. If the information is submitted by:
   a. The individual's guardian, a copy of the court order establishing guardianship, certified by the issuing court; or
   b. A person who has custody of the individual, a copy of the court order establishing custody, certified by the issuing court;
4. If the request for correction of the individual's registered birth record is submitted more than 90 days after the individual's birth, an evidentiary document that meets the requirements in R9-19-102 and includes the specific information to be corrected; and
5. The fee in R9-19-105 for a request to correct information in a registered birth record.

R9-19-208. ~~Cancellation of a delayed birth certificate; duties of State Registrar~~ Amending Information in a Registered Birth Record

~~A. The State Registrar shall cancel a delayed birth certificate upon evidence of the following:~~

~~1. That an original birth certificate for the registrant already exists in the files of the Department; or~~

~~2. That a delayed birth certificate was established through fraud, misrepresentation of the facts or was based on false documents.~~

~~B. The State Registrar shall advise a registrant by certified mail of the cancellation of a delayed birth certificate. The registrant may appeal such action through the exercise of available statutorily-defined administrative remedies.~~

A. A written request to amend an individual's registered birth record shall:
   1. Be in a Department-provided format; and
   2. Include:
      a. The name and mailing address of the person requesting the amendment;
      b. The relationship of the person requesting the amendment to the individual;
      c. The individual's:
         i. Name currently in the individual's registered birth record,

ii. Sex, and

iii. Date of birth;

d. The name before first marriage of the individual's mother;

e. The specific information in the individual's registered birth record to be amended, including, as applicable or as further specified in subsections of this Section, the specific information to be deleted and the specific information to be added;

f. If known, the:

i. State file number;

ii. Town or city of the individual's birth;

iii. County of the individual's birth;

iv. Hospital where the individual was born, if applicable;

v. Name of the individual's father; and

vi. Dates of birth of the individual's parents; and

g. Except as specified in subsections (F), (G), and (K), the dated signature of each person requesting the amendment, either:

i. With the person's signature notarized; or

ii. Accompanied by a copy of a valid, government-issued form of photo identification for the person that contains the name and signature of the person.

B. To add an individual's first name, middle name, or suffix to the individual's registered birth record less than 90 days after the individual's birth, the individual's parent or guardian shall submit to the State Registrar or a local registrar:

1. The written request in subsection (A) that:

a. Includes the first name, middle name, or suffix to be added; and

b. The signature of the individual's:

i. Mother and, if a father's name is included in the individual's registered birth record, the individual's father; or

ii. Guardian;

2. If the person submitting the request for the amendment to the individual's registered birth record is the individual's guardian, a copy of the court order establishing guardianship, certified by the issuing court; and

3. The fee in R9-19-105 for a request to amend information in a registered birth record.

C. To add an individual's first name, middle name, or suffix to the individual's registered birth record more than 90 days but less than seven years after the individual's birth, the individual's parent or guardian shall submit to the State Registrar or a local registrar:

1. The written request in subsection (B)(1);
2. An evidentiary document that:
   a. Meets the requirements in R9-19-102;
   b. Includes the first name, middle name, or suffix to be added; and
   c. Was created within one year after the date of the individual's birth;
3. If the person submitting the request for the amendment to the individual's registered birth record is the individual's guardian, a copy of the court order establishing guardianship, certified by the issuing court; and
4. The fee in R9-19-105 for a request to amend information in a registered birth record.

D. To request the amendment of an individual's name in the individual's registered birth record less than 90 days after the individual's birth, the individual's parent or guardian shall submit to the State Registrar or a local registrar:

1. The written request in subsection (A) that:
   a. Includes the specific name to be deleted and the specific name to be added; and
   b. The signature of the individual's:
      i. Mother and, if a father's name is included in the individual's registered birth record, the individual's father; or
      ii. Guardian;
2. If the person submitting the request for the amendment to the individual's registered birth record is the individual's guardian, a copy of the court order establishing guardianship, certified by the issuing court; and
3. The fee in R9-19-105 for a request to amend information in a registered birth record.

E. To request the amendment of an individual's name in the individual's registered birth record more than 90 days but less than one year after the individual's birth, the individual's parent or guardian shall submit to the State Registrar or a local registrar:

1. The written request in subsection (D)(1);
2. An evidentiary document that:
   a. Meets the requirements in R9-19-102;
   b. Includes the name to be added; and
   c. Was created within one year after the date of the individual's birth;

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3. If the person submitting the request for the amendment to the individual's registered birth record is the individual's guardian, a copy of the court order establishing guardianship, certified by the issuing court; and
4. The fee in R9-19-105 for a request to amend information in a registered birth record.

F. To amend the month or day of an individual's birth in the individual's registered birth record, the individual, if the individual is of legal age or is married, or the individual's parent or guardian shall submit to the State Registrar or a local registrar:

1. The written request in subsection (A) that includes:
   a. The month or day to be deleted and the month or day to be added; and
   b. An affidavit attesting to the validity of the information required in subsection (F)(1)(a), signed by the person submitting the request;
2. An evidentiary document that meets the requirements in R9-19-102 and includes the requested month or day;
3. If the person submitting the request for the amendment to the individual's registered birth record is the individual's guardian, a copy of the court order establishing guardianship, certified by the issuing court; and
4. The fee in R9-19-105 for a request to amend information in a registered birth record.

G. To amend the date of birth or place of birth of an individual's parent in the individual's registered birth record or to change the individual's mother's last name in the individual's registered birth record to the individual's mother's last name before the individual's mother's first marriage, the individual, if the individual is of legal age or is married, or the individual's parent or guardian shall submit to the State Registrar or a local registrar:

1. The written request in subsection (A) that:
   a. Includes the specific information in the individual's registered birth record to be amended, including the date of birth, place of birth, or name to be deleted and the date of birth, place of birth, or name to be added; and
   b. An affidavit attesting to the validity of the information required in subsection (G)(1)(a), signed by the individual submitting the request;
2. One of the following evidentiary documents containing the specific information for the individual's parent to be amended in the individual's registered birth record:
   a, A certified copy of the individual's parent's registered birth certificate;
   b. A copy of the individual's parent's passport; or
   c. A copy of an administrative order or court order establishing paternity, certified by the issuing entity;

3. If the person submitting the request for the amendment to the individual's registered birth record is the individual's guardian, a copy of the court order establishing guardianship, certified by the issuing court; and
4. The fee in R9-19-105 for a request to amend information in a registered birth record.

H. To request the amendment of the registered birth record of an individual born in Arizona based on the individual's adoption, a state court, the adopted individual's adoptive parent, the married adopted individual, or the adopted individual of legal age shall submit to the State Registrar:

1. A copy of the court order of adoption, certified by the issuing court, or a certificate of adoption with a court seal, after the individual's adoption is final;
2. If the document required in subsection (H)(1) does not contain the following, the person who submitted the request to amend the adopted individual's registered birth record shall submit to the State Registrar:
   a. The information required in the written request in subsection (A);
   b. The individual's name established by the court order;
   c. Whether the individual's adoptive parents want the information about the individual's parents currently in the individual's registered birth record to be retained;
   d. If the individual's adoptive parents do not want the information about the individual's parents in the individual's registered birth record before the adoption to be retained in the individual's registered birth record after the adoption, the following information:
      i. The name and date of birth of the individual's adoptive father;
      ii. The state, territory, or foreign country where the individual's adoptive father was born;
      iii. The individual's adoptive father's Social Security Number;
      iv. The name and date of birth of the individual's adoptive mother;
      v. The individual's adoptive mother's last name before first marriage;
      vi. The state, territory, or foreign country where the individual's adoptive mother was born;
      vii. The individual's adoptive mother's Social Security Number;
      viii. Street address, city or town, county, and state of the individual's adoptive mother's residence at the time of the individual's birth; and
      ix. Street address, city or town, county, and state of the individual's adoptive mother's current residence;

e. If the individual's adoptive parents want the information about the individual's parents in the individual's registered birth record before the adoption to be retained in the individual's registered birth record after the adoption, the following information:

i. The name and date of birth of the individual's adoptive father, and

ii. The name and date of birth of the individual's adoptive mother;

f. Whether the individual's adoptive parents want the name of the hospital, facility, or street address where the individual's birth occurred to be omitted in the amended birth record;

g. The signature of each of the individual's adoptive parents and the date signed;

h. The name of the court issuing the document required in subsection (H)(1); and

i. The date the final order of adoption was granted;

3. If the individual's adoptive parents want the information about the individual's parents in the individual's registered birth record before the adoption to be retained in the individual's registered birth record after the adoption:

a. A written request signed and dated by the adoptive parent or a copy of a court order, certified by the issuing court, containing a request to retain the information in the individual’s registered birth record;

b. Either:

i. A written statement with the notarized signature of the individual’s mother, agreeing to retain the mother's name in the individual's registered birth record; or

ii. If the individual's mother is deceased, a certified copy of a registered death certificate for the individual's mother; and

c. If a father's name is included in the individual's registered birth record, either:

i. A written statement with the notarized signature of the individual’s father, agreeing to retain the father’s name in the individual's registered birth record; or

ii. If the individual's father is deceased, a certified copy of a registered death certificate for the individual's father; and

4. The fee in R9-19-105 for a request to amend information in a registered birth record.

I. If the State Registrar receives a court order or a certificate of adoption with a court seal for an individual, submitted as required in subsection (H), that names two persons of the same sex as the

individual's parents or the individual's mother and father, the State Registrar shall enter the name of each person as the individual's parent in the individual's birth record.

J. To request the amendment of an individual's registered birth record based on the individual's biological father's voluntary acknowledgement of paternity, the individual's mother and biological father shall submit to the State Registrar:

1. A voluntary acknowledgement of paternity form that complies with A.R.S. § 25-812;
2. The following information, which may be submitted as part of the voluntary acknowledgement of paternity or in a Department-provided format:
   a. The information required in the written request in subsection (A);
   b. The following information about the individual's biological father:
      i. Name;
      ii. Date of birth;
      iii. State, territory, or foreign country where the individual's biological father was born;
      iv. Social Security Number;
      v. Race;
      vi. Whether the individual's father is of Hispanic origin and if so, the type of Hispanic origin; and
      vii. Highest degree or level of education completed by the individual's father at the time of the individual's birth;
   c. If the request is submitted within 90 days after the date of the individual's birth, the name requested for the individual; and
   d. If the request is submitted 90 or more days after the date of the individual's birth, the last name requested for the individual;
3. If an individual has a presumed father as described in A.R.S. § 25-814(A)(1), a written document that contains:
   a. The individual's name;
   b. The individual's presumed father's name;
   c. The individual's mother's name; and
   d. A jurat, as defined in A.R.S. § 41-311, signed by the individual's presumed father:
      i. Attesting to the fact that, although the individual's presumed father was married to the individual's mother, the individual's presumed father is not the biological father of the individual; and

ii. Relinquishing and waiving all legal rights to the individual; and

4. The fee in R9-19-105 for a request to amend information in a registered birth record.

K. To request an amendment to an individual's registered birth record when the individual has undergone a sex change operation or has had a chromosomal count that establishes the sex of the individual as different than in the individual's registered birth record, an individual, if the individual is of legal age or is married, or the individual's parent or guardian shall submit to the State Registrar or a local registrar:

1. The written request in subsection (A) to amend the sex listed in the individual's registered birth record that includes:

a. The individual's sex currently in the individual's registered birth record;

b. The requested change for the individual's sex listed in the individual's registered birth record; and

c. An affidavit attesting to the validity of the information required in subsection (K)(1)(b), signed by the person submitting the request;

2. A written statement, signed and dated by a physician, that the individual has:

a. Undergone a sex change operation, or

b. Had a chromosomal count that establishes the sex of the individual as different from that in the individual's registered birth record;

3. If the person submitting the request for the amendment to the individual's registered birth record is the individual's guardian, a copy of the court order establishing guardianship, certified by the issuing court; and

4. The fee in R9-19-105 for a request to amend information in a registered birth record.

L. To request an amendment to an individual's registered birth record based a court order, a person requesting the amendment shall submit to the State Registrar:

1. A copy of the court order to amend the individual's registered birth record, certified by the issuing court;

2. The written request in subsection (A);

3. If the person submitting the request for the amendment to the individual's registered birth record is the individual's guardian, a copy of the court order establishing guardianship, certified by the issuing court; and

4. The fee in R9-19-105 for a request to amend information in a registered birth record.

M. The State Registrar or a local registrar shall amend an individual's registered birth record based on:

1. A request for an amendment, if the State Registrar or local registrar determines, according to R9-19-103, that the request for amendment is valid and accurate and complies with the requirements in this Section; or
2. Except as provided in subsection (N), a court order.

N. The State Registrar or a local registrar shall not amend the date of birth in an individual's registered birth record to a year later than the year in the date currently stated in the individual's registered birth record if any of the information in R9-19-201, required for registering the individual's birth, was received by the State Registrar or local registrar before the later date.

O. When the State Registrar or a local registrar amends a registered birth record, the State Registrar or local registrar shall seal the:
1. Registered birth record that existed before the amendment, and
2. Evidentiary documents submitted to support the amendment.

R9-19-209. ~~Renumbered~~ Cancellation of a Registered Birth Record

A. The State Registrar shall cancel:
1. An individual's registered delayed birth record if the State Registrar determines a registered birth record for the individual exists; or
2. Any registered birth record if the State Registrar determines that the information submitted for registration of the birth and creation of the registered birth record was fraudulent, a misrepresentation of facts, or based on false documents.

B. If the State Registrar intends to cancel an individual's registered birth record as prescribed in subsection (A), the State Registrar shall provide written notice of the intent to cancel and the right to appeal the cancellation, as prescribed in A.R.S. Title 41, Chapter 6, Article 6, to:
1. The individual, if the individual is of legal age or is married; or
2. The individual's parent, if the individual is not of legal age and is not married, or, if applicable, the individual's guardian.

R9-19-210. Eligibility for a Certified Copy of a Certificate of Birth Registration

A. A certified copy of a certificate of birth registration contains, as available, the information specified in:
1. R9-19-201(A)(1) and (4) for a birth registered according to R9-19-202 or R9-19-203;
2. R9-19-201(B)(1) for a birth registered according to R9-19-204(A) or (B);
3. R9-19-204(F)(2)(c)(i) through (iv), (d)(i) through (iv), and (e)(i) through (iii) for a birth registered according to R9-19-204(F);

4. R9-19-204(I)(2)(c) through (e) for a birth registered according to R9-19-204(I);
5. R9-19-205(A)(1)(a) and (b)(i) through (iii) for a foundling's birth record registration according to R9-19-205; and
6. R9-19-206(B)(1)(a) through (d), (2)(a) through (d), and (3)(a) through (c) for registering a foreign birth according to R9-19-206.

B. The following are eligible to receive a certified copy of an individual's certificate of birth registration:

1. The individual, if the individual is of legal age or married;
2. A parent of the individual;
3. The individual's spouse;
4. The individual's grandparent, adult child, adult grandchild, or adult brother or sister;
5. The individual's guardian;
6. A person designated in a power of attorney, established by the individual's parent or guardian according to A.R.S. § 14-5104 or 14-5107;
7. A person appointed as the individual's conservator according to A.R.S. Title 14, Chapter 5, Article 4;
8. An attorney representing:
   a. The individual, if the individual is of legal age or married;
   b. The individual's parent; or
   c. The individual's guardian while acting on the individual's behalf;
9. An adoption agency, licensed according to A.R.S. § 8-126, or a private attorney if:
   a. An adoption of the individual is pending, and
   b. The adoption agency or private attorney represents the individual's biological parents or prospective adoptive parents;
10. A person designated in a court order to receive a certified copy of the individual's certificate of birth registration; and
11. A governmental agency processing an adoption, a financial claim, a governmental benefit application, or another form of compensation on behalf of an individual, or having another official purpose for the certified copy of the individual's certificate of birth registration.

R9-19-211. Requesting a Certified Copy of a Certificate of Birth Registration

A. A person eligible to receive a certified copy of an individual's certificate of birth registration according to R9-19-210(B)(1) through (10) may request a certified copy of the individual's certificate of birth registration by submitting to the State Registrar or a local registrar:

1. A written request, in a Department-provided format, that includes:
   - a. The name and mailing address of the person submitting the request;
   - b. Contact information for the person submitting the request, which may include a telephone number or e-mail address;
   - c. The relationship of the person submitting the request to the individual that makes the person eligible to receive a certified copy of the individual's certificate of birth registration;
   - d. The individual's:
     - i. Name in the individual's registered birth record,
     - ii. Sex, and
     - iii. Date of birth;
   - e. The name before first marriage of the individual's mother;
   - f. If known, the:
     - i. State file number;
     - ii. Town or city of the individual's birth;
     - iii. County of the individual's birth;
     - iv. Hospital where the individual was born, if applicable;
     - v. Name of the individual's father; and
     - vi. Dates of birth of the individual's parents;
   - g. The number of certified copies of the individual's certificate of birth registration being requested; and
   - h. The dated signature of the person submitting the request, either:
     - i. With the person's signature notarized; or
     - ii. Accompanied by a copy of a valid, government-issued form of photo identification for the person that contains the name and signature of the person;
2. One or more evidentiary documents demonstrating that the person is eligible to receive a certified copy of the individual's certificate of birth registration; and
3. The fee in R9-19-105 for each certified copy of the individual's certificate of birth registration being requested.

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B. A governmental agency processing an adoption, a financial claim, a governmental benefit application, or another form of compensation on behalf of an individual, or having another official purpose for a certified copy of the individual's certificate of birth registration may request a certified copy of the individual's certificate of birth registration by submitting to the State Registrar or a local registrar:

1. A written request, on the governmental agency's letter head paper or in a Department-provided format, containing:
   a. The name and address of the governmental agency;
   b. The information required in subsection (A)(1);
   c. The name of and contact information for the governmental agency's designee for the request, which may include a telephone number or e-mail address;
   d. A description of the:
      i. Action the governmental agency is taking on behalf of the individual, or
      ii. Official purpose for which the governmental agency needs a certificate of the individual's birth registration;
   e. The reason the governmental agency is requesting a certified copy of the individual's certificate of birth registration, and
   f. The signature of the governmental agency's designee; and
2. Unless the governmental agency is an agency as defined in A.R.S. § 41-1001, the fee in R9-19-105 for the certified copy of the individual's certificate of birth registration.

C. The following provides examples of documentation that meets the requirement in subsection (A)(2):

1. For the individual:
   a. The individual's notarized signature or the copy of a valid, government-issued form of photo identification that contains the individual's name and signature, as required in subsection (A)(1)(h); and
   b. If the individual is less than 18 years of age, documentation that the individual is emancipated, according to A.R.S. Title 12, Chapter 15, or married;
2. For a parent whose name is included in the individual's registered birth record, the parent's notarized signature or the copy of a valid, government-issued form of photo identification that contains the parent's name and signature, as required in subsection (A)(1)(h);
3. For a parent whose name is not included in the individual's registered birth record:

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a. The parent's notarized signature or the copy of a valid, government-issued form of photo identification that contains the parent's name and signature, as required in subsection (A)(1)(h); and

b. Either:

i. A copy of a court order of adoption for the individual, certified by the issuing court, or a certificate of adoption for the individual with a court seal, including the parent's name as an adoptive parent of the individual; or

ii. A copy of a court order, certified by the issuing court, including the parent's name as a parent of the individual;

4. For the individual's spouse:

a. The spouse's notarized signature or the copy of a valid, government-issued form of photo identification that contains the spouse's name and signature, as required in subsection (A)(1)(h);

b. A copy of the marriage certificate for the individual and the spouse; and

c. A written document signed and dated by the individual authorizing the spouse to receive a copy of the individual's certificate of birth registration with either:

i. The signature notarized, or

ii. Accompanied by a copy of a valid, government-issued form of photo identification that contains the individual's name and signature;

5. For a person who is the individual's grandparent or the individual's adult child, grandchild, brother, or sister:

a. The person's notarized signature or the copy of a valid, government-issued form of photo identification that contains person's name and signature, as required in subsection (A)(1)(h), and, if the person is the individual's adult child, grandchild, brother, or sister, the person's date of birth; and

b. Either:

i. A copy of one or more certificates of birth registration or certificates of death registration that show the person's relationship to the individual or, if a mother's name or father's name is included in the individual's registered birth record or registered death record, the individual's mother or the individual's father; or

ii. For births or deaths registered in Arizona, information about the person whose birth or death was registered in Arizona, such as the person's

name, date of birth, date of death, mother's name, and mother's date of birth, that would enable the Department to access the person's registered birth record or registered death record;

6. For the individual's guardian:
   a. The guardian's notarized signature or the copy of a valid, government-issued form of photo identification that contains the guardian's name and signature, as required in subsection (A)(1)(h); and
   b. A copy of the court order establishing guardianship, certified by the issuing court;
7. For a person designated in a power of attorney, established by the individual's parent or guardian according to A.R.S. § 14-5104 or 14-5107:
   a. The person's notarized signature or the copy of a valid, government-issued form of photo identification that contains person's name and signature, as required in subsection (A)(1)(h); and
   b. A copy of the power of attorney;
8. For a person appointed as the individual's conservator according to A.R.S. Title 14, Chapter 5, Article 4:
   a. The person's notarized signature or the copy of a valid, government-issued form of photo identification that contains person's name and signature, as required in subsection (A)(1)(h); and
   b. A copy of the court order establishing conservatorship, certified by the issuing court;
9. For an attorney:
   a. A written request, on the attorney's letterhead paper, containing the attorney's name and state bar number, the individual's name, the name of the person the attorney is representing, contact information for the attorney, and the attorney's signature;
   b. The attorney's notarized signature or the copy of a valid, government-issued form of photo identification that contains person's name and signature, as required in subsection (A)(1)(h);
   c. A copy of the attorney's retainer agreement with, as applicable, the individual, the individual's parent, or the individual's guardian;

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d. If the retainer agreement is with a parent whose name is not included in the individual's registered birth record, documentation that complies with a requirement in subsection (C)(3)(b); and

e. If the retainer agreement is with the individual's guardian, a copy of the court order establishing guardianship, certified by the issuing court;

10. For an adoption agency representing the individual's biological parents or prospective adoptive parents:

a. A written request, on the adoption agency's letterhead paper, containing the name and license number of the adoption agency, the name of and contact information for the adoption agency's designee for the adoption, the individual's name, the name of the individual's biological parents or prospective adoptive parents, and the signature of the adoption agency's designee;

b. The notarized signature of the adoption agency's designee or the copy of a valid, government-issued form of photo identification that contains the adoption agency's designee's name and signature, as required in subsection (A)(1)(h);

c. A copy of a petition to adopt that:

i. Complies with A.R.S. § 8-109;

ii. Includes the names of the individual and, as applicable, the individual's biological parents or prospective adoptive parents; and

iii. Has been filed with a court of competent jurisdiction; and

d. If not included in the copy of a petition to adopt required in subsection (C)(10)(c), a copy of a document demonstrating that the adoption agency is representing the individual's biological parents or prospective adoptive parents;

11. For a private attorney representing the individual's prospective adoptive parents:

a. A written request, on the attorney's letterhead paper, containing the attorney's name and state bar number, the individual's name, the name of the individual's prospective adoptive parents, contact information for the attorney, and the attorney's signature;

b. The attorney's notarized signature or the copy of a valid, government-issued form of photo identification that contains attorney's name and signature, as required in subsection (A)(1)(h);

c. A copy of the attorney's retainer agreement with the individual's prospective adoptive parents; and

d. A copy of a petition to adopt that:

i. Complies with A.R.S. § 8-109;

ii. Includes the names of the individual and the individual's prospective adoptive parents; and

iii. Has been filed with a court of competent jurisdiction; and

12. For a person named in a court order to receive a certified copy of the individual's certificate of birth registration:

a. The person's notarized signature or the copy of a valid, government-issued form of photo identification that contains person's name and signature, as required in subsection (A)(1)(h); and

b. A copy of the court order, certified by the issuing court.

R9-19-212. Requesting a Noncertified Copy of a Certificate of Birth Registration

A. A noncertified copy of a certificate of birth registration contains, as available, the information specified in R9-19-210(A).

B. Except as provided in subsection (C), a person who is conducting research may request a noncertified copy of an individual's certificate of birth registration by submitting to the State Registrar:

1. A written request, in a Department-provided format, that includes:

a. The name and mailing address of the person submitting the request;

b. Contact information for the person submitting the request, which may include a telephone number or e-mail address;

c. The reason the person is requesting a noncertified copy of the individual's certificate of birth registration;

d. The information required in R9-19-211(A)(1)(d) through (f); and

e. The dated signature of the person submitting the request;

2. Documentation from the Department's Human Subjects Review Board that the person is eligible to receive a noncertified copy of the individual's certificate of birth registration; and

3. The fee in R9-19-105 for the noncertified copy of the individual's certificate of birth registration.

C. A person who is a family member, including a niece or nephew, of an individual, who is conducting research for genealogical purposes, and who is of legal age may request a noncertified copy of the individual's certificate of birth registration by submitting to the State Registrar or a local registrar:

1. A written request, in a Department-provided format, that includes:
   a. The name and mailing address of the person submitting the request;
   b. Contact information for the person submitting the request, which may include a telephone number or e-mail address;
   c. The relationship of the person submitting the request to the individual that makes the person eligible to receive a noncertified copy of the individual's certificate of birth registration;
   d. The information required in R9-19-211(A)(1)(d) through (f);
   e. A statement that the person is conducting research for genealogical purposes; and
   f. The dated signature of the person submitting the request, either:
      i. With the person's signature notarized; or
      ii. Accompanied by a copy of a valid, government-issued form of photo identification for the person that contains the name, date of birth, and signature of the person;
2. Documentation demonstrating that the person is eligible to receive a noncertified copy of the deceased individual's certificate of birth registration that may include:
   a. A copy of one or more certificates of birth registration or certificates of death registration that show the person's relationship to the individual or, if a mother's name or father's name is included in the individual's registered birth record or registered death record, the individual's mother or the individual's father; or
   b. For births or deaths registered in Arizona, information about the person whose birth or death was registered in Arizona, such as the person's name, date of birth, date of death, mother's name, and mother's date of birth, that would enable the Department to access the person's registered birth record or registered death record; and
3. The fee in R9-19-105 for the noncertified copy of the individual's certificate of birth registration.

D. A governmental agency processing an adoption, a financial claim, a governmental benefit application, or another form of compensation on behalf of an individual, or having another official purpose for the noncertified copy of the individual's certificate of birth registration may request a noncertified copy of the individual's certificate of birth registration by submitting to the State Registrar:

1. A written request, on the governmental agency's letter head paper or in a Department-provided format, containing:

a. The name and address of the governmental agency;

b. The information required in R9-19-211(A)(1)(d) through (f);

c. The name of and contact information for the governmental agency's designee for the request, which may include a telephone number or e-mail address;

d. A description of the:

i. Action the governmental agency is taking on behalf of the individual, or

ii. Official purpose for which the governmental agency needs a certificate of the individual's birth registration;

e. The reason the governmental agency is requesting a noncertified copy of the individual's certificate of birth registration, and

f. The signature of the governmental agency's designee; and

2. Unless the governmental agency is an agency as defined in A.R.S. § 41-1001, the fee in R9-19-105 for the noncertified copy of the individual's certificate of birth registration.

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ARTICLE 3. VITAL RECORDS FOR DEATH

R9-19-301. Human Remains Release Form

A. Except as provided in subsection (B), ~~a~~ the form required by A.R.S. § ~~36-326(C)~~ 36-326(B) to accompany a deceased individual's human remains moved from a hospital, nursing care institution, or hospice inpatient facility is in a Department-provided format and shall include:

1. The name and street address of the hospital, nursing care institution, or hospice inpatient facility;
2. The deceased individual's:
   a. Name;
   b. Date of birth;
   c. Sex; and
   ~~c.~~d. Social Security number or, if the deceased individual's Social Security number is not available, the deceased individual's ~~patient identification~~ medical record number;
3. The date and time of the death;
4. The name and telephone number of the ~~physician or registered nurse practitioner~~ health care provider expected to sign the medical certification of death;
5. The name, telephone number, and relationship to the deceased individual of the individual authorizing the hospital, nursing care institution, or hospice inpatient ~~hospice~~ facility to release the human remains;
6. The most recent diagnosis in the deceased individual's medical record;
~~6.~~7. A list of the circumstances in A.R.S. § 11-593(A);
~~7.~~8. Whether ~~the~~ a notification required in A.R.S. § 11-593 was made;
~~8. The most recent diagnosis in the deceased individual's medical record;~~
9. If the deceased individual's human remains are being released to a funeral establishment or a person authorized to receive the deceased individual's communicable disease related information under A.R.S. § 36-664, whether the deceased individual had been diagnosed with or was suspected of having, as stated in the deceased individual's medical record at the time of death:
   a. Infectious tuberculosis,
   b. Human immunodeficiency virus,
   c. Creutzfeldt-Jakob disease,
   d. Hepatitis B,
   e. Hepatitis C, or

f. Rabies; ~~and~~

10. For a death that ~~occurs~~ occurred in a hospital, if the deceased individual's human remains have been accepted for donation by an organ procurement organization under A.R.S. Title 36, Chapter 7, Article 3, and the person authorized in A.R.S. § 36-843 has not made or refused to make an anatomical gift, whether the organ procurement organization has been notified that the deceased individual's human remains are being removed from the hospital; and

11. The name and signature of the individual representing the hospital, nursing care institution, or hospice inpatient facility who ~~released~~ is releasing the human remains.

B. ~~A~~ The form required by A.R.S. § ~~36-326(C)~~ 36-326(B) to accompany human remains from a fetal death moved from a hospital, nursing care institution, or hospice inpatient facility is in a Department-provided format and shall include:

1. The name and street address of the hospital, nursing care institution, or hospice inpatient facility;
2. The name of the mother;
3. The date of delivery;
4. The estimated gestational age or, if the gestational age is unknown, the weight of the human remains;
5. The name and telephone number of the parent authorizing the hospital, nursing care institution, or hospice inpatient ~~hospice~~ facility to release the human remains;
6. A list of the circumstances in A.R.S. § 11-593(A);
7. Whether ~~the~~ a notification required in A.R.S. § 11-593 was made;
8. For a fetal death that ~~occurs~~ occurred in a hospital, if the human remains have been accepted for donation by an organ procurement organization under A.R.S. Title 36, Chapter 7, Article 3, and the person authorized in A.R.S. § 36-843 has not made or refused to make an anatomical gift, whether the organ procurement organization has been notified that the human remains are being removed from the hospital; and
9. The name and signature of the individual representing the hospital, nursing care institution, or hospice inpatient facility who ~~released~~ is releasing the human remains.

C. An individual who removes human remains from a hospital, nursing care institution, or hospice inpatient facility shall sign and date the applicable human remains release form required in subsection (A) or (B), and note the time of removal when the individual removes the human remains from the hospital, nursing care institution, or hospice inpatient facility.

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D. The individual in subsection (C) who removes human remains shall submit a copy of the applicable human remains release form required in subsection (A) or (B) to the local registrar or deputy local registrar of the registration district where the ~~deceased individual died~~ death or fetal death occurred within 24 hours after removing the human remains from a hospital, nursing care institution, or hospice inpatient facility.

R9-19-302. Information for a Death Record [Current 302 moved to 308– New 302 Added]

A. The information for a deceased individual's death record includes the following:

1. Demographic and final disposition information for the deceased individual's certificate of death registration:
   a. The name, date of birth, and sex of the deceased individual;
   b. Any other names by which the deceased individual was known, including, if the deceased individual is female, the deceased individual's last name before her first marriage;
   c. The place of death including:
      i. The county,
      ii. Town or city, and
      iii. Zip code;
   d. If death was pronounced in a hospital, whether the deceased individual was:
      i. An inpatient,
      ii. An outpatient, or
      iii. Dead on arrival at the hospital;
   e. If death was pronounced somewhere other than a hospital, whether death was pronounced at:
      i. The deceased individual's residence,
      ii. A hospice inpatient facility,
      iii. A nursing care institution, or
      iv. Another location;
   f. If death was pronounced at another location, a description of the location;
   g. If death was pronounced:
      i. In a health care institution, the facility name; or
      ii. In a location other than a health care institution, the street address of the location;
   h. The deceased individual's race;

i. Whether the deceased individual was of Hispanic origin and, if the deceased individual was of Hispanic origin, the type of Hispanic origin;

j. If the deceased individual was Native American, the deceased individual's tribal affiliation;

k. Whether the deceased individual was ever in the U.S. Armed Forces;

l. The deceased individual's age:

  i. If the deceased individual was one or more years old, in years since the deceased individual's birthday;

  ii. If the deceased individual was one or more days old but less than one year old, in months and days; or

  iii. If the deceased individual was less than one day old, in hours and minutes;

m. The deceased individual's marital status at the time of death;

n. The name of the deceased individual's surviving spouse, if applicable, and, if the surviving spouse is a wife, the wife's last name before her first marriage;

o. The state, county, and city of the deceased individual's birth or, if the birth did not happen in the United States, the name of the country where the birth occurred;

p. The deceased individual's Social Security Number;

q. The deceased individual's usual occupation;

r. The address, including the street address, town or city, state, zip code, and county, of the deceased individual's usual residence;

s. If the deceased individual's usual residence is not in the United States, the name of the country of the deceased individual's usual residence;

t. The name of the deceased individual's father;

u. The name before first marriage of the deceased individual's mother;

v. The following information about the individual providing the demographic and final disposition information about the deceased individual:

  i. The individual's name;

  ii. Relationship to the deceased individual; and

  iii. The individual's mailing address, including street address, city or town, state, zip code, and, if outside the U.S., country;

w. The anticipated final disposition of the human remains, including one or more of the following:

i. Burial;

ii. Entombment;

iii. Cremation;

iv. Anatomical gift, except for an anatomical gift of a part;

v. Removal from the state; and

vi. Other final disposition of the human remains;

x. If an anticipated final disposition is anatomical gift, except for an anatomical gift of a part, another anticipated final disposition other than removal from the state;

y. If an anticipated final disposition is removal from the state:

i. Whether removal from the state includes removal from the United States; and

ii. Another anticipated final disposition specified in subsection (A)(1)(w)(i), (ii), (iii), or (vi);

z. If an anticipated final disposition of the human remains is another means of final disposition, a description of the anticipated final disposition;

aa. The name and location where each final disposition of the human remains took place, and the date of each final disposition;

bb. If applicable, the name and address of the funeral establishment; and

cc. The name of the responsible person or the name and license number of the funeral director in charge of the final disposition of the human remains;

2. Other demographic and final disposition information for the deceased individual's death record:

a. Whether the deceased individual's usual residence was within city limits;

b. Whether the deceased individual's usual residence was in a tribal community at the time of death;

c. If the deceased individual's usual residence was in a tribal community at the time of death, the name of the tribal community;

d. How long the deceased individual resided in Arizona before the deceased individual's death;

e. The type of business or industry in which the deceased individual usually worked;

f. The name of the country of which the deceased individual was a citizen;

g. The highest educational grade completed by the deceased individual; and

h. If the anticipated final disposition of the deceased individual's human remains is cremation, documentation of the approval of the medical examiner of the county where the death occurred for the cremation of the human remains;

3. Medical certification information for the deceased individual's certificate of death registration:

a. The date of death and whether the date is the actual date of death or a date determined through a death investigation conducted under A.R.S. § 11-597;

b. The time death was pronounced;

c. The conditions leading to the immediate cause of death, including the underlying causes of death;

d. For each cause or condition listed according to subsection (A)(3)(c), the length of time from the onset of the cause or condition to the time of death;

e. Any other conditions contributing to the death;

f. Whether an autopsy was performed on the deceased individual;

g. Whether autopsy results were available to complete the cause of death;

h. The manner of death;

i. The name, title, and address of the medical certifier; and

j. The date the medical certifier signed the medical certification of death; and

4. Other medical certification information for the deceased individual's death record:

a. If the medical certifier is a health care provider, the health professional license number of the medical certifier;

b. If the medical certifier is a tribal law enforcement authority, the badge number of the medical certifier;

c. Whether tobacco use contributed to the cause of death;

d. If the deceased individual was female, whether:

i. The deceased individual was pregnant within the last year;

ii. The deceased individual was pregnant at the time of death;

iii. The deceased individual was not pregnant at the time of death, but pregnant within 42 days before death;

iv. The deceased individual was not pregnant at the time of death, but pregnant 43 days to one year before death; or

v. It is unknown whether the deceased individual was pregnant within the last year; and

e. Whether a notification required in A.R.S. § 11-593 was made.

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B. If a medical examiner determined the manner of death in subsection (A)(3)(h) for a deceased individual, the medical examiner shall ensure that, in addition to the information in subsections (A)(3) and (4), the medical certification information for the deceased individual's death record includes:

1. For the deceased individual's certificate of death registration, whether the:
   a. Manner of death was due to:
      i. Natural causes,
      ii. An accident,
      iii. Suicide,
      iv. Homicide, or
      v. An undetermined cause; and
   b. Whether the death was as a result of an injury and, if so, whether the injury occurred while the deceased individual was working or at the deceased individual's workplace; and
2. The following other medical certification information for the deceased individual's death record:
   a. If the death was as a result of an injury
      i. The date and time of the injury,
      ii. The type of location where the injury occurred,
      iii. The address of the location where the injury occurred, and
      iv. A description of how the injury occurred; and
   b. If the death was caused by a transportation accident, whether the deceased individual at the time of the transportation accident was:
      i. The driver or operator of the transportation vehicle,
      ii. A passenger in the transportation vehicle,
      iii. A pedestrian, or
      iv. Involved in another activity affected by the transportation accident.

R9-19-303. ~~Medical Certification for a Death Certificate~~ Registration of a Deceased Individual's Death

~~A. A medical certifier shall complete and submit a medical certification of a deceased individual's death to the local registrar of the county where the death occurred or the state registrar as soon as possible and no more than 72 hours after the death that includes:~~

~~1. The name and date of birth of the deceased individual;~~

2. ~~The name, title, address, and license number of the medical certifier;~~
3. ~~The date the medical certifier signed the medical certification of death;~~
4. ~~The date and time of death;~~
5. ~~Except as provided in subsection (C), the condition leading to the immediate cause of death including the underlying cause of death, using the standards from:~~
    a. ~~For a medical certifier other than a medical examiner, the Physicians' Handbook on Medical Certification, DHHS Publication No. (PHS) 2003-1108, published by the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, incorporated by reference, on file with the Department, and including no future editions or amendments, available at http://www.cdc.gov/nchs/data/misc/hb_cod.pdf or from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250-7954; or~~
    b. ~~For a medical examiner, the Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting, DHHS Publication No. (PHS) 2003-1110 published by the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, incorporated by reference, on file with the Department, and including no future editions or amendments, available at http://www.cdc.gov/nchs/data/misc/hb_me.pdf or from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250-7954;~~
6. ~~For each cause or condition listed according to subsection (A)(5), the length of time from the onset of the cause or condition to the time of death;~~
7. ~~Any other conditions contributing to the death;~~
8. ~~Whether tobacco use contributed to the cause of death;~~
9. ~~If the deceased individual was female, whether:~~
    a. ~~The deceased individual was pregnant within the last year;~~
    b. ~~The deceased individual was pregnant at the time of death;~~
    c. ~~The deceased individual was not pregnant at the time of death, but pregnant within 42 days of death;~~
    d. ~~The deceased individual was not pregnant at the time of death, but pregnant 43 days to one year before death; or~~
    e. ~~It is unknown whether the deceased individual was pregnant within the last year;~~

~~10. Whether an autopsy was performed on the deceased individual; and~~

~~11. Whether the notification required in A.R.S. § 11-593 was made.~~

~~B. If a medical examiner determined the cause of death, in addition to the information in subsection (A), the medical examiner shall submit the following information as determined by the medical examiner:~~

~~1. If the manner of death is pending investigation;~~

~~2. If the manner of death is not pending investigation, whether the death was due to:~~

~~a. Natural causes,~~

~~b. An accident,~~

~~c. Suicide,~~

~~d. Homicide, or~~

~~e. An undetermined cause;~~

~~3. If the death was as a result of an injury:~~

~~a. The date and time of the injury,~~

~~b. The type of location where the injury occurred,~~

~~c. The address of the location where the injury occurred,~~

~~d. Whether the injury occurred while the deceased individual was working or at the deceased individual's workplace, and~~

~~e. A description of how the injury occurred; and~~

~~4. If the death was caused by a transportation accident, whether the deceased individual at the time of the transportation accident was:~~

~~a. The driver or operator of the transportation vehicle,~~

~~b. A passenger in the transportation vehicle,~~

~~c. A pedestrian, or~~

~~d. Involved in another activity affected by the transportation accident.~~

~~C. When a medical examiner cannot determine the cause of death for the medical certification of a deceased individual's death within 72 hours of the deceased individual's death, the medical examiner shall:~~

~~1. Enter the word "pending" for the cause of death for the medical certification and submit the medical certification of death as required in subsection (A); and~~

~~2. Upon determination of the cause of death, submit an amendment according to R9-19-311 that includes the cause of death, using the standards from the Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting, DHHS Publication No. (PHS) 2003-1110, incorporated by reference in subsection (A)(5)(b).~~

~~D. A medical certifier shall sign the completed medical certification of a deceased individual's death as follows:~~

~~1. If the medical certifier is a physician or a registered nurse practitioner, the medical certifier shall sign a statement attesting that, to the best of the medical certifier's knowledge, death occurred due to the cause and manner stated.~~

~~2. If the medical certifier is a physician or a registered nurse practitioner who also pronounced the death of the deceased individual, the medical certifier shall sign a statement attesting that, to the best of the medical certifier's knowledge, death occurred at the time, date, and place, and due to the cause and manner stated.~~

~~3. If the medical certifier is a medical examiner or a tribal law enforcement authority, the medical certifier shall sign a statement attesting that, to the best of the medical certifier's knowledge, death occurred due to the cause and manner stated.~~

A. Before requesting the registration of a deceased individual's death, a responsible person or funeral director who is responsible for the final disposition of the deceased individual's human remains shall obtain a written statement attesting to the validity of the information in R9-19-302(A)(1) and (2), signed and dated by the person providing the information.

B. Except as provided in subsection (G) or (I) or R9-19-304, within seven days after a deceased individual's death, a responsible person or funeral director who is responsible for the final disposition of the deceased individual's human remains shall:

1. Submit to the State Registrar or a local registrar or deputy local registrar of the registration district where the death occurred, in a Department-provided format, the information specified in R9-19-302(A)(1) and (2); and

2 Contact the health care provider expected to sign the deceased individual’s medical certification of death to inform the health care provider that the deceased individual’s death record has been established and is available for medical certification information to be entered.

C. Except as provided in R9-19-304, a medical certifier shall:

1. Complete and submit, in a Department-provided format, to the State Registrar or the local registrar of the county where the death occurred, as soon as possible and no more than 72 hours after the death, a medical certification of death for a deceased individual that includes:

a. The information specified in R9-19-302(A)(3) and (4); and

b. A written statement, signed and dated by the medical certifier, attesting that, to the best of the medical certifier's knowledge:

i. Death occurred due to the cause and manner stated; and

ii. If the medical certifier is a health care provider who also pronounced the death of the deceased individual, death occurred at the time, date, and place stated; and

2. When specifying the conditions leading to the immediate cause of death, including the underlying cause of death, use the applicable standards from the Physicians' Handbook on Medical Certification, DHHS Publication No. (PHS) 2003-1108, published by the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, incorporated by reference, on file with the Department, and including no future editions or amendments, available at http://www.cdc.gov/nchs/data/misc/hb_cod.pdf or from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250-7954.

D. Upon receiving information submitted according to subsections (B) or (C), the State Registrar or the local registrar of the county where a death occurred shall:

1. If the information submitted to register the deceased individual's death indicates that the human remains are to be cremated and the medical certification of death was not signed by the medical examiner, as required in A.R.S. § 11-599, request that the medical examiner review the medical certification of the deceased individual's death;

2. If the information submitted to register the deceased individual's death indicates that the deceased individual's death may have occurred under circumstances set forth in A.R.S. § 11-593 and the medical certification of death was not signed by the medical examiner, as required in A.R.S. § 11-594, or a tribal law enforcement authority, as allowed by A.R.S. § 36-325(I):

a. Not register the deceased individual's death, and

b. Request that the medical examiner or, if applicable, tribal law enforcement authority complete and sign the medical certification of the deceased individual's death; and

3. Within 72 hours, either:

a. Register the deceased individual's death, or

b. Comply with the notification requirements in R9-19-103(C).

E. A responsible person or representative of a funeral establishment responsible for submitting the information in subsection (B) to the State Registrar or a local registrar or deputy local registrar of the registration district where a deceased individual's death occurred shall:

1. Maintain a copy of the evidentiary document used to collect the information for at least 10 years after the date on the evidentiary document, and
2. Provide a copy of the evidentiary document to the State Registrar for review within 48 hours after the time of the State Registrar's request.

F. If a deceased individual's death occurs in this state and is not registered within one year after the date of the deceased individual's death, the State Registrar or a local registrar or deputy local registrar shall establish a delayed death record for the deceased individual and register the deceased individual's death.

G. To request the registration of a delayed death record for a deceased individual:

1. Except as provided in subsections (G)(2) and (3) or R9-19-304(G), a person shall submit to the State Registrar or a local registrar or deputy local registrar of the registration district where the death occurred:
   a. A court order requiring registration of the deceased individual's death, certified by the issuing court, and containing the deceased individual's:
      i. Name,
      ii. Social Security Number,
      iii. Date of birth,
      iv. Date of death,
      v. Cause of death, and
      vi. Location of death;
   b. If not included in the court order in subsection (G)(1)(a), the information in R9-19-302(A)(1) and (2), as available;
   c. An affidavit attesting to the validity of the information required in subsection (G)(1)(b), signed by the person making the request; and
   d. The fee in R9-19-105 for requesting to establish a delayed death record and register the deceased individual's death;
2. A medical certifier shall submit, in a Department-provided format, to the State Registrar or a local registrar or deputy local registrar of the registration district where the death occurred:
   a. The information specified in R9-19-302(A)(1) and (2);
   b. A medical certification of the deceased individual's death, completed as required in subsection (C);
   c. A description of the circumstances causing the delay; and

d. A written statement attesting to the validity of the information required in subsections (G)(2)(a) through (c), signed and dated by the medical certifier; and

3. A responsible person shall submit, in a Department-provided format, to the State Registrar or a local registrar or deputy local registrar of the registration district where the death occurred:

a. The information specified in R9-19-302(A)(1) and (2);

b. A medical certification of the deceased individual's death, completed as required in subsection (B);

c. A description of the circumstances causing the delay;

d. An affidavit attesting to the validity of the information required in subsections (G)(1)(a) through (c), signed by the person making the request; and

e. The fee in R9-19-105 for requesting to establish a delayed death record and register the deceased individual's death;

H. When the State Registrar or a local registrar or deputy local registrar of the registration district where a death occurred receives a request to register the death of a deceased individual according to subsection (G), the State Registrar, local registrar, or deputy local registrar shall review the request according to R9-19-103.

I. To request the registration of an individual's presumptive death under A.R.S. § 36-325(L), a person requesting registration shall submit to the State Registrar:

1. A court order requiring registration of the individual's presumptive death, certified by the issuing court, and containing the deceased individual's:

a. Name,

b. Social Security Number,

c. Date of birth,

d. Date of death,

e. Cause of death, and

f. Location of death;

2. If not included in the court order in subsection (I)(1), the information in R9-19-302(A)(1) and (2), as available;

3. An affidavit attesting to the validity of the information required in subsection (I)(2), signed by the person making the request; and

4. The fee in R9-19-105 for requesting to establish a death record or delayed death record for a presumptive death.

R9-19-304. ~~Information for a Death Certificate~~ Registration of a Death Referred to a Medical Examiner

~~A. A responsible person or a representative of a funeral establishment who is responsible for the final disposition of a deceased individual's human remains shall submit the following information for the deceased individual's death certificate to a local registrar, a deputy local registrar, or the state registrar within 7 days of the deceased individual's death:~~

~~1. The deceased individual's name and sex;~~

~~2. The date of the deceased individual's death;~~

~~3. The place of death including:~~

~~a. The county,~~

~~b. Town or city, and~~

~~c. Zip code;~~

~~4. If death was pronounced in a hospital, whether the deceased individual was:~~

~~a. An inpatient,~~

~~b. An outpatient, or~~

~~c. Dead on arrival at the hospital;~~

~~5. If death was pronounced somewhere other than a hospital, whether death was pronounced at:~~

~~a. A residence,~~

~~b. An inpatient hospice facility,~~

~~c. A nursing care institution, or~~

~~d. Another location;~~

~~6. If death was pronounced at another location, a description of the location;~~

~~7. If death was pronounced:~~

~~a. In a health care institution, the facility name and National Provider Number; or~~

~~b. In a location other than a health care institution, the street address of the location;~~

~~8. The deceased individual's race;~~

~~9. Whether the deceased individual was of Hispanic origin and, if the deceased individual was of Hispanic origin, what type of Hispanic origin;~~

~~10. Whether the deceased individual was ever in the U.S. Armed Forces;~~

~~11. The deceased individual's date of birth;~~

~~12. The deceased individual's age:~~

~~a. If the deceased individual was one or more years old, in years since the deceased individual's birthday;~~

~~b. If the deceased individual was one or more days old but less than one year old, in months and days; or~~

~~c. If the deceased individual was less than 1 day old, in hours and minutes;~~

~~13. The deceased individual's marital status at the time of death;~~

~~14. The name of the deceased individual's surviving spouse, if applicable, and, if the surviving spouse is a wife, the wife's last name before her first marriage;~~

~~15. The state and city of the deceased individual's birth or, if the birth did not happen in the United States, the name of the country where the birth occurred;~~

~~16. The name of the country that the deceased individual was a citizen of;~~

~~17. The deceased individual's Social Security Number;~~

~~18. The deceased individual's usual occupation;~~

~~19. The type of business or industry that the deceased individual usually worked in;~~

~~20. The address including the street address, town or city, zip code, and county, of the deceased individual's usual residence;~~

~~21. Whether the deceased individual lived within city limits;~~

~~22. Whether the deceased individual resided in a tribal community at the time of death;~~

~~23. If the deceased individual resided in a tribal community at the time of death, the name of the tribal community;~~

~~24. How long the deceased individual resided in Arizona before the deceased individual's death;~~

~~25. The highest educational grade completed by the deceased individual;~~

~~26. The first, middle, and last name of the deceased individual's father;~~

~~27. The first, middle, and last name before first marriage of the deceased individual's mother;~~

~~28. The following information about the individual providing information about the deceased individual:~~

~~a. The individual's name;~~

~~b. Relationship to the deceased individual; and~~

~~c. The individual's address including street address, city or town, state, and zip code;~~

~~29. The anticipated final disposition of the human remains including one or more of the following:~~

~~a. Burial,~~

~~b. Entombment,~~

~~c. Anatomical gift of the human remains except for donation of a part,~~

~~d. Cremation,~~

~~e. Removal from the state, and~~

~~f. Other final disposition of the human remains;~~

~~30. If an anticipated final disposition is anatomical gift except for donation of a part, another anticipated final disposition other than removal from the state;~~

~~31. If an anticipated final disposition is removal from the state:~~

~~a. Whether removal from the state includes removal from the United States, and~~

~~b. Another anticipated final disposition, other than anatomical gift except for donation of a part;~~

~~32. If an anticipated final disposition of the human remains is another means of final disposition, a description of the anticipated final disposition;~~

~~33. If applicable, the name of the funeral establishment;~~

~~34. The name of the funeral director or responsible person in charge of the final disposition of the human remains; and~~

~~35. If the anticipated final disposition is cremation, an approval to cremate the human remains signed by the medical examiner of the county where the death occurred.~~

~~B. The responsible person or representative of a funeral establishment responsible for submitting the information in subsection (A) to a local registrar, deputy local registrar, or the state registrar shall:~~

~~1. Maintain a copy of the evidentiary document used to collect the information for 10 years from the date on the evidentiary document, and~~

~~2. Provide a copy of the evidentiary document to the state registrar for review within 48 hours from the time of the state registrar's request.~~

A. If the medical examiner of the registration district where a deceased individual's death occurred takes charge of the deceased individual's human remains under A.R.S. § 11-594, the medical examiner shall submit the medical certification of death:

1. To the State Registrar or a local registrar or deputy local registrar of the registration district where the deceased individual's death occurred;

2. As soon as possible and no more than 72 hours after the deceased individual's death and in a Department-provided format;

3. That includes the following information:

a. The deceased individual's name, date of birth, and sex;

b. Any other names by which the deceased individual was known, including, if the deceased individual is female, the deceased individual's last name before her first marriage;

c. The date of the individual's death;

d. The place of death including:

i. Either:

(1) The name of the facility where the death occurred; or

(2) If the death did not occur in a facility, the street address at which the death occurred;

ii. The county;

iii. The town or city; and

iv. Zip code;

e. The deceased individual's age;

f. Whether the cause or manner of death is pending investigation at the time the information is submitted;

g. If the cause and manner of death are not pending investigation, the information in R9-19-302(A)(3) and (4) and (B); and

h. If the cause or manner of death is pending investigation:

i. The word "pending" for the:

(1) Cause of death required in R9-19-302(A)(3)(c), or

(2) Manner of death required in R9-19-302(A)(3)(h);

ii. The remaining information in R9-19-302(A)(3) and (4); and

iii. The information required in R9-19-302(B); and

4. That is signed and dated by the medical examiner, attesting that, on the basis of examination or investigation, as applicable, death occurred at the time, date, and place, and due to the cause and manner stated.

B. When specifying the conditions leading to the immediate cause of death, including the underlying cause of death, a medical examiner shall use the applicable standards from the Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting, DHHS Publication No. (PHS) 2003-1110 published by the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, incorporated by reference, on file with the Department, and including no future editions or amendments, available at http://www.cdc.gov/nchs/data/misc/hb_me.pdf or from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250-7954.

C. Upon determination of the cause or manner of death, a medical examiner who had indicated, according to subsection (A)(3)(h), that the cause or manner of death was pending investigation

shall submit an amendment according to R9-19-311 that includes the cause or manner of death, using the standards in subsection (B).

D. Within seven days after receiving a deceased individual's human remains from a medical examiner, a responsible person or funeral director who is responsible for the final disposition of the deceased individual's human remains shall submit to the State Registrar or a local registrar or deputy local registrar of the registration district where the death occurred, and in a Department-provided format, the information specified in R9-19-302(A)(1) and (2).

E. Upon receiving information submitted according to subsections (A), (D), and, if applicable (C), the State Registrar or the local registrar of the county where a death occurred shall:

1. Review the information received;
2. Enter into a deceased individual's death record any missing information; and
3. Within 72 hours, either:
   a. Register the deceased individual's death, or
   b. Comply with the notification requirements in R9-19-103(C).

F. To request the registration of a delayed death record for a deceased individual, a medical examiner or a tribal law enforcement authority shall submit, in a Department-provided format, to the State Registrar or a local registrar or deputy local registrar of the registration district where the death occurred the information required in R9-19-302.

~~R9-19-305. Delayed Death Certificate~~

~~If a deceased individual's death occurs in this state and is not registered within one year after the date of the deceased individual's death, a local registrar, deputy local registrar, or the state registrar shall register the death certificate as a delayed death certificate upon receipt of:~~

~~1. If the information is being submitted by a medical examiner or a tribal law enforcement authority:~~
   ~~a. A medical certification of the deceased individual's death as required in R9-19-303, and~~
   ~~b. The information for a death certificate required in R9-19-304(A);~~
~~2. If the information is not being submitted by a medical examiner:~~
   ~~a. The information required in subsection (1),~~
   ~~b. The circumstances of the delay, and~~
   ~~c. A notarized statement that the information submitted is true and correct; or~~
~~3. A court order.~~

~~R9-19-306.~~R9-19-305. ~~Information for a~~ Fetal Death ~~Certificate~~ Registration

~~A. A hospital, abortion clinic, physician, or midwife shall submit the following information for a fetal death certificate to the state registrar within seven days of a deceased's fetal death, if the fetal death occurs after a gestational period of 20 completed weeks or if the deceased's human remains weigh more than 350 grams:~~

~~1. First, middle, and last name of deceased, if applicable;~~

~~2. The deceased's sex;~~

~~3. Plurality of delivery;~~

~~4. If plurality involves more than one fetal death, the deceased's order of birth;~~

~~5. Date of delivery;~~

~~6. Hour of delivery;~~

~~7. Address where delivery occurred, including street address, city or town, zip code, and county;~~

~~8. If delivery occurred:~~

~~a. At home:~~

~~i. Whether the delivery was planned to occur at home; and~~

~~ii. The street address, city or town, state, and zip code of the home; or~~

~~b. Not at home:~~

~~i. Type of facility where delivery occurred;~~

~~ii. Zip code where delivery occurred; and~~

~~iii. The facility's National Provider Number;~~

~~9. Estimation of the deceased's gestational age;~~

~~10. Weight in grams of the deceased at delivery;~~

~~11. Whether:~~

~~a. The deceased was dead at first assessment with no ongoing labor,~~

~~b. The deceased was dead at first assessment with ongoing labor,~~

~~c. The deceased died during labor after first assessment, or~~

~~d. It is unknown when the deceased died;~~

~~12. The following information about the deceased's father:~~

~~a. First, middle, and last name;~~

~~b. Race;~~

~~c. Whether the father is of Hispanic origin and if the father is of Hispanic origin, what type of Hispanic origin;~~

~~d. Date of birth;~~

~~e. State, territory, or foreign country where father was born; and~~

~~f. Highest degree or level of education completed by the father at the time of the deceased's delivery;~~

~~13. The following information about the deceased's mother:~~

~~a. First, middle, and last name before first marriage;~~

~~b. Race;~~

~~c. Whether the mother is of Hispanic origin and if the mother is of Hispanic origin, what type of Hispanic origin;~~

~~d. Date of birth;~~

~~e. State, territory, or foreign country where the mother was born;~~

~~f. Street address, apartment number if applicable, city or town, state, and county of the mother's usual residence;~~

~~g. Highest degree or level of education completed by the mother at the time of the deceased's delivery;~~

~~h. Whether the mother's usual residence is inside city limits;~~

~~i. Date last normal menses began;~~

~~j. Whether the mother received prenatal care;~~

~~k. If the mother received prenatal care:~~

~~i. Date of first prenatal care visit;~~

~~ii. Date of last prenatal care visit; and~~

~~iii. Total number of prenatal visits for this pregnancy;~~

~~l. Whether the prenatal record was available for completion of the fetal death report;~~

~~m. Whether the mother was married at the time of delivery;~~

~~n. The number of previous live births;~~

~~o. The number of other pregnancy outcomes not including this delivery;~~

~~p. If applicable:~~

~~i. The date of the last live birth, and~~

~~ii. The date of the last other pregnancy outcome;~~

~~q. Whether the mother was transferred for medical reasons before delivery;~~

~~r. If the mother was transferred, the name of the facility that the mother was transferred from;~~

~~s. Whether the mother received WIC food for herself during this pregnancy;~~

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~~t. Whether any of the following occurred 24 hours before delivery or within 24 hours after delivery:~~

~~i. Maternal transfusion,~~

~~ii. Third or fourth degree perineal laceration,~~

~~iii. Ruptured uterus,~~

~~iv. Unplanned hysterectomy,~~

~~v. Admission to intensive care unit, or~~

~~vi. Unplanned operating room procedure following delivery;~~

~~u. Whether the mother had been diagnosed with any of the following infections during this pregnancy:~~

~~i. Gonorrhea,~~

~~ii. Syphilis,~~

~~iii. Chlamydia,~~

~~iv. Listeria,~~

~~v. Group B streptococcus,~~

~~vi. Cytomegalovirus,~~

~~vii. Parvovirus, or~~

~~viii. Toxoplasmosis,~~

~~v. Whether the mother had been diagnosed with any other infection during pregnancy and the name of the infection;~~

~~w. Risk factors present in this pregnancy;~~

~~x. Whether the mother smoked before or during pregnancy;~~

~~y. If the mother smoked before or during pregnancy, the number of cigarettes she smoked per day during:~~

~~i. The three months before the pregnancy,~~

~~ii. The first trimester of the pregnancy,~~

~~iii. The second trimester of the pregnancy, and~~

~~iv. The last trimester of the pregnancy;~~

~~z. The mother's height in inches;~~

~~aa. The mother's weight:~~

~~i. Prepregnancy or at first prenatal visit, and~~

~~ii. At delivery;~~

~~bb. Whether labor was induced;~~

~~cc. Whether labor was augmented;~~

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~~dd. Whether there was a non-vertex presentation;~~

~~ee. Whether steroids were administered for fetal lung maturation before delivery;~~

~~ff. Whether antibiotics were administered to the mother during labor;~~

~~gg. Whether there was moderate or heavy meconium staining of the amniotic fluid;~~

~~hh. Whether an epidural or spinal anesthesia was administered to the mother during labor;~~

~~ii. A chronology of the mother's labor and delivery;~~

~~jj. Whether delivery was attempted:~~

~~i. With forceps, or~~

~~ii. Vacuum extraction;~~

~~kk. The fetal presentation at delivery;~~

~~ll. Final route and method of delivery;~~

~~mm. If a cesarean delivery, whether a trial of labor was attempted;~~

~~nn. If applicable, how many previous cesarean deliveries did the mother have; and~~

~~oo. Whether the mother had a hysterotomy or a hysterectomy;~~

~~14. Any congenital anomalies of the deceased;~~

~~15. Whether an autopsy was planned or performed;~~

~~16. Whether a histological placental examination was performed;~~

~~17. Whether autopsy or histological placental examination results were used in determining the cause of the fetal death;~~

~~18. Whether the placenta appearance was normal or abnormal;~~

~~19. A description of the fetal appearance at delivery;~~

~~20. Any cause or condition that contributed to the fetal death;~~

~~21. Any additional cause or condition of significant medical importance;~~

~~22. The name, National Provider Number, and professional credential of the individual attending the delivery;~~

~~23. The name and title of the individual completing the information;~~

~~24. The principal source of payment for the delivery;~~

~~25. The anticipated final disposition of the human remains, including one or more of the following:~~

~~a. Hospital or abortion clinic disposition,~~

~~b. Burial,~~

~~c. Entombment,~~

~~d. Anatomical gift of the human remains except for donation of a part,~~

~~e. Cremation,~~

~~f. Removal from the state, and~~

~~g. Other final disposition of the human remains; and~~

~~26. If an anticipated final disposition is anatomical gift except for donation of a part, another anticipated final disposition other than removal from the state; and~~

~~27. If an anticipated final disposition is removal from the state:~~

~~a. Whether removal from the state includes removal from the United States, and~~

~~b. Another anticipated final disposition other than anatomical gift except for donation of a part.~~

A. Except as provided in R9-19-306, a hospital, an abortion clinic, a physician, a nurse midwife, or a midwife shall submit to the State Registrar, according to A.R.S. § 36-329, the following, in a Department-provided format:

1. Information for the deceased's certificate of fetal death registration:

a. The name of the deceased, if applicable;

b. Location where delivery occurred, including:

i. The city or town, zip code, and county where the delivery occurred; and

ii. Whether delivery occurred in a residence or another facility;

c. If delivery occurred at a residence, the street address of the residence;

d. If delivery occurred in a facility, the:

i. Name of the facility where delivery occurred, and

ii. Type of facility where delivery occurred;

e. The following information about the deceased's father:

i. Name;

ii. Date of birth; and

iii. State, territory, or foreign country where the father was born;

f. The following information about the deceased's mother:

i. Current name;

ii. Street address, apartment number if applicable, city or town, state, zip code, and county of the mother's usual residence;

iii. If the mother's usual residence is not in the United States, the country of the mother's usual residence;

iv. Date of birth;

v. Name before first marriage; and

vi. State, territory, or foreign country where the mother was born;

g. The deceased's sex;

h. Plurality of delivery;

i. If plurality involves more than one, the deceased's order of birth;

j. Date of delivery;

k. Hour of delivery;

l. Any cause or condition that contributed to the fetal death, specified according to the applicable standards incorporated by reference in R9-19-303(B)(2) or R9-19-304(B), as applicable;

m. Any other significant causes or conditions related to the fetal death;

n. If the fetal death was referred to the medical examiner of the registration district where the fetal death occurred, the name and health professional license number of the medical examiner;

o. The name and, if applicable, professional credential of the individual attending the delivery; and

p. The anticipated final disposition of the human remains, including one or more of the following:

   i. Hospital or abortion clinic disposition;

   ii. Burial;

   iii. Entombment;

   iv. Cremation;

   v. Anatomical gift, except for an anatomical gift of a part;

   vi. Removal from the state; and

   vii. Other final disposition of the human remains;

q. If an anticipated final disposition is anatomical gift, except for an anatomical gift of a part, another anticipated final disposition other than removal from the state;

r. If an anticipated final disposition is removal from the state:

   i. Whether removal from the state includes removal from the United States; and

   ii. Another anticipated final disposition specified in subsection (A)(1)(n)(ii), (iii), (iv), or (vii);

s. If an anticipated final disposition of the human remains is another means of final disposition, a description of the anticipated final disposition;

t. The name and location where each final disposition of the human remains took place, and the date of each final disposition;

u. If a funeral establishment is responsible for the final disposition of the human remains:

i. The name and address of the funeral establishment, and

ii. The name and license number of the funeral director;

v. If a responsible person is responsible for the final disposition of the human remains, the name and address of the responsible person; and

w. The name and title of the individual providing the information;

2. Other information for the deceased's fetal death record:

a. If delivery occurred at a residence, whether the delivery was planned to occur at the residence;

b. The following information about the deceased's father:

i. Race;

ii. Whether the father is of Hispanic origin and, if the father is of Hispanic origin, what type of Hispanic origin; and

iii. Highest degree or level of education completed by the father at the time of the deceased's delivery;

c. The following information about the deceased's mother:

i. Race;

ii. Highest degree or level of education completed by the mother at the time of the deceased's delivery;

iii. Whether the mother's usual residence is inside city limits;

iv. Whether the mother's usual residence is in a tribal community and, if so, the name of the tribal community; and

v. Height;

d. Whether the deceased's mother:

i. Is of Hispanic origin and, if so, the type of Hispanic origin;

ii. Received food from WIC for herself during the pregnancy; or

iii. Was married at the time of delivery;

e. The deceased's mother's history of:

i. Smoking before or during the pregnancy,

ii. Prenatal care for this pregnancy, and

iii. Previous pregnancies and pregnancy outcomes;

f. The deceased's mother's:

i. Pre-pregnancy weight;

i. Weight at delivery; and

iii. Date the last normal menses began;

g. The principal source of payment for the delivery;

h. If applicable, the National Provider Identifier of the facility where delivery occurred;

i. Estimation of the deceased's gestational age;

j. Weight in grams of the deceased at delivery;

k. Whether:

i. The deceased was dead at first assessment with no ongoing labor,

ii. The deceased was dead at first assessment with ongoing labor,

iii. The deceased died during labor after first assessment, or

iv. It is unknown when the deceased died;

l. The following medical information about the deceased's mother:

i. Medical risk factors during this pregnancy;

ii. Characteristics of the labor and delivery; and

iii. Medical complications during labor or delivery;

m. Whether the deceased's mother was transferred from one facility to another facility for a maternal medical condition or fetal medical condition before the delivery;

n. If the deceased's mother was transferred from one facility to another facility before the delivery, the name of the facility from which the deceased's mother was transferred;

o. Whether the prenatal record was available for completion of the fetal death report;

p. Any congenital anomalies of the deceased;

q. Whether an autopsy was planned or performed;

r. Whether a histological placental examination was performed;

s. Whether autopsy or histological placental examination results were used in determining the cause of the fetal death;

t. Whether the placenta appearance was normal or abnormal; and

u. A description of the fetal appearance at delivery; and

3. A written statement attesting to the validity of the submitted information, signed and dated by the designee of the person submitting the information.

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B. To request the registration of a fetal death more than seven days after the fetal death, a hospital, an abortion clinic, a physician, a nurse midwife, or a midwife shall submit, in a Department-provided format, to the State Registrar:

1. The information required in subsections (A)(1) and (2);
2. A description of the circumstances causing the delay; and
3. A written statement attesting to the validity of the information required in subsections (B)(1) and (2), signed and dated by the person making the request.

C. If a fetal death occurs in this state and is not registered within one year after the date of the fetal death, the State Registrar or a local registrar or deputy local registrar shall establish and register a delayed fetal death record.

D. When the State Registrar or a local registrar or deputy local registrar of the registration district where a fetal death occurred receives a request to register the fetal death, the State Registrar, local registrar, or deputy local registrar shall review the request according to R9-19-103.

~~B.~~E. ~~The~~ A hospital, an abortion clinic, a physician, a nurse midwife, or a midwife responsible for submitting the information in subsection (A) to the State Registrar or a local registrar~~,~~ or deputy local registrar~~, or the state registrar~~ shall:

1. Maintain a copy of the evidentiary document used to collect the information in subsection (A) for at least 10 years ~~from~~ after the date on the evidentiary document, and
2. Provide a copy of the evidentiary document to the ~~state registrar~~ State Registrar for review within 48 hours ~~from~~ after the time of the ~~state registrar's~~ State Registrar's request.

R9-19-306. Registration of a Fetal Death Referred to a Medical Examiner

A. If the medical examiner of the registration district where a fetal death, which requires registration under A.R.S. § 36-329, occurred takes charge of the human remains under A.R.S. § 11-594, the medical examiner shall submit to the State Registrar, as soon as possible and no more than 72 hours after the fetal death and in a Department-provided format, the following information:

1. Whether the cause of fetal death is pending investigation at the time the information is submitted;
2. If the cause of fetal death is not pending investigation:
   a. The information in R9-19-305(A)(1)(a) through (o) and (w) and (2)(i) through (u); and
   b. If known, the information in R9-19-305(A)(p) through (v) and (2)(a) through (h); and

3. If the cause of fetal death is pending investigation:
    a. The word "pending" for the cause of fetal death required in R9-19-305(A)(1)(l);
    b. The remaining information in subsection (A)(2)(a); and
    c. If known, the information in subsection (A)(2)(b).

B. Upon determination of the cause or manner of fetal death, a medical examiner who had indicated, according to subsection (A)(3), that the cause or manner of fetal death was pending investigation shall submit an amendment according to R9-19-311 that includes the cause of fetal death, using the applicable standards incorporated by reference in R9-19-304(B).

C. Within seven days after receiving the human remains from a fetal death from a medical examiner, a hospital, an abortion clinic, a physician, a nurse midwife, or a midwife, a responsible person or funeral director who is responsible for the final disposition of the human remains shall submit to the State Registrar, in a Department-provided format, any information specified in R9-19-305(A)(1)(a) through (f) and (p) through (w) and (2)(a) through (e) that had not been submitted by the medical examiner according to subsection (A) or the hospital, abortion clinic, physician, nurse midwife, or midwife according to R9-19-305(A).

D. Upon receiving information submitted according to subsections (A), (B), and, if applicable (C), the State Registrar shall:
    1. Review the information received;
    2. Enter into a fetal death record any missing information; and
    3. Within 72 hours, either:
        a. Register the fetal death, or
        b. Comply with the notification requirements in R9-19-103(C).

E. To request the registration of a delayed fetal death record, a medical examiner or tribal law enforcement authority shall submit to the State Registrar, in a Department-provided format, the information required in R9-19-305(A).

~~**R9-19-307. Delayed Fetal Death Certificate**~~

~~If a fetal death occurs in this state and is not registered within one year after the date of the fetal death, a local registrar, deputy local registrar, or the state registrar shall register the fetal death certificate as a delayed fetal death certificate upon receipt of:~~

~~1. If the information is being submitted by a medical examiner or a tribal law enforcement authority, the information required in R9-19-306(A);~~

~~2. If the information is not being submitted by a medical examiner:~~

~~a. The information required in subsection (1),~~

~~b. The circumstances of the delay, and~~

~~c. A notarized statement that the information submitted is true and correct; or~~

~~3. A court order.~~

~~R9-19-308.~~ R9-19-307. Certificate of Birth Resulting in Stillbirth

Upon request by the parent or parents of a stillborn child according to R9-19-317, the state registrar shall provide the parent or parents with a certificate of birth resulting in stillbirth if the fetal death occurred after a gestational period of at least 20 completed weeks.

~~R9-19-302.~~R9-19-308. Disposition-transit Permits

A. A local registrar or deputy local registrar shall collaborate with the State Registrar to ensure that a funeral establishment or responsible person is able to obtain a disposition-transit permit during hours when the office of the local registrar or deputy local registrar is not open for business.

~~A.~~B. A funeral establishment or responsible person shall obtain a disposition-transit permit for ~~a deceased individual's~~ human remains from a deceased individual or a fetal death before a final disposition ~~listed in subsection (B)(5)~~ of the human remains is initiated.

1. A disposition-transit permit may list more than one final disposition.
2. A disposition-transit permit issued by the State Registrar or any ~~deputy~~ local registrar~~,~~ or deputy local registrar~~, or the state registrar~~ is valid for each final disposition listed on the disposition-transit permit of the human remains in any registration district in the state or, if listed on the disposition-transit permit, for removal from the state.
3. A crematory shall not accept human remains for cremation unless the accompanying disposition-transit permit specifies cremation as a final disposition.

~~B. Except as provided in subsection (D), a funeral establishment or responsible person shall submit the following information to the local registrar or deputy local registrar of the county where the death occurred or the state registrar to obtain a disposition-transit permit for a deceased individual's human remains:~~

~~1. The deceased individual's name, sex, and date of birth;~~

~~2. The date of death;~~

~~3. The town or city, county, and state where the death occurred;~~

~~4. The cause of death as listed on the deceased individual's medical certification~~ of death;

~~5.~~ The anticipated final disposition of the human remains ~~including one or more of the following:~~

~~a. Burial,~~

~~b. Entombment,~~

~~c. Anatomical gift of the human remains except for donation of a part,~~

~~d. Cremation,~~

~~e. Removal from the state, and~~

~~f. Other final disposition of the human remains;~~

~~6. If an anticipated final disposition is anatomical gift, except for donation of a part, another anticipated final disposition other than removal from the state;~~

~~7. If an anticipated final disposition is removal from the state:~~

~~a. Whether removal from the state includes removal from the United States, and~~

~~b. Another anticipated final disposition, other than anatomical gift except for donation of a part;~~

~~8. If an anticipated final disposition of the human remains is another means of final disposition, a description of the anticipated final disposition;~~

~~9. If applicable, the name of the funeral establishment; and~~

~~10. The name of the funeral director or responsible person in charge of the final disposition of the human remains.~~

~~C. If cremation is listed as an anticipated final disposition for a deceased individual's human remains, a local registrar, deputy local registrar, or the state registrar shall obtain an approval for cremation from the medical examiner of the county where the deceased individual's death occurred before issuing a disposition-transit permit.~~

~~D. To obtain a disposition-transit permit for human remains from a fetal death, a funeral establishment or responsible person shall submit the following information to the local registrar or deputy local registrar of the county where the fetal death occurred or the state registrar:~~

~~1. The name of the mother;~~

~~2. The date of delivery;~~

~~3. The estimated gestational age of the human remains or, if the gestational age is unknown, the weight of the human remains;~~

~~4. Whether the anticipated final disposition is hospital or abortion clinic disposition;~~

~~5. If the anticipated final disposition is not hospital or abortion clinic disposition, the~~ anticipated final disposition of the human remains, ~~including one or more of the following:~~

~~a. Burial,~~

~~b. Entombment,~~

~~c. Anatomical gift of the human remains except for donation of a part,~~

~~d. Cremation,~~

~~e. Removal from the state, and~~

~~f. Other final disposition of the human remains;~~

~~6. If an anticipated final disposition is anatomical gift except for donation of a part, another anticipated final disposition other than removal from the state;~~

~~7. If an anticipated final disposition is removal from the state:~~

~~a. Whether removal from the state includes removal from the United States, and~~

~~b. Another anticipated final disposition, other than anatomical gift except for donation of a part;~~

~~8. If an anticipated final disposition of the human remains is another means of final disposition, a description of the anticipated final disposition;~~

~~9. If applicable, the name of the funeral establishment; and~~

~~10. The name of the funeral director or responsible person in charge of the final disposition of the human remains.~~

~~E. If cremation is listed as an anticipated final disposition for human remains from a fetal death with a gestational age of 20 weeks or more, or if the gestational age is unknown, a weight of 350 grams or more, a local registrar, deputy local registrar, or the state registrar shall obtain an approval for cremation from the medical examiner of the county where the fetal death occurred before issuing a disposition-transit permit.~~

~~F. A local registrar, deputy local registrar, or the state registrar shall not issue a disposition-transit permit for a deceased individual if a medical certification of death for the deceased individual required in R9-19-303 has not been submitted to the local registrar of the county where the death occurred.~~

C. The State Registrar or the local registrar or deputy local registrar of the county where a death or fetal death occurred shall not issue a disposition-transit permit to a funeral establishment or responsible person for the human remains from the deceased individual or the fetal death unless:

1. For the human remains from the deceased individual:

a. A medical certification of death for the deceased individual, required in R9-19-303(B)(1) or R9-19-304(A), has been submitted to the local registrar of the county where the death occurred; and

b. The following information is contained in the deceased individual’s death record:

i. The deceased individual's name, sex, and date of birth;

ii. The date of death;

iii. The town or city, county, and state where the death occurred;

iv. The cause of death as listed on the deceased individual's medical certification of death;

v. The anticipated final disposition of the human as specified in R9-19-302(A)(1)(w) through (z);

vi. If applicable, the name of the funeral establishment; and

vii. The name of the funeral director or responsible person in charge of the final disposition of the human remains;

2. For the human remains from the fetal death, the following information is contained in the deceased's fetal death record:

a. The name of the mother;

b. The date of delivery;

c. The estimated gestational age of the human remains or, if the gestational age is unknown, the weight of the human remains;

d. The anticipated final disposition of the human remains, as specified in R9-19-305(A)(1)(p) through (s);

e. If applicable, the name of the funeral establishment; and

f. The name of the funeral director or responsible person in charge of the final disposition of the human remains;

3. If the cause or manner of death or fetal death or the circumstances surrounding the death or fetal death should have been reported according to A.R.S. § 11-593, the medical examiner has signed a medical certification of death; and

4. If cremation is listed as an anticipated final disposition for the human remains, the State Registrar or a local registrar or deputy local registrar has obtained an approval for cremation from the medical examiner of the county where the death or fetal death occurred.

D. A person who submitted the information to request a disposition-transit permit shall not have the right to appeal, as prescribed in A.R.S. Title 41, Chapter 6, Article 6, the State Registrar's determination to deny a request for a disposition-transit permit if the human remains of a deceased individual or from a fetal death have been transported for final disposition before the person who submitted the information receives the written notice specified in R9-19-103(D)(3).

~~R9-19-309. Validation of Information~~

~~If a local registrar, deputy local registrar, or the state registrar determines that information submitted for a death certificate or fetal death certificate or an amendment to a death certificate or fetal death certificate may not be valid or accurate, the local registrar, deputy local registrar, or the state registrar may require an affidavit or an evidentiary document that is necessary, as determined by the local registrar, deputy local registrar, or the state registrar, to validate the information. If the required affidavit or evidentiary document is not submitted, the local registrar, deputy local registrar, or the state registrar shall not register or amend the certificate.~~

~~R9-19-310.~~R9-19-309. Correcting Information ~~on~~ in a Registered Death ~~Certificate~~ Record or a Registered Fetal Death ~~Certificate~~ Record

~~A person requesting a correction to information on a deceased individual's death certificate or fetal death certificate shall submit a documented request to correct that includes:~~

~~1. The deceased individual's name and sex;~~

~~2. The state file number, if known;~~

~~3. The date, for correcting information on a:~~

~~a. Death certificate, of the deceased individual's death; or~~

~~b. Fetal death certificate or a certificate of birth resulting in stillbirth, of the delivery;~~

~~4. The specific information on the certificate to be corrected;~~

~~5. A statement attesting to the validity and accuracy of the submitted correction signed by the person submitting the request for correction; and~~

~~6. An evidentiary document that demonstrates the validity of the submitted correction.~~

A. A funeral director may request the correction of any of the information in:

1. R9-19-302(A)(1) or (2) for a registered death record submitted by the funeral director according to R9-19-303(B) or R9-19-304(D); or

2. R9-19-305(A)(1)(a), (e), (f), or (p) through (w) or (2)(b) through (e) for a registered fetal death record submitted by the funeral director according to R9-19-306(C).

B. To request the correction of information in a registered death record or registered fetal death record, a funeral director shall submit to the State Registrar or the local registrar of the registration district where the death or fetal death occurred:

1. A request to correct on the letterhead paper of the funeral director's funeral establishment that includes:

a. The name and license number of the funeral director submitting the request;

b. Contact information for the funeral director submitting the request, which may include a telephone number or e-mail address;

c. For correcting information in a deceased individual's registered death record, the deceased individual's:

i. Name in the deceased individual's registered death record;

ii. Sex;

iii. Date of birth;

iv. Date of death; and

v. If known, the state file number;

d. For correcting information in a registered fetal death record:

i. Name of the mother of the fetus;

ii. Date of delivery; and

iii. If known, the state file number;

e. The specific information in the registered death record or fetal death record to be corrected; and

f. A written statement attesting to the validity of the submitted correction signed and dated by the funeral director submitting the request for correction; and

2. An evidentiary document that demonstrates the validity of the submitted correction.

C. To request the correction of information in a registered death record, a medical certifier, including a medical examiner or, if applicable, tribal law enforcement authority, shall submit to the State Registrar or the local registrar of the registration district where the death occurred:

1. A request to correct, in a Department-provided format, that includes the following information:

a. The name and, if applicable, the health professional license number of the medical certifier submitting the request;

b. Contact information for the medical certifier submitting the request, which may include a telephone number or e-mail address;

c. The information in subsection (B)(1)(c);

d. The specific information in the registered death record to be corrected; and

e. A written statement attesting to the validity of the submitted correction signed and dated by the medical certifier submitting the request for correction; and

2. An evidentiary document that demonstrates the validity of the submitted correction.

D. To request the correction of information in a registered fetal death record, a designee of a hospital, an abortion clinic, a physician, a nurse midwife, a midwife, a medical examiner, or, if

applicable, tribal law enforcement authority shall submit to the State Registrar or the local registrar of the registration district where the fetal death occurred:

1. A request to correct, in a Department-provided format, that includes the following information:
    a. The name and, as applicable, the health professional license number or health care institution license number of the hospital, abortion clinic, physician, nurse midwife, midwife, or medical examiner submitting the request;
    b. Contact information for the designee of the hospital, abortion clinic, physician, nurse midwife, midwife, or medical examiner submitting the request, which may include a telephone number or e-mail address;
    c. The information in subsection (B)(1)(d);
    d. The specific information in the registered fetal death record to be corrected; and
    e. A written statement attesting to the validity of the submitted correction signed and dated by the designee of the hospital, abortion clinic, physician, nurse midwife, midwife, or medical examiner submitting the request for correction; and
2. An evidentiary document that demonstrates the validity of the submitted correction.

E. To request the correction of information in a deceased individual's registered death record, a person who was responsible for the final disposition of the deceased individual's human remains according to A.R.S. § 36-831 or who provided the information in R9-19-302(A)(1) and (2) to a funeral director shall submit to the State Registrar or the local registrar of the registration district where the death occurred:

1. A request to correct, in a Department-provided format, that includes the following information:
    a. The name of the person submitting the request;
    b. The person's relationship to the deceased individual;
    c. Contact information for the person submitting the request, which may include a telephone number or e-mail address;
    d. The information required in subsection (B)(1)(c);
    e. The specific information in the registered death record to be corrected; and
    f. A written statement attesting to the validity of the submitted correction signed and dated by the person requesting the correction, either:
        i. With the signature notarized; or

ii. Accompanied by a copy of a valid, government-issued form of photo identification that contains the name and signature of the person requesting the correction to the individual's registered death record;

2. An evidentiary document that demonstrates the person's relationship to the deceased individual;

3. An evidentiary document that demonstrates the validity of the submitted correction; and

4. The fee in R9-19-105 for a request to correct the information in a registered death record.

F. To request the correction of information in a registered fetal death record, a parent of the fetus shall submit, to the State Registrar or the local registrar of the registration district where the fetal death occurred:

1. A request to correct, in a Department-provided format, that includes the following information:

a. The name of the parent submitting the request;

b. Contact information for the parent submitting the request, which may include a telephone number or e-mail address;

c. The information required in subsection (B)(1)(d);

d. The specific information in the registered fetal death record to be corrected; and

e. A written statement attesting to the validity of the submitted correction signed and dated by the parent requesting the correction, either:

i. With the signature notarized; or

ii. Accompanied by a copy of a valid, government-issued form of photo identification that contains the name and signature of the parent requesting the correction to the registered fetal death record;

2. An evidentiary document that demonstrates the validity of the submitted correction; and

3. The fee in R9-19-105 for a request to correct the information in a registered death record.

~~R9-19-311.~~R9-19-310. Amending Information ~~on~~ in a Registered Death ~~Certificate~~ Record or a Registered Fetal Death ~~Certificate~~ Record

~~A. A request to amend any of the information in R9-19-303(A)(2) through (A)(11) on a deceased individual's death certificate is signed by the:~~

~~1. Medical certifier who originally signed the medical certification of death, or~~

~~2. Medical examiner of the county where the death occurred.~~

~~B. A request to amend any of the information in R9-19-303(B) on a death certificate is signed by the medical examiner of the county where death occurred.~~

~~C. A medical certifier requesting an amendment to any of the information on the death certificate in R9-19-303 shall submit a documented request to amend the information that includes:~~

~~1. The deceased individual's name and sex;~~

~~2. The state file number, if known;~~

~~3. The date:~~

~~a. For amending information on a death certificate, of the deceased individual's death; or~~

~~b. For amending information on a fetal death certificate, of the delivery;~~

~~4. The specific information on the certificate to be amended, including the information to be deleted and the information to be added; and~~

~~5. A statement attesting to the validity and accuracy of the submitted amendment signed by the medical certifier.~~

~~D. A person requesting an amendment to the information on a deceased individual's death certificate or fetal death certificate shall submit a documented request to amend that includes:~~

~~1. The deceased individual's name and sex;~~

~~2. The state file number, if known;~~

~~3. The date:~~

~~a. For amending information on a death certificate, of the deceased individual's death; or~~

~~b. For amending information on a fetal death certificate, of the delivery;~~

~~4. The specific information on the certificate to be amended including the information to be deleted and the information to be added; and~~

~~5. An affidavit, signed by the person submitting the request for the amendment, attesting to the validity and accuracy of the submitted amendment.~~

A. To request the amendment of any of the information in R9-19-302(A)(3) or (4) in a deceased individual's registered death record, the medical certifier who signed the medical certification of death according to R9-19-303(C)(1) or R9-19-304(A) shall submit to the State Registrar or the local registrar of the registration district where the death occurred:

1. A request to amend, in a Department-provided format, that includes the following information:

a. The name and, if applicable, the health professional license number of the medical certifier submitting the request;

b. Contact information for the medical certifier submitting the request, which may include a telephone number or e-mail address;

c. The following information about the deceased individual:

i. Name in the deceased individual's registered death record;

ii. Sex;

iii. Date of birth;

iv. Date of death; and

v. If known, the state file number;

d. The specific information in the registered death record to be amended; and

e. A written statement attesting to the validity of the submitted amendment signed by the medical certifier submitting the request for amendment; and

2. An evidentiary document that demonstrates the validity of the submitted amendment.

B. To request the amendment of any of the information in R9-19-302(B) in a deceased individual's registered death record, the medical examiner who signed the medical certification of death according to R9-19-304(A) shall submit to the State Registrar or the local registrar of the registration district where the death occurred:

1. The request to amend specified in subsection (A)(1), and

2. An evidentiary document that demonstrates the validity of the submitted amendment.

C. To request the amendment of any of the information in R9-19-302(A)(1) or (2) in a deceased individual's registered death record, a person shall submit to the State Registrar or the local registrar of the registration district where the death occurred:

1. A request to amend, in a Department-provided format, that includes the following information:

a. The name of the person submitting the request;

b. The person’s relationship to the deceased individual;

c. Contact information for the person submitting the request, which may include a telephone number or e-mail address;

d. The information required in subsection (A)(1)(c);

e. The specific information in the registered death record to be amended; and

f. A written statement attesting to the validity of the submitted amendment signed and dated by the person requesting the amendment, either:

i. With the signature notarized; or

ii. Accompanied by a copy of a valid, government-issued form of photo identification that contains the name and signature of the person requesting the amendment to the individual’s registered death record;

2. An evidentiary document that demonstrates the person's relationship to the deceased individual;
3. An evidentiary document that demonstrates the validity of the submitted amendment; and
4. The fee in R9-19-105 for a request to amend the information in a registered death record.

~~E.~~D. If a person submitting a ~~documented~~ request ~~for an amendment~~ to amend the information ~~on~~ in a deceased individual's registered death ~~certificate~~ record according to subsection (C) is not the individual listed ~~on~~ in the deceased individual's death ~~certificate~~ record as the individual who provided the information about the deceased individual, as specified in R9-19-302(A)(2)(v), the State Registrar or a local registrar~~,~~ or deputy local registrar~~, or the state registrar~~:

1. ~~shall provide notification~~ Shall notify the individual who provided the information about the deceased individual of the request for an amendment of information ~~on~~ in the deceased individual's registered death record, and
2. ~~certificate to the individual who provided the information about the deceased individual. The local registrar, deputy local registrar, or state registrar may~~ May request evidentiary documents from the person submitting the request and the ~~person~~ individual who provided information about the deceased individual within 10 days after the request to determine the validity ~~and accuracy~~ of the requested amendment and the information ~~on~~ in the deceased individual's registered death ~~certificate~~ record.

E. To request the amendment of information in a registered fetal death record, a designee of a hospital, an abortion clinic, a physician, a nurse midwife, or a midwife shall submit to the State Registrar or the local registrar of the registration district where the fetal death occurred:

1. A request to amend, in a Department-provided format, that includes the following information:
   a. The name and, as applicable, the health professional license number or health care institution license number of the hospital, abortion clinic, physician, nurse midwife, or midwife submitting the request;
   b. Contact information for the designee of the hospital, abortion clinic, physician, nurse midwife, or midwife submitting the request, which may include a telephone number or e-mail address;
   c. The following information:
      i. Name of the mother of the fetus;
      ii. Date of delivery; and
      iii. If known, the state file number;
   d. The specific information in the registered fetal death record to be amended; and

e. A written statement attesting to the validity of the submitted amendment signed and dated by the designee of the hospital, abortion clinic, physician, nurse midwife, or midwife submitting the request for amendment; and

2. An evidentiary document that demonstrates the validity of the submitted amendment.

F. To request the amendment of information in a registered fetal death record, a parent of the fetus shall submit, to the State Registrar or the local registrar of the registration district where the fetal death occurred:

1. A request to amend, in a Department-provided format, that includes the following information:

a. The name of the parent submitting the request;

b. Contact information for the parent submitting the request, which may include a telephone number or e-mail address;

c. The information required in subsection (E)(1)(c);

d. The specific information in the registered fetal death record to be amended; and

e. A written statement attesting to the validity of the submitted amendment signed and dated by the parent requesting the amendment, either:

i. With the signature notarized; or

ii. Accompanied by a copy of a valid, government-issued form of photo identification that contains the name and signature of the parent requesting the amendment to the registered fetal death record;

2. An evidentiary document that demonstrates the validity of the submitted amendment; and

3. The fee in R9-19-105 for a request to amend the information in a registered fetal death record.

~~F.~~G. ~~A~~ The State Registrar or a local registrar~~, deputy local registrar or the state registrar~~ shall amend the information ~~on~~ in a registered death ~~certificate~~ record or registered fetal death ~~certificate~~ record based on a:

1. Request for amendment, if the State Registrar or local registrar~~, deputy local registrar or state registrar~~ determines, according to R9-19-103, that the request for amendment is valid and accurate and complies with the requirements in this Section; or

2. Court order.

~~R9-19-312.~~R9-19-311. Transporting Human Remains into the State for Final Disposition

A. A person transporting a deceased individual's human remains into Arizona from outside of the state shall submit a disposition-transit permit issued by or death certificate ~~issued by~~ registered in

the state where the deceased individual's death occurred or the human remains were previously interred that contains the ~~cause of death and~~ the information required in R9-19-302, including the cause of death, to the local registrar or deputy local registrar of the registration district where final disposition of the human remains in Arizona are anticipated or the ~~state registrar~~ State Registrar.

B. Upon receipt of a disposition-transit permit issued by or death certificate ~~issued by~~ registered in another state that contains ~~cause of death and~~ the information required in R9-19-302, including the cause of death, a local registrar, a deputy local registrar, or the ~~state registrar~~ State Registrar shall issue a disposition-transit permit using the information on the other state's disposition-transit permit or death certificate. If the human remains were previously disinterred, the local registrar, deputy local registrar, or ~~state registrar~~ State Registrar shall document "disinterred" on the disposition-transit permit.

~~R9-19-313.~~R9-19-312. Disinterment-reinterment ~~Permit~~ Permits

A. Except as provided in A.R.S. § ~~36-327(B)~~ 36-327, before a person disinters ~~a deceased individual's~~ the human remains of a deceased individual or a fetal death, the person shall:

1. Obtain:
   a. Written authorization for the disinterment from the:
      i. ~~deceased~~ Deceased individual's family member or members who have the highest priority according to A.R.S. § 36-327(A), or
      ii. Parent of the fetus; or
   b. A court order authorizing the disinterment; ~~and~~
2. If the disinterred human remains are to be cremated, obtain approval for the cremation from the medical examiner of the registration district where the human remains are interred; and

~~2.~~3. Submit ~~the following information~~ to a local registrar, a deputy local registrar, or the ~~state registrar~~ State Registrar to obtain a disinterment-reinterment permit:
   a. The following information in a Department-provided format:
      i. For the human remains of a deceased individual:
         (1) The name, age, sex, and race of the deceased individual; and
         ~~b.~~(2) The date and place of death;
      ii. For the human remains of a fetal death, the name of the mother and date of delivery;
      ~~c.~~iii. The name of the cemetery or the location where the human remains are buried;

~~d.~~iv. The name of the funeral director in charge of the disinterment;

~~e.~~v. If applicable, the name or names of the family member or members who authorized the disinterment, as required in subsection (A)(1)(a); and

~~f.~~vi. The name of the cemetery or the location where it is anticipated that the human remains will be reinterred or the crematory where the human remains will be cremated; and

~~g.~~b. If applicable, a copy of the court order required in subsection (A)(1)(b) or the medical examiner's approval of cremation required in subsection (A)(2).

B. The funeral director who is in charge of the disinterment shall:

1. Maintain a copy of the written authorization in subsection (A)(1)(a) or court order for at least 10 years ~~from~~ after the date on the evidentiary document, and
2. Provide a copy of the written authorization or court order to the ~~state registrar~~ State Registrar for review within 48 hours ~~from~~ after the time of the ~~state registrar's~~ State Registrar's request.

C. A person who submitted the information to request a disinterment-reinterment permit shall not have the right to appeal, as prescribed in A.R.S. Title 41, Chapter 6, Article 6, the State Registrar's determination to deny a request for a disinterment-reinterment permit if the human remains of a deceased individual or from a fetal death have been disinterred before the person who submitted the information receives the written notice specified in R9-19-103(D)(3).

~~R9-19-314.~~R9-19-313. Duties of Persons in Charge of Place of Final Disposition

A person in charge of a place of final disposition in this state shall:

1. Maintain a copy of the following documents at the place of final disposition for at least five years after the issue date on the document:
   a. The disposition-transit permit for each final disposition of human remains, and
   b. The disinterment-reinterment permit for each disinterment or reinterment of human remains; and
2. Provide a copy of the document to the ~~state registrar~~ State Registrar for review within 48 hours ~~from~~ after the time of the ~~state registrar's~~ State Registrar's request.

R9-19-314. Eligibility for a Certified Copy of a Certificate of Death Registration

A. A certified copy of a certificate of death registration contains, as available, the information specified in R9-19-302(A)(1) and (3).

B. The following are eligible to receive a certified copy of a deceased individual's certificate of death registration:

1. The surviving spouse of the deceased individual;
2. A parent or grandparent of the deceased individual;
3. An adult child, grandchild, brother, or sister of the deceased individual;
4. A person designated in a power of attorney, established by the deceased individual's parent according to A.R.S. § 14-5104 or 14-5107;
5. Another person who is responsible for the final disposition of the deceased individual's human remains according to A.R.S. § 36-831;
6. A funeral director representing one of the following in the final disposition of the deceased individual's human remains:
    a. The deceased individual through a prearranged funeral agreement, as defined in A.R.S. § 32-1301;
    b. The deceased individual's spouse;
    c. The deceased individual's parent, grandparent, or adult child, grandchild, brother, or sister; or
    d. Another person who is responsible for the final disposition of the deceased individual's human remains according to A.R.S. § 36-831;
7. A person named in the deceased individual's last will and testament as the executor of the deceased individual's estate;
8. A person named in the deceased individual's last will and testament as a beneficiary of the deceased individual's estate;
9. A person named as a beneficiary of a life insurance policy on the deceased individual;
10. An insurance company with which the deceased individual had a policy;
11. A bank, a credit union, a mortgage lender, or another financial institution with which the deceased individual had an account or other business relationship;
12. A hospital or other health care institution processing a claim against the deceased individual's estate;
13. Another person having a claim against the deceased individual's estate;
14. An attorney representing a person who is eligible to receive a certified copy of the deceased individual's certificate of death registration;
15. A person authorized in writing to receive a certified copy of the deceased individual's certificate of death registration by a person who is eligible to receive a certified copy of

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the deceased individual's certificate of death registration according to subsection (B)(1), (2), (3), or (4);

16. A person designated in a court order to receive a certified copy of the deceased individual's certificate of death registration; and

17. A governmental agency processing a financial claim, a governmental benefit application, or another form of compensation on behalf of the deceased individual or the deceased individual's estate or having another official purpose for a certified copy of the deceased individual's certificate of death registration.

R9-19-315. ~~Expired~~ Requesting a Certified Copy of a Certificate of Death Registration

A. A person eligible to receive a certified copy of a deceased individual's certificate of death registration according to R9-19-314(B)(1) through (16) may request a certified copy of the deceased individual's certificate of death registration by submitting to the State Registrar or a local registrar:

1. A written request, in a Department-provided format, that includes:

a. The name and mailing address of the person submitting the request;

b. Contact information for the person submitting the request, which may include a telephone number or e-mail address;

c. The person's relationship with the deceased individual that makes the person eligible to receive a certified copy of the deceased individual's certificate of death registration;

d. The deceased individual's:

i. Name in the deceased individual's registered death record,

ii. Sex,

iii. Date of birth, and

iv. Date of death;

e. If known, the:

i. State file number,

ii. Town or city of the deceased individual's death,

iii. County of the deceased individual's death,

iv. Place of the deceased individual's death,

v. Funeral establishment or person responsible for the final disposition of the deceased individual's human remains, and

vi. Deceased individual's Social Security Number;

f. Whether the certified copy of the deceased individual's certificate of death registration is to be used in a claim against the U.S. government for one of the following and, if so, which of the following:

i. Social Security or similar retirement benefits;

ii. Allotments to dependents of military personnel on active service;

iii. Pensions to veterans of the armed forces or their survivors;

iv. Payments of U.S. government or NSLI life insurance proceeds; or

v. Any other claim that, in the opinion of the State Registrar, meets the general requirements of A.R.S. § 39-122(A);

g. The number of certified copies of the individual's certificate of death registration being requested; and

h. The dated signature of the person submitting the request, either:

i. With the person's signature notarized; or

ii. Accompanied by a copy of a valid, government-issued form of photo identification for the person that contains the person's name and signature;

2. One or more evidentiary documents demonstrating that the person is eligible to receive a certified copy of the deceased individual's certificate of death registration; and

3. Except as provided in A.R.S. § 39-122(A), the fee in R9-19-105 for each certified copy of the deceased individual's certificate of death registration being requested.

B. A governmental agency processing a financial claim, a governmental benefit application, or another form of compensation on behalf of a deceased individual or the deceased individual's estate or having another official purpose for a certified copy of the deceased individual's certificate of death registration may request a certified copy of the deceased individual's certificate of death registration by submitting to the State Registrar or a local registrar:

1. A written request, on the governmental agency's letter head paper or in a Department-provided format, containing:

a. The name and address of the governmental agency;

b. The information required in subsection (A)(1)(d) and (e);

c. The name of and contact information for the governmental agency's designee for the request, which may include a telephone number or e-mail address;

d. A description of the:

i. Action the governmental agency is taking on behalf of the deceased individual or the deceased individual's estate, or

ii. Official purpose for which the governmental agency needs a certificate of the individual's death registration;

e. The reason the governmental agency is requesting a certified copy of the individual's certificate of death registration; and

f. The signature of the governmental agency's designee; and

2. Unless the governmental agency is an agency as defined in A.R.S. § 41-1001, the fee in R9-19-105 for the certified copy of the deceased individual's certificate of death registration.

C. The following provides examples of documentation that meets the requirement in subsection (A)(2):

1. For the surviving spouse of the deceased individual whose name is included in the deceased individual's registered death record:

a. The spouse's notarized signature or the copy of a valid, government-issued form of photo identification that contains spouse's name and signature, as required in subsection (A)(1)(h); and

b. A copy of the marriage certificate for the deceased individual and the spouse;

2. For a person who is the deceased individual's parent, grandparent, or adult child, grandchild, brother, or sister:

a. The person's notarized signature or the copy of a valid, government-issued form of photo identification that contains person's name and signature, as required in subsection (A)(1)(h), and, if the person is the deceased individual's adult child, grandchild, brother, or sister, the person's date of birth;

b. Either:

i. A copy of one or more certificates of birth registration or certificates of death registration that show the person's relationship to the deceased individual or, if a mother's name or father's name is included in the deceased individual's registered birth record or registered death record, the deceased individual's mother or the deceased individual's father; or

ii. For births or deaths registered in Arizona, information about the individual whose birth or death was registered in Arizona, such as the individual's name, date of birth, date of death, mother's name, and mother's date of birth, that would enable the Department to access the individual's registered birth record or registered death record; and

c. If applicable, a copy of a court order of adoption, certified by the issuing court, or a certificate of adoption with a court seal, for the deceased individual or the deceased individual's parent or adult child, grandchild, brother, or sister that shows the person's relationship to the deceased individual;

3. For a person designated in a power of attorney, established by the deceased individual's parent according to A.R.S. § 14-5104 or 14-5107:

a. The person's notarized signature or the copy of a valid, government-issued form of photo identification that contains guardian's name and signature, as required in subsection (A)(1)(h); and

b. A copy of the power of attorney;

4. For another responsible person:

a. The responsible person's notarized signature or the copy of a valid, government-issued form of photo identification that contains responsible person's name and signature, as required in subsection (A)(1)(h); and

b. A copy of documentation demonstrating that the responsible person meets the definition of "responsible person" in A.R.S. § 36-301;

5. For a funeral director:

a. The funeral director's notarized signature or the copy of a valid, government-issued form of photo identification that contains funeral director's name and signature, as required in subsection (A)(1)(h); and

b. A copy of documentations demonstrating that the funeral director or the funeral director's funeral establishment has a valid contract to furnish funeral goods or services, as defined in A.R.S. § 32-1301, related to the final disposition of the deceased individual's human remains;

6. For a person named in the deceased individual's last will and testament as the executor of the deceased individual's estate or as a beneficiary of the deceased individual's estate:

a. The person's notarized signature or the copy of a valid, government-issued form of photo identification that contains person's name and signature, as required in subsection (A)(1)(h); and

b. A copy of the deceased individual's last will and testament;

7. For an insurance company with which the deceased individual had a policy, or a bank, a credit union, a mortgage lender, or another financial institution with which the deceased individual had an account or other business relationship:

a. A written request, on the letterhead paper of the insurance company, bank, credit union, mortgage lender, or other financial institution, containing:

i. The deceased individual's name;

ii. The name of and contact information for the insurance company's, bank's, credit union's, mortgage lender's, or other financial institution's designee for the request;

iii. If applicable, a description of the policy the deceased individual had with the insurance company;

iv. If applicable, a description of the account or other business relationship the deceased individual had with the bank, credit union, mortgage lender, or other financial institution;

iv. The reason the insurance company, bank, credit union, mortgage lender, or other financial institution is requesting a certified copy of the deceased individual's certificate of death registration; and

v. The signature of the insurance company's, bank's, credit union's, mortgage lender's, or other financial institution's designee; and

b. As applicable, a copy of documentation demonstrating that the deceased individual had a policy with the insurance company or an account or other business relationship with the bank, credit union, mortgage lender, or other financial institution;

8. For a hospital or other health care institution processing a claim against the deceased individual's estate:

a. A written request, on the letterhead paper of the hospital or other health care institution, containing:

i. The deceased individual's name,

ii. The name of and contact information for the hospital's or other health care institution's designee for the request,

iii. A description of the claim against the deceased individual's estate,

iv. The reason the hospital or other health care institution is requesting a certified copy of the deceased individual's certificate of death registration, and

v. The signature of the hospital's or other health care institution's designee; and

b. A copy of documentation demonstrating that the hospital or other health care institution has a claim against the deceased individual's estate;

9. For another person having a claim against the deceased individual's estate:

a. A written request from the person having a claim against the deceased individual's estate, containing:

i. The deceased individual's name;

ii. The name of and contact information for the person having a claim against the deceased individual's estate,

iii. A description of the claim against the deceased individual's estate,

iv. The reason the person is requesting a certified copy of the deceased individual's certificate of death registration, and

v. The dated signature of the person submitting the request; and

b. A copy of documentation demonstrating that the person has a claim against the deceased individual's estate;

10. For an attorney representing a person who is eligible to receive a certified copy of the deceased individual's certificate of death registration:

a. A written request, on the attorney's letterhead paper, containing:

i. The attorney's name and state bar number,

ii. The deceased individual's name,

iii. The name of the person the attorney is representing,

iv. The relationship of the person in subsection (C)(10)(a)(iii) to the deceased individual,

v. Contact information for the attorney, and

vi. The dated signature of the attorney;

b. The notarized signature of the attorney or the copy of a valid, government-issued form of photo identification that contains the name and signature of the attorney, as required in subsection (A)(1)(h);

c. A copy of the attorney's retainer agreement with the person who is eligible to receive a certified copy of the deceased individual's certificate of death registration; and

d. The applicable documentation demonstrating the eligibility of the person specified according to subsection (C)(10)(a)(iii) to receive a certified copy of the deceased individual's certificate of death registration;

11. For a person authorized in writing to receive a certified copy of the deceased individual's certificate of death registration by a person who is eligible to receive a certified copy of the deceased individual's certificate of death registration according to R9-19-314(B)(1), (2), (3), or (4):
    a. A written statement from the person authorized in writing to receive a certified copy of the deceased individual's certificate of death registration, containing:
        i. The deceased individual's name;
        ii. The name of and contact information for the person authorized to receive a certified copy of the deceased individual's certificate of death registration;
        iii. The name of and contact information for the person who is eligible to receive a certified copy of the deceased individual's certificate of death registration according to R9-19-314(B)(1), (2), (3), or (4) and who authorized the person in subsection (C)(11)(a)(ii) to receive a certified copy of the deceased individual's certificate of death registration; and
        iv. The signature of the person authorized to receive a certified copy of the deceased individual's certificate of death registration;
    b. The notarized signature of the person authorized to receive a certified copy of the deceased individual's certificate of death registration or the copy of a valid, government-issued form of photo identification that contains the name and signature of the person authorized to receive a certified copy of the deceased individual's certificate of death registration, as required in subsection (A)(1)(h);
    c. A copy of documentation demonstrating that the person specified according to subsection (C)(11)(a)(iii) is eligible to receive a certified copy of the deceased individual's certificate of death registration; and
    d. A copy of documentation demonstrating that the person specified according to subsection (C)(11)(a)(ii) is authorized by the person specified according to subsection (C)(11)(a)(iii) to receive a certified copy of the deceased individual's certificate of death registration; and
12. For a person named in a court order to receive a certified copy of the deceased individual's certificate of death registration:
    a. The person's notarized signature or the copy of a valid, government-issued form of photo identification that contains person's name and signature, as required in subsection (A)(1)(h); and

b. A copy of the court order, certified by the issuing court.

R9-19-316. ~~Repealed~~ Requesting a Noncertified Copy of a Certificate of Death Registration

A. A noncertified copy of a certificate of death registration contains, as available, the information specified in R9-19-302(A)(1) and (3).

B. Except as provided in subsection (C), a person who is conducting research may request a noncertified copy of a deceased individual's certificate of death registration by submitting to the State Registrar:

1. A written request, in a Department-provided format, that includes:
   a. The name and mailing address of the person submitting the request;
   b. Contact information for the person submitting the request, which may include a telephone number or e-mail address;
   c. The reason the person is requesting a noncertified copy of the deceased individual's certificate of death registration;
   d. The information required in R9-19-315(A)(1)(d) and (e); and
   e. The dated signature of the person submitting the request;
2. Documentation from the Department's Human Subjects Review Board that the person is eligible to receive a noncertified copy of the deceased individual's certificate of death registration; and
3. The fee in R9-19-105 for the noncertified copy of the deceased individual's certificate of death registration.

C. A person who is a family member, including a niece or nephew, of a deceased individual, who is conducting research for genealogical purposes, and who is of legal age may request a noncertified copy of the deceased individual's certificate of death registration by submitting to the State Registrar or a local registrar:

1. A written request, in a Department-provided format, that includes:
   a. The name and mailing address of the person submitting the request;
   b. Contact information for the person submitting the request, which may include a telephone number or e-mail address;
   c. The person's relationship with the deceased individual that makes the person eligible to receive a noncertified copy of the deceased individual's certificate of death registration;
   d. The information required in R9-19-315 (A)(1)(d) and (e);
   e. A statement that the person is conducting research for genealogical purposes; and

f. The dated signature of the person submitting the request, either:

i. With the person's signature notarized; or

ii. Accompanied by a copy of a valid, government-issued form of photo identification for the person that contains the person's name and signature;

2. Documentation demonstrating that the person is eligible to receive a noncertified copy of the deceased individual's certificate of death registration that may include:

a. The person's notarized signature or the copy of a valid, government-issued form of photo identification that contains person's name, date of birth, and signature, as required in subsection (C)(1)(f); and

b. Either:

i. A copy of one or more certificates of birth registration or certificates of death registration that show the person's relationship to the individual or, if a mother's name or father's name is included in the individual's registered birth record or registered death record, the individual's mother or the individual's father; or

ii. For births or deaths registered in Arizona, information about the person whose birth or death was registered in Arizona, such as the person's name, date of birth, date of death, mother's name, and mother's date of birth, that would enable the Department to access the person's registered birth record or registered death record; and

3. The fee in R9-19-105 for the noncertified copy of the deceased individual's certificate of death registration.

R9-19-317. ~~Repealed~~ Obtaining a Certificate of Fetal Death Registration or a Certificate of Birth Resulting in Stillbirth

A. A certificate of fetal death registration contains, as available, the information specified in R9-19-305(A)(1).

B. A certificate of birth resulting in stillbirth contains, as available, the information specified in R9-19-305(A)(1)(a) through (k) and (n).

C. A parent of a fetus or a person who is of legal age and who is authorized by a parent of the fetus may request a certified or noncertified copy of a certificate of fetal death registration for the fetus by submitting to the State Registrar or a local registrar:

1. A written request, in a Department-provided format, that includes:

a. The name and mailing address of the person submitting the request;

b. Contact information for the person submitting the request, which may include a telephone number or e-mail address;

c. Whether the person submitting the request is a parent of a fetus or a person authorized by a parent of the fetus;

d. The following information:

i. The name of the mother in the registered fetal death record, and

ii. The date of delivery;

e. If known, the:

i. State file number,

ii. Town or city of the fetal death, and

iii. County of the fetal death;

f. If the person submitting the request is a parent of the fetus, whether the person would like to receive a certified copy of a certificate of birth resulting in stillbirth for the fetus;

g. The number being requested of:

i. Certified copies of a certificate of fetal death registration,

ii. Noncertified copies of a certificate of fetal death registration, and

iii. Certified copies of a certificate of birth resulting in stillbirth; and

h. The dated signature of the person submitting the request, either:

i. With the person's signature notarized; or

ii. Accompanied by a copy of a valid, government-issued form of photo identification for the person that contains the name and signature of the person;

2. For a parent whose name is not included in the registered fetal death record, documentation demonstrating that the person submitting the request is a parent of the fetus;

3. For a person authorized by a parent of the fetus to receive a certified or noncertified copy of the certificate of fetal death registration for the fetus:

a. Documentation demonstrating that the person submitting the request is authorized to receive a certified or noncertified copy of a certificate of fetal death registration for the fetus; and

b. Documentation demonstrating that the individual authorizing the person submitting the request to receive a certified or noncertified copy of a certificate of fetal death registration for the fetus is a parent of the fetus; and

4. The applicable fee in R9-19-105 for each certificate of being requested.

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ARTICLE 4. ~~ACCESS TO RECORDS; COPIES; FEES~~ REPEALED

R9-19-402. ~~Application for copies of vital records~~ Repealed

~~A. Each request for a certified copy of a vital record shall be in writing. The request shall contain the applicant's signature and shall establish the applicant's eligibility to receive a copy of the certificate including the filing of certified copies of documents which establish the appropriate relationship to the registrant. If the registrar determines that the application does not sufficiently establish eligibility, the registrar may require additional documentation from the applicant, including sworn statements. In addition:~~

~~1. If applying in person, the applicant shall present valid picture identification issued by a federal, state or local governmental entity which contains the applicant's signature;~~

~~2. If applying by mail the request shall be notarized or the applicant shall submit a clear photocopy of a valid identification issued by a federal, state or local governmental agency which contains the applicant's signature.~~

~~B. An application shall contain sufficient information about the person or event in question to enable a reasonable search of the files to be made. The State or local registrar may reject any application which is so vague or lacks such information that a reasonable search cannot be made.~~

~~C. Telephone orders or verbal requests for copies of vital records or information contained therein shall not be permitted except in extraordinary circumstances and upon authorization of the State Registrar.~~

R9-19-403. ~~Eligibility for certified copy of birth certificate~~ Repealed

~~A certified copy containing all information on a birth certificate, or a birth certificate for a birth out of wedlock, except the medical and health data section, shall be issued to the registrant, the registrant's authorized agent or upon order of a court of competent jurisdiction, except that such copy shall not be issued to an unemancipated registrant under 18 years of age without the permission of at least one parent. The "authorized agent" of a registrant shall be:~~

~~1. The parents of record of a child;~~

~~2. The registrant's spouse or grandparent, an adult child of the registrant, or an adult brother or sister of the registrant who provides proof of relationship to the registrant;~~

~~3. A guardian having legal custody or control of a minor child;~~

~~4. An attorney representing the registrant, or the registrant's parents if the registrant is a minor, in matters involving the registrant or the registrant's parents;~~

5. ~~Any person or agency empowered by statute or appointed by a court to act on the registrant's behalf;~~
6. ~~A federal, state or local governmental agency which requires the copy for official purposes;~~
7. ~~A governmental agency acting on behalf of the registrant to process a financial claim, benefit, award or other compensation or to transact official business involving the registrant or the registrant's affairs.~~
8. ~~A family member, or relative of the registrant engaged in research for genealogical purposes who provides proof of relation to the registrant.~~

R9-19-404. ~~Eligibility for certified copy of birth certificate for adoption agencies and private attorneys~~ Repealed

~~A certified copy containing all information on a birth certificate, including a birth certificate for a birth out of wedlock, except the medical and health data section, may be issued to an adoption agency or a private attorney upon submission of certified copies of court records, which establish that:~~

1. ~~An adoption of the registrant is pending; and~~
2. ~~The agency or private attorney represents the adoptive parents.~~

R9-19-405. ~~Eligibility for certified copy of death certificate~~ Repealed

~~A certified copy of a death certificate may be issued to any applicant with a legal or other vital interest in the record or upon order of a court of competent jurisdiction. An applicant with a "legal or other vital interest" shall include:~~

1. ~~The surviving spouse or other adult member of the deceased person's immediate family or an attorney, funeral director or other person acting directly for them;~~
2. ~~A city, county, state or federal governmental agency needing proof of death for official purposes;~~
3. ~~An insurance company, bank, or hospital with which the deceased maintained business relations and which requires a death certificate for business purposes;~~
4. ~~An attorney, executor of an estate or individual processing a claim regarding the estate of the deceased in connection with business matters involving the deceased for which the individual can show proof of interest and the need for a copy of the certificate;~~
5. ~~A family member or relative engaged in research for genealogical purposes who provides proof of relation to the deceased;~~

6. ~~A government or private agency or individual engaged in research for medical or scientific purposes; or~~
7. ~~Any other applicant who provides a signed authorization to release the copy to the applicant from the surviving spouse or other adult member of the deceased's immediate family.~~

R9-19-406. ~~Eligibility for certified copy of fetal death certificate~~ Repealed

~~A certified copy of a fetal death certificate may be issued to the parents of a fetus or to another person upon authorization from a parent.~~

R9-19-408. ~~Standards for copies~~ Repealed

A. ~~No certified copy which is a reproduction of a vital record form shall be valid unless it:~~
   1. ~~Contains an appropriate certification statement over the signature of the registrar having custody of the record and is impressed with the raised seal of the issuing office. The signature may be photographed or entered by mechanical means.~~
   2. ~~Is prepared by photographic or dry copy reproduction process. If prepared by standard photographic process, the copy shall not be smaller than one-half the size of the original and shall be printed only upon paper approved by the State Registrar. If prepared by dry copy process, heavy grade safety paper or specially treated paper approved by the State Registrar shall be used. The paper shall display the official seal of the issuing agency, its parent political jurisdiction or the seal of the state. The seal shall be entered either by standard printing process or by watermark.~~

B. ~~The Office of Vital Records shall provide for reasonable safeguards against forgery, unauthorized reproduction or misuse of vital record forms.~~

R9-19-412. ~~Payment of Fees~~ Repealed

~~Before the Department issues a copy of a vital record, the person requesting the copy shall pay any fee required in this Chapter by cash, cashier's check, certified check, money order, or credit card.~~

R9-19-413. ~~Fee Schedule~~ Renumbered

A. ~~Except as provided in subsection (C), the Department shall charge the following fees:~~
   1. ~~For a noncertified copy of a certificate, $5.00;~~
   2. ~~For a certified copy of a:~~
      a. ~~Birth certificate, $19.00;~~

~~b. Fetal death certificate, $19.00;~~

~~c. Certificate of birth resulting in stillbirth, $19.00;~~

~~d. Death certificate, $19.00; or~~

~~e. Certificate of no record, $19.00;~~

~~3. For each search for a putative father in the Putative Father Registry, $5.00;~~

~~4. For each search to verify birth or death data for statistical, medical, research, or administrative purposes, $5.00;~~

~~5. For each submission of a request:~~

~~a. For the registration of a:~~

~~i. Foreign birth certificate, $19.00;~~

~~ii. Delayed birth certificate, $19.00;~~

~~iii. Delayed fetal death certificate, $19.00;~~

~~iv. Delayed certificate of birth resulting in stillbirth, $19.00;~~

~~v. Delayed death certificate, $19.00; or~~

~~vi. Presumptive death certificate, $19.00; or~~

~~b. To issue a death certificate or birth certificate based on a court order, $19.00; and~~

~~6. For each submission of a request to amend or correct information on a:~~

~~a. Birth certificate, $29.00;~~

~~b. Death certificate, $29.00; or~~

~~c. Fetal death certificate, $29.00.~~

~~B. If a request submitted as prescribed in subsection (A)(5)(a) or (6), results in the registration of a birth or death or a correction or amendment to a registered certificate, the Department shall provide a certified copy of the resulting registered or amended certificate to the person submitting the request.~~

~~C. Except as provided in subsection (E), the Department shall not charge an agency as defined in A.R.S. § 41-1001 any fee in this Section.~~

~~D. In addition to the fees charged in subsection (A), the Department shall assess the following surcharges:~~

~~1. As required in A.R.S. § 36-341(B), for a certified copy of a registered birth certificate, $1.00; and~~

~~2. As required in A.R.S. § 36-341(E), for a certified copy of a registered death certificate, $1.00;~~

~~E. A local registrar shall pay the following surcharges to the Department for copies issued by the local registrar:~~

1. ~~As required in A.R.S. § 36-341(B), for a certified copy of a registered birth certificate, $1.00;~~
2. ~~As required in A.R.S. § 36-341(E), for a certified copy of a registered death certificate, $1.00;~~
3. ~~For system access for each certified copy of a certificate; $4.00; and~~
4. ~~For system access for each noncertified copy of a certificate, $1.00.~~

R9-19-414. ~~Services without charge~~ Repealed

~~A. Pursuant to the provisions of A.R.S. § 39-122(A), there shall be no charge for a search of the files or for a certified copy of a vital record to be used in any claim against the U.S. Government for financial compensation for the following:~~

1. ~~Social Security or similar retirement benefits;~~
2. ~~Allotments to dependents of military personnel on active service;~~
3. ~~Pensions to veterans of the armed forces or their survivors;~~
4. ~~Payments of U.S. Government or NSLI life insurance proceeds; or~~
5. ~~Any other claim which in the opinion of the State Registrar meets the general requirements of the statute.~~

~~B. The registrar may issue a certified copy without charge to any federal, state or local government agency when it can be determined that the record is to be used primarily for the benefit of the government agency in the transaction of official business.~~

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