



**Maricopa County
Department of Public Health**



Office of Vital Registration – Central Valley
3221 N. 16th St., Ste. 100 • Phoenix, AZ 85016
Phone: (602) 506-6805 • Fax: (602) 372-8866

MaricopaVitalRecords.com
Mail: P.O. Box 2111 • Phoenix, AZ 85001

October 4, 2016

Dear Funeral Home Partners and Establishments,

The fall season is here and we hope you are all enjoying the change in the weather.

On October 1st, the State Bureau of Vital Records enacted the updated Arizona Administrative Code (rules) that pertain to how vital records are recorded and administered throughout our state. The rules are now effective and we want to draw your attention to these updates in case you have not received information from the state office or your professional associations. The new rules can be found on the AZ Secretary of State's website at <http://www.azsos.gov/rules/arizona-administrative-code#ID9>. We encourage you to review the rules in their entirety.

As a part of these changes, some items affect the funeral industry and how our office will continue to engage in service delivery to our mutual customers and the community.

Specifically, newly revised rule, R9-19-315, A and B. Listed below is an excerpt of the material that pertains to the information we are requesting.

- A. A funeral director eligible to receive a certified copy of a deceased individual's certificate of death registration according to R9-19-314(B)(1) 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 letterhead of the funeral establishment or in a Department-provided format, that includes:
 - a. The name and license number of the funeral director;
 - b. Contact information for the funeral director, which includes a telephone number or an e-mail address;
 - c. The name and address of the funeral director's funeral establishment;
- B. A funeral director requesting a certified copy of a deceased individual's certificate of death registration according to subsection (A) may submit the written request in subsection (A)(1) with the funeral director's signature, if the funeral director has submitted to the State Registrar or a local registrar:
 - 1. A copy of the funeral director's valid, government-issued form of photo identification; and
 - 2. Documentation verifying current employment by the funeral establishment specified according to subsection (A) (1) (c), dated within the 12 months before the deceased individual's death was registered.

What does this mean? It means that all funeral home establishments need to provide to our office, the **required information** outlined below:

- 1. A copy of the funeral director's valid, government-issued form of photo identification which contains the funeral director's name and signature.



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2. Documentation **verifying current employment by the funeral establishment** specified according to subsection (A) (1) (c), **dated within the 12 months before** the deceased individual's death was registered. **Annually, beginning October 1st, 2016, your establishment will need to send us a current list** of your employees who are authorized to perform this function.

3. **Note:** Please ensure that the signature provided on future applications you submit for eligible parties **MATCHES** the signature on your signed Photo I.D. *If not*, then please provide your updated signature in a dated letter on your licensed establishment's letterhead.

4. Please also provide a **current email address for any contact(s), per establishment**, that you wish our office to send updates, billing, and information notices.

The original documentation (required information) must be mailed to: Office of Vital Registration, P.O. Box 2111, Phoenix, AZ 85001, within 30 days to be in compliance with the new rules and in order to conduct business seamlessly. **Please send this documentation to the attention of Sheneen Ash.**

All information will be kept on file with our office and remain valid for one year. We have attached a template for your review and consideration that includes all of the components needed. You will need to submit the information to us on your establishment's letterhead.

We will continue to share with you any/all newly revised policies or procedures provided by the state office that directly impacts or relates to the death registration and issuance activities.

Thank you for your time and attention to the request. As always, please contact us if you need further information or have any questions regarding the contents of this letter.

Respectfully,

Maricopa County Office of Vital Registration

Please provide the content below on your funeral establishment(s) letterhead.

The following licensed funeral director(s) is/are employed by our establishment(s) and may apply for certified copies of death certificates on behalf of eligible parties via this/these establishment(s).

Funeral Director Name (Printed)

Signature

Funeral Director License Number

Funeral Director Phone Number

Funeral Director Email Address

Funeral Director Name (Printed)

Signature

Funeral Director License Number

Funeral Director Phone Number

Funeral Director Email Address

Funeral Director Name (Printed)

Signature

Funeral Director License Number

Funeral Director Phone Number

Funeral Director Email Address

Funeral Director Name (Printed)

Signature

Funeral Director License Number

Funeral Director Phone Number

Funeral Director Email Address