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**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

R9-19-101. Definitions

1. "Anatomical gift" has the same meaning as in A.R.S. § 36-841.
2. "Delivery" means the complete expulsion or extraction of a product of human conception from its mother.
3. "Document" or "documented" means in written, photographic, electronic, or other permanent form.
4. "Electronic signature" has the same meaning as in A.R.S. § 44-7002.
5. "Facility" has the same meaning as "facilities" in A.R.S. § 36-401.
6. "Funeral director" has the same meaning as in A.R.S. § 32-1301.
7. "Hospital" has the same meaning as in A.A.C. R9-10-201.
8. "Injury" means damage to a human body caused by an external source as determined by a medical examiner or tribal law enforcement authority.
9. "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. "Medical certifier" means a physician, registered nurse practitioner, medical examiner, or tribal law enforcement authority authorized to sign a medical certification of death as prescribed in A.R.S. § 36-325.
13. "National Provider Number" means a standard unique identifier for a health care provider assigned by the Centers for Medicare and Medicaid Services.
14. "Nursing care institution" has the same meaning as in A.R.S. § 36-401.
15. "Organ procurement organization" has the same meaning as in A.R.S. § 36-841.
16. "Outpatient" means an individual who is receiving services from a facility but is not an inpatient as determined by the facility.
17. "Part" has the same meaning as in A.R.S. § 36-841.
18. "Registered nurse practitioner" has the same meaning as "nurse practitioner" in A.R.S. § 36-301.
19. "Residence" means an address or location at which an individual lives.
20. "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.
21. "Transportation" means the use of an animal or vehicle for conveyance or travel from one place to another.
22. "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.

ARTICLE 3. VITAL RECORDS FOR DEATH

R9-19-301. Human Remains Release Form

- A. Except as provided in subsection (B), a form required by A.R.S. §36-326(C) to accompany a deceased individual's human remains moved from a hospital, nursing care institution, or hospice inpatient facility 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; and
 - c. Social security number or, if the deceased individual's social security number is not available, the deceased individual's patient identification number;
 3. The date and time of the death;
 4. The name and telephone number of the physician or registered nurse practitioner 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 inpatient hospice facility to release the human remains;
 6. A list of the circumstances in A.R.S. § 11-593(A);
 7. Whether the 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 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 the human remains.
- B. A form required by A.R.S. §36-326(C) to accompany human remains from a fetal death moved from a hospital, nursing care institution, or hospice inpatient facility 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 inpatient hospice facility to release the human remains;
 6. A list of the circumstances in A.R.S. § 11-593(A);
 7. Whether the notification required in A.R.S. § 11-593 was made;
 8. For a fetal death that occurs 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 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 human remains release form required in subsection (A) when the individual removes the human remains from the hospital, nursing care institution, or hospice inpatient facility.
- D. The individual in subsection (C) who removes human remains shall submit a copy of the human remains release form required in subsection (A) to the local registrar or deputy local registrar of the registration district where the deceased individual died within 24 hours after removing the human remains from a hospital, nursing care institution, or hospice inpatient facility.

R9-19-302. Disposition-transit Permits

- A. A funeral establishment or responsible person shall obtain a disposition-transit permit for a deceased individual's human remains before a final disposition listed in subsection (B)(5) of the human remains.
1. A disposition-transit permit may list more than one final disposition.

2. A disposition-transit permit issued by any deputy local registrar, 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.

R9-19-303. Medical Certification for a Death Certificate

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 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.

R9-19-304. Information for a Death Certificate

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.

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. Information for a Fetal Death Certificate

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 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;
 - 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;
 - 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.

- B. The hospital, abortion clinic, physician, or midwife 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.

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. Certificate of Birth Resulting in Stillbirth

Upon request by the parent or parents of a stillborn child, 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 weeks.

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 state registrar may require an affidavit or an evidentiary document that is necessary, as determined by the local registrar, deputy local registrar, or state registrar, to validate the information. If the required affidavit or evidentiary document is not submitted, the local registrar, deputy local registrar, or state registrar shall not register or amend the certificate.

R9-19-310. Correcting Information on a Death Certificate or a Fetal Death Certificate

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.

R9-19-311. Amending Information on a Death Certificate or a Fetal Death Certificate

- 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.
- E. If a person submitting a documented request for an amendment to information on a deceased individual's death certificate is not the individual listed on the death certificate as the individual who provided the information about the deceased individual, a local registrar, deputy local registrar, or the state registrar shall provide notification of the request for an amendment of information on the deceased individual's death certificate to the individual who provided the information about the deceased individual. The local registrar, deputy local registrar, or state registrar may request evidentiary documents from the person submitting the request and the person who provided information about the deceased individual to determine the validity and accuracy of the requested amendment and the information on the deceased individual's death certificate.
- F. A local registrar, deputy local registrar or the state registrar shall amend the information on a death certificate or fetal death certificate based on a:
1. Request for amendment, if the local registrar, deputy local registrar or state registrar determines that the request for amendment is valid and accurate; or
 2. Court order.

R9-19-312. 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 or death certificate issued by 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 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.
- B. Upon receipt of a disposition-transit permit or death certificate issued by another state that contains the cause of death and the information required in R9-19-302, a local registrar, deputy local registrar, or the 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 shall document "disinterred" on the disposition-transit permit.

R9-19-313. Disinterment-reinterment Permit

- A. Except as provided in A.R.S. § 36-327(B), before a person disinters a deceased individual's human remains, the person shall:
1. Obtain:
 - a. Written authorization for the disinterment from the deceased individual's family member or members who have the highest priority according to A.R.S. § 36-327(A), or
 - b. A court order authorizing the disinterment; and
 2. Submit the following information to a local registrar, deputy local registrar or the state registrar to obtain a disinterment-reinterment permit:
 - a. The name, age, sex, and race of the deceased individual;
 - b. The date and place of death;
 - c. The name of the cemetery or the location where the human remains are buried;
 - d. The name of the funeral director in charge of the disinterment;
 - e. If applicable, the name or names of the family member or members who authorized the disinterment as required in subsection (A)(1)(a);
 - f. 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. If applicable, a copy of the court order required in subsection (A)(1)(b).
- B. The funeral director who is in charge of the disinterment shall:
1. Maintain a copy of the written authorization or court order for 10 years from the date on the evidentiary document, and
 2. Provide a copy of the written authorization or court order to the state registrar for review within 48 hours from the time of the state registrar's request.

R9-19-314. 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 5 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 for review within 48 hours from the time of the state registrar's request.