

TITLE 9. HEALTH SERVICES
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ARTICLE 1. 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.
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. “Congenital anomaly” means an abnormality of body structure, function, or chemistry, or of chromosomal structure or composition that is present at or before birth.
6. “Custody” has the same meaning as “legal decision-making” in A.R.S. § 25-401.
7. “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.
8. “Delivery” means the complete expulsion or extraction of a product of human conception from its mother.
9. “Document” or “documented” means in written, photographic, electronic, or other permanent form.
10. “Electronic signature” has the same meaning as in A.R.S. § 44-7002.
11. “Facility” has the same meaning as “facilities” in A.R.S. § 36-401.
12. “Fetal death record” means the information specified in R9-19-305(B) that is maintained by the Department:
 - a. As a written registered certificate, or
 - b. In a database.
13. “Funeral director” has the same meaning as in A.R.S. § 32-1301.
14. “Guardian” has the same meaning as in A.R.S. § 14-10103.
15. “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.
16. “Hospice inpatient facility” has the same meaning as in A.A.C. R9-10-101.
17. “Hospital” has the same meaning as in A.A.C. R9-10-101.
18. “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.
19. “Injury” means damage to a human body caused by an external source as determined by a medical examiner or tribal law enforcement authority.
20. “Inpatient” means an individual who is receiving services in a facility as an inpatient, as determined by

the facility.

21. “Medical certifier” means a 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.
22. “Medical record” has the same meaning as “medical records” in A.R.S. § 12-2291.
23. “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.
24. “National Provider Identifier” means a standard unique number for a health care provider assigned by the Centers for Medicare and Medicaid Services.
25. “Nursing care institution” has the same meaning as in A.R.S. § 36-401.
26. “Organ procurement organization” has the same meaning as in A.R.S. § 36-841.
27. “Outpatient” means an individual who is receiving services from a facility but is not an inpatient as determined by the facility.
28. “Part” has the same meaning as in A.R.S. § 36-841.
29. “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.
30. “Person” has the same meaning as in A.R.S. § 1-215 and includes a governmental agency.
31. “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.
32. “Plurality” means the number of fetuses carried in a mother’s womb during a pregnancy.
33. “Registered nurse practitioner” has the same meaning as “nurse practitioner” in A.R.S. § 32-1601.
34. “Residence” means an address or location at which an individual lives.
35. “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;
 - 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.
36. “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.
37. “Transfer” has the same meaning as in A.A.C. R9-10-101.
38. “Transportation” means the use of an animal or vehicle for conveyance or travel from one place to another.
39. “Tribal community” means a tract of land held by an Indian tribe recognized by the Federal Bureau of Indian Affairs’ Office of Federal Acknowledgement under 25 CFR Part 83.
40. “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. 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. 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, evidentiary documents, and, if applicable, fee 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 the information, evidentiary documents, and, if applicable, fee submitted for a purpose specified in subsections (A)(1) through (5) are 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, an evidentiary document, or, if applicable, a fee submitted for a purpose specified in subsections (A)(1) through (5):
1. Is incomplete, illegible, or inconsistent with other information or evidentiary documents 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, evidentiary document, or, if applicable, fee is not in compliance and:
 - a. Request additional information, evidentiary documents, or fee 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 requested information, clarification, evidentiary document, or fee 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 shall determine whether the information, evidentiary documents, and, if applicable, fee that had been submitted support the purpose specified in subsections (A)(1) through (5).
- E. If the State Registrar or a local registrar or deputy local registrar determines that information, evidentiary documents, and, if applicable, fee submitted for a purpose specified in subsections (A)(1) through (5):
1. Supports the requested action, the State Registrar or a local registrar or deputy local registrar shall, as applicable:
 - a. Register the birth, death, or fetal death;
 - b. Correct or amend the registered birth record, death record, or fetal death record; or
 - c. Issue the disposition-transit permit, disinterment-reinterment permit, or copy of the certificate; or
 2. Does not support the requested action, the State Registrar or a local registrar or deputy local registrar:
 - a. Shall not register the birth, death, or fetal death or correct or amend the registered birth record, death record, or fetal death record;
 - b. Shall not issue the disposition-transit permit, disinterment-reinterment permit, or copy of the certificate; and
 - c. 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 request that includes:

- i. 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
- ii. 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

A. 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 (A)(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.

B. Except as directed by the State Registrar, a local registrar shall use the electronic data systems provided by the Department for all functions designated by the State Registrar or this Chapter to be performed by the local registrar.

R9-19-105. Fee Schedule

A. 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. 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;
 - e. Certificate of fetal death registration, \$19.00;
 - f. Certificate of birth resulting in stillbirth, \$19.00;
 - g. Certificate of delayed fetal death registration, \$19.00; or
 - h. Certificate of no record, \$19.00;
3. For a search to verify birth or death data for statistical or research purposes according to A.R.S. § 36-342(A), \$5.00;
4. For a request to establish a:
 - 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. § 36-325 or 36-328, \$19.00; and
- 5. For a request to amend or correct information in a:
 - a. Registered birth record, \$29.00;
 - b. Registered death record, \$29.00; or
 - c. Registered fetal death record, \$29.00.
- B.** If a request submitted and fee paid, as prescribed in subsection (A)(4) or (5), results in the registration of a birth, death, or fetal death or a correction or amendment to a registered 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 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 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 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 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 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.

ARTICLE 2. VITAL RECORDS FOR BIRTH

R9-19-201. Information for a Birth Record

- A.** Except as provided in subsection (B) or 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; and
 - 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:

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- i. Name;
 - ii. Date of birth; and
 - iii. State, territory, or foreign country where the father was born;
 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 (A)(1)(b)(iv), 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, and
 - 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

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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. The 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. The 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; and
4. Other information for the 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 a residence or other 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 or location 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, the 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 the 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. Requests from Hospitals for Birth Registration

- 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, in a written

format:

1. The information in R9-19-201(A); and
 2. A statement attesting to the validity of the information in:
 - a. R9-19-201(A)(1) and (2), signed and dated by the person providing the information; and
 - b. 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 to the State Registrar or a local registrar or deputy local registrar the documentation in subsection (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. Requests for Birth Registration from Physicians, Registered Nurse Practitioners, Nurse Midwives, or 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:
1. Obtain, in a written format:
 - a. The information in R9-19-201(A)(1) and (2); and
 - b. A statement attesting to the validity of the information in R9-19-201(A)(1) and (2), signed and dated by the person providing the information;
 2. Provide, in a Department-provided format, the information in R9-19-201(A)(3) and (4); and
 3. Sign and date a written statement attesting to the validity of the information in R9-19-201(A)(3) and (4).
- 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 document in subsection (A) for at least 10 years after the date of the individual's birth; and
 2. Provide a copy of the document in subsection (A) to the State Registrar for review within two business days after the time of the State Registrar's request, where a business day is a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday or a statewide furlough day.
- 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:
1. Either:
 - a. Enter into the state electronic birth registration system the information required in R9-19-201(A), or
 - b. Submit a copy of the document in subsection (A) to the State Registrar or a local registrar or deputy local registrar; and
 2. If applicable, submit to the State Registrar or a local registrar or deputy local registrar the document required in subsection (E) or (F).
- 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, signed and dated by the physician, registered nurse practitioner, nurse midwife, or midwife, attesting, to the best of the knowledge of the physician, registered nurse practitioner, nurse

midwife, or midwife, that the submitted information and documents are valid.

- 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.
- G. 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 (C) or (D):
 - 1. Contains the required information and, if applicable, evidentiary documents, the State Registrar, local registrar, or deputy local registrar shall establish a birth record for the individual and register the individual's birth; or
 - 2. Does not contain the required information or applicable evidentiary documents, the State Registrar, a local registrar, or deputy local 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, according to R9-19-103(C):
 - i. Specifying the missing, incomplete, false, or invalid information or evidentiary documents; and
 - ii. Informing the person that the person has:
 - (1) For a request submitted according to subsection (C), until 30 days after the individual's birth to provide the required information; or
 - (2) For a request submitted according to subsection (D), until one year after the individual's birth or 30 days after the date of the written notification in subsection (G)(2)(b), whichever is later, to provide the required information or evidentiary documents.

R9-19-204. 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, 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, a copy of the voluntary acknowledgement of paternity

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- that meets the requirements in A.R.S. § 25-812; or
- b. An administrative order or a court order establishing paternity, 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. 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
 - b. 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 supporting the facts of the individual's birth, such as:
 - 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, 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:

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- a. A voluntary acknowledgement of paternity, 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, 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. 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
 - b. 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 supporting the facts of the individual's birth, such as:
 - 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, local registrar, or deputy local 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, local registrar, or deputy 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 according to R9-19-103(C):
 - 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(D), 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 in 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;
 - 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;

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- 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, a written statement 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, a written statement attesting to the validity of the information required in subsections (F)(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:
 - 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 containing the facts of the individual's birth, established before the individual was five years of age; and
 - iii. At least one evidentiary document 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 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 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 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 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 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);
 2. Accept as an evidentiary document an affidavit from an independent source, attesting to personal knowledge of the individual's birth; or
 3. 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 is a member of a tribe recognized by the Federal Bureau of Indian Affairs 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:

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- i. Current name;
 - ii. Name before first marriage;
 - iii. Sex;
 - iv. Date of birth; and
 - v. 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, if known;
 - e. If applicable according to A.R.S. § 36-334, the name and, if known, date of birth of the individual's father; and
 - f. A written statement 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. An evidentiary document verifying the individual's official tribal enrollment, issued by the Tribal Authority of the federally recognized tribe and certified by the Tribal Authority, containing:
 - a. The individual's:
 - i. Name before first marriage;
 - ii. Date of birth; and
 - iii. Town, city, or county where the individual's birth occurred;
 - b. The individual's mother's name; and
 - c. If applicable according to A.R.S. § 36-334, the individual's father's name;
 5. One or more other evidentiary documents that:
 - a. Support the information provided according to subsection (I)(2)(c) through (e); and
 - b. May include an affidavit from an independent source, attesting to personal knowledge of the individual's birth; and
 6. The fee in R9-19-105 for a request to establish a delayed birth record and register the individual's birth.
- J.** 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 according to R9-19-103(C):
 - 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 (J)(2)(b) to provide the required information or evidentiary documents.
- K.** If a person who received the notification in subsection (J)(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 establish a delayed birth record for the individual and 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. 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. Comply with the requirements in R9-19-103(D) and (E); and
 - b. If denying the delayed registration of the individual's birth, in addition to the written notice required in R9-19-103(E)(2)(c), 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.
- L.** 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.
- M.** 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. Establishing a Registered Birth Record for a Foundling

- 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. Establishing a Registered Record of Foreign Birth for an Adopted Individual

- 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 re-adoption 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. An evidentiary document stating the date and place of the adopted individual's birth; 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. An evidentiary document stating the date and place of the adopted individual's birth; or
 - c. If the individual was not adopted in this state, a court order, issued by a court in this state, that recognizes 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. Correcting Information in a Registered Birth Record

- 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 date of birth;
 3. The name before first marriage of the individual's mother;
 4. If known, the:
 - a. Individual's sex;
 - b. State file number;
 - c. Town or city of the individual's birth;
 - d. County of the individual's birth;
 - e. Hospital where the individual was born, if applicable;
 - f. Name of the individual's father; and
 - g. Dates of birth of the individual's parents; and
 5. 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:
1. The name of the hospital administrator or the person in charge of the hospital's medical records who is requesting the correction;
 2. 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
 3. A copy of the:
 - a. Document required in R9-19-202(A), or
 - b. Part of the individual's or the individual's mother's medical record containing the specific information in R9-19-201(A)(3) or (4) to be corrected.
- 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. The name of the physician, registered nurse practitioner, nurse midwife, or midwife who attended the individual's birth and who is requesting the correction;
 2. 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
 3. A copy of the:
 - a. Document required in R9-19-203(A), or
 - b. Part of the individual's or the individual's mother's medical record containing the specific information in R9-19-201(A)(3) or (4) to be corrected.
- 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. A parent of the individual whose name is listed in the individual's registered birth record;
 3. The individual's guardian; or
 4. 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. An affidavit attesting to the validity of the submitted correction, signed by the person requesting the correction;
 3. If the request for correction of the individual's registered birth record 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 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. Amending Information in a Registered Birth Record

- A.** A person requesting an amendment to an individual's registered birth record shall include in a written request to amend:
 - 1. The individual's name currently in the individual's registered birth record;
 - 2. The individual's date of birth;
 - 3. The name before first marriage of the individual's mother;
 - 4. If known, the:
 - a. Individual's sex;
 - b. State file number;
 - c. Town or city of the individual's birth;
 - d. County of the individual's birth;
 - e. Hospital where the individual was born, if applicable;
 - f. Name of the individual's father; and
 - g. Dates of birth of the individual's parents; and
 - 5. 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.
- B.** Except for an amendment specified in another subsection of this Section, to request an amendment to an individual's registered birth record, a person requesting the amendment shall submit to the State Registrar:
 - 1. A written request, in a Department-provided format, that includes:
 - a. The information in subsection (A);
 - b. The name and mailing address of the person requesting the amendment;
 - c. The relationship between the individual and the person requesting the amendment; and
 - d. An affidavit attesting to the validity of the submitted amendment, signed by the person requesting the amendment;
 - 2. A copy of a court order to amend the individual's registered birth record, certified by the issuing court and including the information to be amended, as specified according to subsection (A)(5);
 - 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.
- C.** 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 an amendment of information specified in R9-19-201(A)(3) or (4) in 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 request, in a Department-provided format, that includes:
 - a. The information in subsection (A);
 - b. The name of the hospital administrator or the person in charge of the hospital's medical records who is requesting the amendment; and
 - c. A written statement attesting to the validity of the submitted amendment, signed and dated by the hospital administrator or the person in charge of the hospital's medical records; and
 2. A copy of the part of the individual's or the individual's mother's medical record containing the specific information to be amended.
- D.** 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 an amendment of information specified in R9-19-201(A)(3) or (4) in 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 request, in a Department-provided format, that includes:
 - a. The information in subsection (A);
 - b. The name of the physician, registered nurse practitioner, nurse midwife, or midwife who attended an individual's birth; and
 - c. A written statement attesting to the validity of the submitted amendment, signed and dated by the physician, registered nurse practitioner, nurse midwife, or midwife who attended the individual's birth; and
 2. A copy of the part of the individual's or the individual's mother's medical record containing the specific information to be amended.
- E.** To add an individual's first name, middle name, or suffix to the individual's registered birth record 90 days or less after the individual's birth, the individual's parent or guardian shall submit to the State Registrar or a local registrar:
1. A written request, in a Department-provided format, that includes:
 - a. The information in subsection (A), including the first name, middle name, or suffix to be added;
 - b. The name and mailing address of the individual's parent or guardian requesting the amendment; and
 - c. An affidavit attesting to the validity of the submitted amendment, signed, as applicable, by:
 - i. Each parent whose name is included in the individual's birth record, or
 - ii. The individual's 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.
- F.** 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. A written request, in a Department-provided format, that includes:
 - a. The information in subsection (A), including the first name, middle name, or suffix to be added;

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- b. The name and mailing address of the individual's parent or guardian requesting the amendment; and
 - c. An affidavit attesting to the validity of the submitted amendment, signed, as applicable, by:
 - i. Each parent whose name is included in the individual's birth record, or
 - ii. The individual's guardian;
 2. An evidentiary document that:
 - a. Includes the first name, middle name, or suffix to be added; and
 - b. 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.
- G.** To request the amendment of an individual's name in the individual's registered birth record 90 days or less after the individual's birth, the individual's parent or guardian shall submit to the State Registrar or a local registrar:
1. A written request, in a Department-provided format, that includes:
 - a. The information in subsection (A), including the specific name to be deleted and the specific name to be added;
 - b. The name and mailing address of the individual's parent or guardian requesting the amendment; and
 - c. An affidavit attesting to the validity of the submitted amendment, signed, as applicable, by:
 - i. Each parent whose name is included in the individual's birth record, or
 - ii. The individual's 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.
- H.** 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. A written request, in a Department-provided format, that includes:
 - a. The information in subsection (A), including the specific name to be deleted and the specific name to be added;
 - b. The name and mailing address of the individual's parent or guardian requesting the amendment; and
 - c. An affidavit attesting to the validity of the submitted amendment, signed, as applicable, by:
 - i. Each parent whose name is included in the individual's birth record, or
 - ii. The individual's guardian;
 2. An evidentiary document that:
 - a. Includes the name to be added, and
 - b. 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.
- I.** 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. A written request, in a Department-provided format, that includes:
 - a. The information in subsection (A), including the month or day to be deleted and the month or day to be added;
 - b. The name and mailing address of the individual or the individual's parent or guardian requesting the amendment; and
 - c. An affidavit attesting to the validity of the submitted amendment, signed, as applicable, by:
 - i. The individual;
 - ii. The individual's parent requesting the amendment, whose name is included in the individual's birth record; or
 - iii. The individual's guardian;
 2. An evidentiary document that 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.
- J.** To amend the date of birth or place of birth of an individual's parent in the individual's registered birth record, 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, or to change the last name of the individual's father 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. A written request, in a Department-provided format, that includes:
 - a. The information in subsection (A), including 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;
 - b. The name and mailing address of the individual or the individual's parent or guardian requesting the amendment; and
 - c. An affidavit attesting to the validity of the submitted amendment, signed, as applicable, by:
 - i. The individual;
 - ii. The individual's parent requesting the amendment, whose name is included in the individual's birth record; or
 - iii. The individual's guardian;
 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:

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- 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.
- K.** 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 in subsection (A);
 - b. The names and mailing address of the individual's mother and biological father requesting the amendment;
 - c. 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;
 - d. If the request is submitted 90 days or less after the date of the individual's birth, the name requested for the individual; and
 - e. If the request is submitted more than 90 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.

- L.** To request the amendment of an individual's registered birth record based on an administrative order or court order establishing paternity, a person shall submit to the State Registrar:
1. A copy of the administrative order or a court order establishing paternity, certified by the issuing entity;
 2. The following information, which may be submitted as part of the administrative order or a court order establishing paternity or in a Department-provided format:
 - a. The information in subsection (A);
 - b. The name and mailing address of the person requesting the amendment; and
 - c. The following information about the father to be added to the individual's registered birth record:
 - i. Name;
 - ii. Date of birth;
 - iii. State, territory, or foreign country where the father was born; and
 - iv. If the person requesting the amendment is not the issuing entity:
 - (1) Social Security Number;
 - (2) Race;
 - (3) Whether the father is of Hispanic origin and, if so, the type of Hispanic origin; and
 - (4) Highest degree or level of education completed by the father at the time of the individual's birth; and
 3. The fee in R9-19-105 for a request to amend information in a registered birth record.
- M.** 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 (M)(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 in subsection (A);
 - b. The name and mailing address of the adopted individual's adoptive parent or the adopted individual requesting the amendment;
 - c. The individual's name established by the court order;
 - d. 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;
 - e. 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;

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- 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;
 - f. 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 name and date of birth of each of the individual's adoptive parents;
 - g. 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;
 - h. The signature of each of the individual's adoptive parents and the date signed;
 - i. The name of the court issuing the document required in subsection (M)(1); and
 - j. 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.
- N.** 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 (M), 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.
- O.** 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. A written request, in a Department-provided format, that includes:
 - a. The information in subsection (A), including:
 - i. The individual's sex currently in the individual's registered birth record, and

- ii. The requested change for the individual's sex to be included in the individual's registered birth record;
 - b. The name and mailing address of the individual or the individual's parent or guardian requesting the amendment; and
 - c. An affidavit attesting to the validity of the submitted amendment, signed, as applicable, by:
 - i. The individual;
 - ii. The individual's parent requesting the amendment, whose name is included in the individual's birth record; or
 - iii. The individual's guardian;
 2. A written statement on a physician's letterhead paper, signed and dated by the 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.
- P.** 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 information and evidentiary documents in the request for amendment supports the amendment of the individual's registered birth record; or
 2. Except as provided in subsection (Q), a court order.
- Q.** 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.
- R.** 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. Cancellation of a Registered Birth Record

- A.** The State Registrar shall cancel an individual's registered birth record if the State Registrar determines that:
1. Another registered birth record for the individual exists and was registered before the individual's birth was registered under this Article; or
 2. 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 intent to cancel, 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 (3) 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)(ii) through (v), (d)(ii) through (v), and (e)(i) through (iii) for a birth registered according to R9-19-204(F);
 4. R9-19-204(I)(2)(c)(ii) through (v), (d), and (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. A person designated in a court order to receive a certified copy of the individual's certificate of birth registration;
 9. 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;
 10. 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; 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 (8) 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 includes a telephone number or an e-mail address;
 - c. The relationship between the individual and the person submitting the request 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. Except for an individual who is 18 years of age or older or a parent whose name is included in the individual's registered birth record, 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.
- B.** The following provides examples of documentation that meets the requirement in subsection (A)(2):
1. For the individual, 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 not included in the individual's registered birth record, either:
 - a. 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
 - b. A copy of a court order, certified by the issuing court, including the parent's name as a parent of the individual;
 3. For the individual's spouse:
 - a. A copy of the marriage certificate for the individual and the spouse; and

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- b. 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;
 4. For a person who is the individual's grandparent or the individual's adult child, grandchild, brother, or sister, either:
 - 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 parent's name is included in the individual's registered birth record, the individual's parent; or
 - b. For births or deaths registered in Arizona, information about the person or a related person whose birth or death was registered in Arizona, such as the person's name, date of birth, or parent's name and date of birth or date of death, that would enable the Department to locate the registered birth record or registered death record of the person or the related person;
 5. For the individual's guardian, a copy of the court order establishing guardianship, certified by the issuing court;
 6. 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 copy of the power of attorney;
 7. For a person appointed as the individual's conservator according to A.R.S. Title 14, Chapter 5, Article 4, a copy of the court order establishing conservatorship, certified by the issuing court; and
 8. For a person named in a court order to receive a certified copy of the individual's certificate of birth registration, a copy of the court order, certified by the issuing court.
- C. An attorney representing an individual, the individual's parent, or the individual's guardian, according to R9-19-210(B)(9), 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 attorney's letterhead paper or in a Department-provided format, that includes:
 - a. The attorney's name and state bar number;
 - b. Contact information for the attorney, which includes a telephone number or an e-mail address;
 - c. The name of the person the attorney is representing;
 - d. The relationship of the person in subsection (C)(1)(c) to the individual;
 - e. The information in subsections (A)(1)(d) through (f);
 - f. The number of certified copies of the individual's certificate of birth registration being requested; and
 - g. The dated signature of the attorney:
 - i. With the attorney's signature notarized; or
 - ii. Accompanied by a copy of a valid, government-issued form of photo identification for the attorney that contains the attorney's name and signature;
 2. A copy of the attorney's retainer agreement with, as applicable, the individual, the individual's parent, or the individual's guardian;
 3. 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 (B)(2);

4. If the retainer agreement is with the individual's guardian, a copy of the court order establishing guardianship, certified by the issuing court; and
 5. The fee in R9-19-105 for each certified copy of the individual's certificate of birth registration being requested.
- D.** An adoption agency representing an individual's biological parents or prospective adoptive parents 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 adoption agency's letterhead paper or in a Department-provided format, that includes:
 - a. The name, license number, and address of the adoption agency;
 - b. The name of and contact information for the adoption agency's designee for the adoption, which includes a telephone number or an e-mail address;
 - c. The name of the individual's biological parents or prospective adoptive parents;
 - d. The information in subsections (A)(1)(d) through (f);
 - e. The number of certified copies of the individual's certificate of birth registration being requested; and
 - f. The dated signature of the adoption agency's designee:
 - i. With the designee's signature notarized; or
 - ii. Accompanied by a copy of a valid, government-issued form of photo identification for the designee that contains the designee's name and signature;
 2. 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
 3. If not included in the copy of a petition to adopt required in subsection (D)(2), a copy of a document demonstrating that the adoption agency is representing the individual's biological parents or prospective adoptive parents; and
 4. The fee in R9-19-105 for each certified copy of the individual's certificate of birth registration being requested.
- E.** A private attorney representing an individual's prospective adoptive parents 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 attorney's letterhead paper or in a Department-provided format, that includes:
 - a. The attorney's name and state bar number;
 - b. Contact information for the attorney, which includes a telephone number or an e-mail address;
 - c. The name of the individual's prospective adoptive parents;
 - d. The information in subsections (A)(1)(d) through (f);
 - e. The number of certified copies of the individual's certificate of birth registration being requested; and
 - f. The dated signature of the attorney:
 - i. With the attorney's signature notarized; or

- ii. Accompanied by a copy of a valid, government-issued form of photo identification for the attorney that contains the attorney's name and signature;
 2. A copy of the attorney's retainer agreement with the individual's prospective adoptive parents;
 3. A copy of a petition to adopt that:
 - a. Complies with A.R.S. § 8-109,
 - b. Includes the names of the individual and the individual's prospective adoptive parents, and
 - c. Has been filed with a court of competent jurisdiction; and
 4. The fee in R9-19-105 for each certified copy of the individual's certificate of birth registration being requested.
- F.** 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 letterhead paper or in a Department-provided format, that includes:
 - a. The name and address of the governmental agency;
 - b. The name of and contact information for the governmental agency's designee for the request, which includes a telephone number or an e-mail address;
 - c. The information required in subsection (A)(1)(d) through (f);
 - 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 dated signature of the governmental agency's designee, accompanied by a copy of the designee's identification badge from the governmental agency verifying that the designee is an employee of the governmental agency; 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.

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 includes a telephone number or an 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 includes a telephone number or an e-mail address;
 - c. The relationship between the individual and the person submitting the request 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 parent's name is included in the individual's registered birth record, the individual's parent; or
 - b. For births or deaths registered in Arizona, information about the person or a related person whose birth or death was registered in Arizona, such as the person's name, date of birth, or parent's name and date of birth or date of death, that would enable the Department to locate the registered birth record or registered death record of the person or the related person; 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 or a local registrar:
1. A written request, on the governmental agency's letterhead paper or in a Department-provided format, that includes:
 - a. The name and address of the governmental agency;
 - b. The name of and contact information for the governmental agency's designee for the request, which includes a telephone number or an e-mail address;
 - c. The information required in R9-19-211(A)(1)(d) through (f);

- 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 dated signature of the governmental agency's designee, accompanied by a copy of the designee's identification badge from the governmental agency verifying that the designee is an employee of the governmental agency; 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.

ARTICLE 3. VITAL RECORDS FOR DEATH

R9-19-301. Human Remains Release Form

- A. Except as provided in subsection (B), the form required by A.R.S. § 36-326(B) to accompany a deceased individual's human remains removed 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
 - d. Social Security number or, if the deceased individual's Social Security number is not available, the deceased individual's medical record number;
 3. The date and time of the death;
 4. The name, telephone number, and e-mail address of the 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 facility to release the human remains;
 6. The most recent diagnosis in the deceased individual's medical record;
 7. A list of the circumstances in A.R.S. § 11-593(A);
 8. Whether a notification required in A.R.S. § 11-593 was made;
 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;
 - 10. For a death that 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 is releasing the human remains.
- B.** The form required by A.R.S. § 36-326(B) to accompany human remains from a fetal death removed 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 facility to release the human remains;
 - 6. A list of the circumstances in A.R.S. § 11-593(A);
 - 7. Whether a notification required in A.R.S. § 11-593 was made;
 - 8. For a fetal death that 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 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.
- 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 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

- 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 applicable, the

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- deceased individual's last name before 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 so, the type of Hispanic origin;
 - j. If the deceased individual was a member of a tribe recognized by the Federal Bureau of Indian Affairs's Office of Federal Acknowledgement under 25 CFR Part 83, the name of the tribe;
 - 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 different, the spouse's last name before 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;

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- 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. As applicable:
 - i. The name and license number of the funeral director in charge of the final disposition of the human remains; or
 - ii. If a funeral director is not in charge of the final disposition of the human remains, the name of the responsible person and, if the responsible person is not the individual identified in subsection (A)(1)(v), the responsible person's:
 - (1) Relationship to the deceased individual; and
 - (2) Mailing address, including street address, city or town, state, zip code, and, if outside the U.S., country;
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;

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- 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.
- B.** If a medical examiner determined the manner of death in subsection (A)(3)(h) for a deceased individual, 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. Registration of a Deceased Individual's Death

- 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:
 - 1. Obtain, in a written format:
 - a. The information in R9-19-302(A)(1)(a) through (v) and (2)(a) through (g); and
 - b. A statement attesting to the validity of the information in R9-19-302(A)(1)(a) through (v) and (2)(a) through (g), signed and dated by the person providing the information;
 - 2. Provide, in a Department-provided format, the information in R9-19-302(A)(1)(w) through (cc); and
 - 3. If applicable, obtain the documentation required in R9-19-302(A)(2)(h).
- 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:
 - a. The information specified in R9-19-302(A)(1) and (2), and
 - b. An attestation of the validity of the submitted information and documentation in R9-19-302(A)(1)(w) through (cc) and (2)(h);
 - 2. If the information required in R9-19-302(A)(1) and (2) is not submitted electronically, include:
 - a. The written statement in subsection (A)(1)(b), and
 - b. A written statement attesting to the validity of the submitted information and documentation in R9-19-302(A)(1)(w) through (cc) and (2)(h), signed and dated by the responsible person or funeral director who is responsible for the final disposition of the deceased individual's human remains; and
 - 3. Contact the health care provider expected to sign the deceased individual's medical certification of death to:

- a. Provide information about the deceased individual, in a Department-provided format, to enable the health care provider to identify the deceased individual; and
 - b. 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. Review the information provided according to subsection (B)(3)(a) for a deceased individual and either verify the information is correct or make corrections to the provided information; and
 2. 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 the deceased individual that includes:
 - a. The information specified in R9-19-302(A)(3) and (4) and corrections made to the information provided according to subsection (B)(3)(a); and
 - b. An attestation:
 - i. Stating that, to the best of the medical certifier's knowledge:
 - (1) The information provided according to subsection (B)(3)(a) is correct or was corrected, and
 - (2) Death occurred due to the cause and manner stated; and
 - ii. If not submitted electronically, signed and dated by the medical certifier; and
 3. 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 through 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:
 - i. Review the circumstances of the individual's death to determine whether:
 - (1) The medical examiner has jurisdiction according to A.R.S. § 11-593, or
 - (2) The tribal law enforcement authority has jurisdiction according to A.R.S. § 36-325(I);
 - ii. Notify the State Registrar or the local registrar of the county where a death occurred of the

- determination; and
- iii. If applicable, complete and sign the medical certification of the deceased individual's death according to R9-19-304(B); and
3. Within 72 hours, either:
- Register the deceased individual's death; or
 - Notify the person submitting the information according to subsections (B) or (C), as specified 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:
- Maintain a copy of the document in subsection (A) for at least 10 years after the date on the document, and
 - Provide a copy of the document in subsection (A) 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:
- 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 court order requiring registration of the deceased individual's death, certified by the issuing court, and containing the deceased individual's:
 - Name,
 - Social Security Number,
 - Date of birth,
 - Date of death,
 - Cause of death, and
 - Location of death;
 - If not included in the court order in subsection (G)(1)(a), the information in R9-19-302(A)(1) and (2), as available;
 - An affidavit attesting to the validity of the information required in subsection (G)(1)(b), signed by the person making the request; and
 - The fee in R9-19-105 for requesting to establish a delayed death record and register the deceased individual's death;
 - 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:
 - The information specified in R9-19-302(A)(1) and (2);
 - A medical certification of the deceased individual's death, completed as required in subsection (C); and
 - A description of the circumstances causing the delay; and
 - 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 (C);
 - 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) or 36-328, 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. Registration of a Death When a Medical Examiner is Notified According to A.R.S. § 11-593(B)

- A.** If a medical examiner of the registration district where a deceased individual's death occurred is notified according to A.R.S. § 11-593(B), the medical examiner shall determine whether the deceased individual died under any of the circumstances described in A.R.S. § 11-593(A) and:
1. If the medical examiner determines that the deceased individual did not die under any of the circumstances described in A.R.S. § 11-593(A):
 - a. Document:
 - i. The medical examiner's determination that the medical examiner does not have jurisdiction according to A.R.S. § 11-593, and
 - ii. The name of a health care provider who had been providing current care to the deceased individual;
 - b. Provide, upon request, a copy of the documentation in subsection (A)(1)(a) to the State Registrar or

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- a local registrar or deputy local registrar of the registration district where the deceased individual's death occurred; and
- c. Notify the State Registrar or the local registrar or deputy local registrar of the registration district where the deceased individual's death occurred of the determination; and
2. If the medical examiner determines that the deceased individual died under any of the circumstances described in A.R.S. § 11-593(A), take charge of the deceased individual's human remains under A.R.S. § 11-594.
- B.** 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 in a Department-provided format:
1. To the State Registrar or a local registrar or deputy local registrar of the registration district where the deceased individual's death occurred according to A.R.S. § 36-325(C);
 2. That includes:
 - a. The deceased individual's name, date of birth, and sex;
 - b. Any other names by which the deceased individual was known, including, if applicable, the deceased individual's last name before 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 or, if the location at which the death occurred does not have a street address, another indicator of the location 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
 3. 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.
- C.** 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 through 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.

- D. Upon determination of the cause or manner of death, a medical examiner who had indicated, according to subsection (B)(2)(h), that the cause or manner of death was pending investigation shall submit an amendment according to R9-19-310 that includes the cause or manner of death, using the standards in subsection (C).
- E. 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:
 - 1. Comply with the requirements in R9-19-303(A); and
 - 2. 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).
- F. Upon receiving information submitted according to subsections (B), (E), and, if applicable (D), 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 provided according to subsection (B), (E), or, if applicable (D); and
 - 3. Within 72 hours, either:
 - a. Register the deceased individual's death, or
 - b. Notify the person submitting the information according to subsection (B) or (E), as specified in R9-19-103(C).
- G. 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. Fetal Death Registration

- A. Before requesting the registration of a fetal death, a hospital, an abortion clinic, a physician, a nurse midwife, or a midwife shall:
 - 1. Obtain, in a written format:
 - a. The information in subsections (B)(1)(a) through (f), (v), and (w) and (2)(a) through (f) from a parent of the deceased or another family member who is of legal age; and
 - b. A statement attesting to the validity of the information in subsections (B)(1)(a) through (f), (v), and (w) and (2)(a) through (f), signed and dated by the individual providing the information; and
 - 2. Provide, in a Department-provided format, the information in:

- a. Subsections (B)(1)(g) through (o) and (2)(g) through (u); and
 - b. Unless a funeral director is responsible for the final disposition of the human remains, subsections (B)(1)(p) through (u).
- B.** Except as provided in subsection (D) and R9-19-306, a hospital, an abortion clinic, a physician, a nurse midwife, or a midwife shall submit to the State Registrar or a local registrar, according to A.R.S. § 36-329 and 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 or, if the residence where the delivery occurred does not have a street address, another indicator of the location at which the delivery occurred;
 - 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(C)(3) or R9-19-304(C), as applicable;
 - m. Any other significant causes or conditions related to the fetal death;
 - n. If a medical examiner of the registration district where the fetal death occurred took charge of the human remains under A.R.S. § 11-594, the name and health professional license number of the medical examiner;

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- 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 (B)(1)(p)(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 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 so, the 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;

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- 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;
 - ii. 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.
- C. 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.
- D.** Within seven days after receiving the human remains from a fetal death from 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 or the local registrar of the registration district in which the fetal death occurred, in a Department-provided format, any information specified in subsections (B)(1)(a) through (f) and (p) through (w) and (2)(a) through (e) that had not been submitted by the hospital, abortion clinic, physician, nurse midwife, or midwife, according to subsection (B).
- E.** 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 shall establish and register a delayed fetal death record.
- F.** 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.
- G.** A hospital, an abortion clinic, a physician, a nurse midwife, or a midwife responsible for submitting the information in subsection (B) to the State Registrar or a local registrar or deputy local registrar shall:
1. Maintain a copy of the evidentiary document in subsection (A) for at least 10 years after the date on the evidentiary document, and
 2. Provide a copy of the evidentiary document in subsection (A) to the State Registrar for review within 48 hours after the State Registrar's request.

R9-19-306. Registration of a Fetal Death When a Medical Examiner is Notified According to A.R.S. § 11-593(B)

- A.** If a medical examiner of the registration district where a fetal death occurred is notified according to A.R.S. § 11-593(B), the medical examiner shall determine whether the fetal death occurred under any of the circumstances described in A.R.S. § 11-593(A) and:
1. If the medical examiner determines that the fetal death did not occur under any of the circumstances described in A.R.S. § 11-593(A):
 - a. Document:
 - i. The medical examiner's determination that the medical examiner does not have jurisdiction according to A.R.S. § 11-593, and
 - ii. The name of a health care provider who had been providing current care to the deceased's mother;
 - b. Provide, upon request, a copy of the documentation in subsection (A)(1)(a) to the State Registrar or a local registrar or deputy local registrar of the registration district where the fetal death occurred; and
 - c. Notify the State Registrar or the local registrar or deputy local registrar of the registration district where the fetal death occurred of the determination; and
 2. If the medical examiner determines that the fetal death occurred under any of the circumstances described in A.R.S. § 11-593(A), take charge of the human remains under A.R.S. § 11-594.

- B. 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 or the local registrar of the registration district where the fetal death occurred, according to A.R.S. § 36-325(C) and in a Department-provided format:
 - 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(B)(1)(a) through (o), (1)(w), and (2)(i) through (u); and
 - b. If known, the information in R9-19-305(B)(1)(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(B)(1)(l);
 - b. The remaining information in subsection (B)(2)(a); and
 - c. If known, the information in subsection (B)(2)(b).
- C. Upon determination of the cause of fetal death, a medical examiner who had indicated, according to subsection (B)(3), that the cause of fetal death was pending investigation shall submit an amendment according to R9-19-310 that includes the cause of fetal death, using the applicable standards incorporated by reference in R9-19-304(C).
- D. Within seven days after receiving the human remains from a fetal death from a medical examiner, a responsible person or funeral director who is responsible for the final disposition of the human remains shall submit to the State Registrar or the local registrar of the registration district in which the fetal death occurred, in a Department-provided format, any information specified in R9-19-305(B)(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 (B).
- E. Upon receiving information submitted according to subsections (B) and, if applicable, (C) and (D), the State Registrar or a local registrar shall:
 - 1. Review the information received;
 - 2. Enter into a fetal death record any missing information received according to subsection (B) or, if applicable (C) or (D); and
 - 3. Within 72 hours, either:
 - a. Register the fetal death, or
 - b. Notify the applicable person submitting the information according to subsection (B), (C), or (D), as specified in R9-19-103(C).
- F. 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(B).

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.

R9-19-308. 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.
- B. A funeral establishment or responsible person shall obtain a disposition-transit permit for human remains from a deceased individual or a fetal death before a final disposition 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 local registrar or deputy local 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.
- 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(C)(2) or R9-19-304(B), 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 remains 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 required in R9-19-305(B)(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 information in the death record or fetal death record, as applicable, indicates that the death or fetal death may have occurred under a circumstance in A.R.S. § 11-593(A), the medical examiner has, as applicable:

- a. Signed the medical certification of death;
 - b. Submitted the information in R9-19-306(B); or
 - c. Notified the State Registrar, local registrar, or deputy local registrar according to R9-19-304(A)(1)(c) or R9-19-306(A)(1)(c); 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(E)(2)(c).

R9-19-309. Correcting Information in a Registered Death Record or a Registered Fetal Death Record

- A.** To request the correction of information submitted by the funeral director or the funeral director's funeral establishment for registration of a deceased individual's death, according to R9-19-303(B) or R9-19-304(E), a funeral director shall submit to the State Registrar or the local registrar of the registration district where the death occurred:
1. A written request to correct the submitted information, on the letterhead paper of the funeral director's funeral establishment or in a Department-provided format, 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 includes a telephone number or an e-mail address;
 - c. 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. 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 funeral director submitting the request for correction; and
 2. A copy of the document required in R9-19-303(A).
- B.** To request the correction of information specified in R9-19-302(A)(3) or (4) in a deceased individual's registered death record, a medical certifier, including a medical examiner or, if applicable, tribal law enforcement authority, who completed the medical certification of death for the deceased individual, according to R9-19-303(C)(2) or R9-19-304(B), shall submit to the State Registrar or the local registrar of the registration district where the death occurred:
1. A written request to correct the submitted information, on the letterhead paper of the medical certifier or in a Department-provided format, that includes:
 - a. The name and, as applicable, the health professional license number or the badge number of the

- medical certifier submitting the request;
 - b. Contact information for the medical certifier submitting the request, which includes a telephone number or an e-mail address;
 - c. The information in subsection (A)(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, dated before the date the deceased individual's death was registered, that demonstrates the validity of the submitted correction.
- C.** In addition to a correction of information in a deceased individual's registered death record allowed under subsection (B), a medical examiner may request the correction of any other information that had been submitted by the medical examiner according to R9-19-304(B) for the deceased individual's death record by submitting to the State Registrar or the local registrar of the registration district where the death occurred:
- 1. The written request to correct the submitted information in subsection (B)(1), and
 - 2. An evidentiary document required in subsection (B)(2).
- D.** 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, according to R9-19-303(A), shall submit to the State Registrar or the local registrar of the registration district where the death occurred:
- 1. A written request to correct, in a Department-provided format, that includes:
 - a. The following information:
 - i. The name of the person submitting the request;
 - ii. The person's relationship to the deceased individual;
 - iii. Contact information for the person submitting the request, which includes a telephone number or an e-mail address;
 - iv. The information required in subsection (A)(1)(c); and
 - v. The specific information in the registered death record to be corrected; and
 - b. An affidavit attesting to the validity of the submitted correction, signed by the person requesting the correction;
 - 2. An evidentiary document that demonstrates the person's relationship to the deceased individual;
 - 3. An evidentiary document, dated before the date the deceased individual's death was registered, 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.
- E.** To request the correction of information submitted by a hospital, an abortion clinic, a physician, a nurse midwife, or a midwife, according to R9-19-305(B); by a funeral director, according to R9-19-305(D) or R9-19-306(D); by a medical examiner, according to R9-19-306(B); or by a tribal law enforcement authority, as allowed by A.R.S. § 36-325(I), in a registered fetal death record, a designee of the hospital, abortion clinic, physician, nurse midwife, midwife, medical examiner, or tribal law enforcement authority, as applicable, or a funeral director shall submit to the State Registrar or the local registrar of the registration district where the fetal death occurred:

1. A written request to correct the submitted information, on the submitter's letterhead paper or in a Department-provided format, that includes:
 - a. The name and, as applicable:
 - i. The health care institution license number of the hospital or abortion clinic submitting the request;
 - ii. The health professional license number of the physician, nurse midwife, midwife, or medical examiner submitting the request;
 - iii. The funeral director's license number; or
 - iv. Badge number for the medical certifier for the tribal law enforcement authority submitting the request;
 - b. Contact information, which includes a telephone number or an e-mail address for the:
 - i. Designee of the hospital, abortion clinic, physician, nurse midwife, midwife, medical examiner, or tribal law enforcement authority submitting the request; or
 - ii. Funeral director submitting the request;
 - c. Name of the mother of the fetus;
 - d. Date of delivery; and
 - e. If known, the state file number;
 - f. The specific information in the registered fetal death record to be corrected; and
 - g. 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, medical examiner, or tribal law enforcement authority, as applicable, or a funeral director submitting the request for correction; and
 2. An evidentiary document that demonstrates the validity of the submitted correction.
- 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 written request to correct, in a Department-provided format, that includes:
 - a. The following information:
 - i. The name of the parent submitting the request;
 - ii. Contact information for the parent submitting the request, which includes a telephone number or an e-mail address;
 - iii. The information required in subsection (E)(1)(c) through (e); and
 - iv. The specific information in the registered fetal death record to be corrected; and
 - b. An affidavit attesting to the validity of the submitted correction, signed by the parent requesting the correction;
 2. An evidentiary document, dated before the registration of the fetal death, 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 fetal death record.

R9-19-310. Amending Information in a Registered Death Record or a Registered Fetal Death Record

- A.** To request the amendment of information specified in R9-19-302(A)(3) or (4) in a deceased individual's registered death record, a medical certifier, including a medical examiner or, if applicable, tribal law

enforcement authority, who completed the medical certification of death for the deceased individual, according to R9-19-303(C)(2) or R9-19-304(B), shall submit to the State Registrar or the local registrar of the registration district where the death occurred:

1. A written request to amend the submitted information, in a Department-provided format, that includes:
 - a. The name and, as applicable, the health professional license number or the badge number of the medical certifier submitting the request;
 - b. Contact information for the medical certifier submitting the request, which includes a telephone number or an 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.** Except as provided in subsections (D) and (F), 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:
 - a. The following information:
 - i. The name of the person submitting the request;
 - ii. The person's relationship to the deceased individual;
 - iii. Contact information for the person submitting the request, which includes a telephone number or an e-mail address;
 - iv. The information required in subsection (A)(1)(c); and
 - v. The specific information in the registered death record to be amended; and
 - b. An affidavit attesting to the validity of the submitted amendment, signed by the person requesting the amendment;
 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.
- C.** If a person submitting a request to amend the information in a deceased individual's registered death record according to subsection (B) is not the individual listed in the deceased individual's death record as the individual who provided the information about the deceased individual, as specified in R9-19-302(A)(1)(v), the State Registrar or a local registrar or deputy local registrar:
1. Shall notify the individual who provided the information about the deceased individual of the request for an amendment of information in the deceased individual's registered death record, and
 2. May request evidentiary documents from the person submitting the request and the individual who

provided information about the deceased individual within 10 days after the request to determine the validity of the requested amendment and the information in the deceased individual's registered death record.

- D.** In addition to an amendment of information in a deceased individual's registered death record allowed under subsection (A), a medical examiner may request the amendment of any other information that had been submitted by the medical examiner according to R9-19-304(B) for the deceased individual's death record by submitting to the State Registrar or the local registrar of the registration district where the death occurred:
1. The written request to amend the submitted information in subsection (A)(1), and
 2. An evidentiary document that demonstrates the validity of the submitted amendment.
- E.** The consulate of a foreign government may request the amendment of any of the information in R9-19-302(A)(1) or (2) in a deceased individual's registered death record on behalf of a family member of the deceased individual if:
1. The family member:
 - a. Is a citizen of the foreign country, and
 - b. Resides in the foreign country;
 2. The deceased individual's medical certification of death was submitted by a medical examiner according to R9-19-304(B); and
 3. The consulate provided the medical examiner who submitted the deceased individual's medical certification of death with evidentiary documents that enabled the medical examiner to establish the identity of the deceased individual.
- F.** 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 under subsection (E), the consulate of a foreign government shall submit to the State Registrar or the local registrar of the registration district where the death occurred:
1. A written request to amend on the letterhead of the consulate, that includes:
 - a. The name and address of the consulate;
 - b. The name of and contact information for the consulate's designee for the request, which includes a telephone number or an e-mail address;
 - c. The name of the person the consulate is representing;
 - d. The relationship of the person in subsection (F)(1)(c) to the deceased individual;
 - e. The information required in subsection (A)(1)(c);
 - f. The specific information in the registered death record to be amended; and
 - g. The dated signature of the consulate's designee;
 2. Documentation verifying that the consulate's designee is representing the consulate;
 3. A written statement, signed by the consulate's designee, attesting that the consulate has verified the relationship of the person identified according to subsection (F)(1)(c) to the deceased individual;
 4. One or more evidentiary documents that demonstrate the validity of the submitted amendment; and
 5. The fee in R9-19-105 for a request to amend the information in a registered death record.
- G.** To request the amendment of information submitted by a hospital, an abortion clinic, a physician, a nurse midwife, or a midwife, according to R9-19-305(B); by a medical examiner, according to R9-19-306(B); or a tribal law enforcement authority, as allowed by A.R.S. § 36-325(I), in a registered fetal death record, a designee of the hospital, abortion clinic, physician, nurse midwife, medical examiner, or tribal law

enforcement authority, as applicable, shall submit to the State Registrar or the local registrar of the registration district where the fetal death occurred:

1. A written request to amend, in a Department-provided format, that includes:
 - a. The name and, as applicable:
 - i. The health care institution license number of the hospital or abortion clinic submitting the request;
 - ii. The health professional license number of the physician, nurse midwife, midwife, or medical examiner submitting the request; or
 - iii. Badge number for the medical certifier for the tribal law enforcement authority submitting the request;
 - b. Contact information for the designee of the hospital, abortion clinic, physician, nurse midwife, medical examiner, or tribal law enforcement authority submitting the request, which includes a telephone number or an 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, medical examiner, or tribal law enforcement authority submitting the request for amendment; and
 2. An evidentiary document that demonstrates the validity of the submitted amendment.
- H.** 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:
 - a. The following information:
 - i. The name of the parent submitting the request;
 - ii. Contact information for the parent submitting the request, which includes a telephone number or an e-mail address;
 - iii. The information required in subsection (G)(1)(c); and
 - iv. The specific information in the registered fetal death record to be amended; and
 - b. An affidavit attesting to the validity of the submitted amendment, signed by the parent requesting the amendment;
 2. Except for an amendment to add the name of the fetus to the registered fetal death record, 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.
- I.** The State Registrar or a local registrar shall amend the information in a registered death record or registered fetal death record based on a:
1. Request for amendment, if the State Registrar or local registrar determines, according to R9-19-103, that the information and evidentiary documents in the request for amendment supports the amendment of the deceased individual's registered death record; or

2. Court order.

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 registered in the state where the deceased individual's death occurred or the human remains were previously interred that contains 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.
- B. Upon receipt of a disposition-transit permit issued by or death certificate registered in another state that contains the information required in R9-19-302, including the cause of death, a local registrar, a 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.

R9-19-312. Disinterment-reinterment Permits

- A. Except as provided in A.R.S. § 36-327, before a person disinters 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 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;
 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
 3. Submit to a local registrar, a deputy local registrar, or the 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
 - (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;
 - iii. The name of the cemetery or the location where the human remains are buried;
 - iv. The name of the funeral director in charge of the disinterment;
 - v. If applicable, the name or names of the family member or members who authorized the disinterment, as required in subsection (A)(1)(a);
 - 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
 - vii. The anticipated date of the reinterment or cremation; and

- 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 after 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 after the 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(E)(2)(c).

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 for review within 48 hours after the 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. A funeral director representing one of the following in a final disposition of the deceased individual's human remains, within 12 months after the registration of the deceased individual's death:
 - 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;
 2. A designee of a funeral director in subsection (B)(1);
 3. The surviving spouse of the deceased individual;
 4. A parent or grandparent of the deceased individual;
 5. An adult child, grandchild, brother, or sister of the deceased individual;
 6. A person designated in a power of attorney, established by a person eligible according to subsection (B)(3), (4), or (5);;
 7. Another person who is responsible for the final disposition of the deceased individual's human remains

according to A.R.S. § 36-831;

8. A person named in the deceased individual's last will and testament as the executor of the deceased individual's estate;
9. A person named in the deceased individual's last will and testament as a beneficiary of the deceased individual's estate;
10. A person named as a beneficiary of a life insurance policy on the deceased individual;
11. A person designated in a court order to receive a certified copy of the deceased individual's certificate of death registration;
12. 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 subsection (B)(3), (4), (5), or (6);
13. An insurance company with which the deceased individual had a policy;
14. A bank, a credit union, a mortgage lender, or another financial institution with which the deceased individual had an account or other business relationship;
15. A hospital or other health care institution processing a claim against the deceased individual's estate;
16. Another person having a claim against the deceased individual's estate;
17. An attorney representing a person who is eligible to receive a certified copy of the deceased individual's certificate of death registration;
18. The consulate of a foreign government representing a person who:
 - a. Is eligible to receive a certified copy of the deceased individual's certificate of death registration, according to subsection (B)(3), (4), (5), or (6);
 - b. Is a citizen of the foreign country; and
 - c. Resides in the foreign country; and
19. 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. Requesting a Certified Copy of a Certificate of Death Registration

- 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) or the funeral director's designee according to R9-19-314(B)(2) 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. If applicable, the name and contact information for the funeral director's designee, which includes a telephone number or an e-mail address;
 - d. The name and address of the funeral director's funeral establishment;
 - e. The deceased individual's:

- i. Name in the deceased individual's registered death record,
 - ii. Date of birth, and
 - iii. Date of death;
 - f. If known, the:
 - i. Sex of the deceased individual,
 - ii. State file number,
 - iii. Town or city of the deceased individual's death,
 - iv. County of the deceased individual's death,
 - v. Place of the deceased individual's death, and
 - vi. Deceased individual's Social Security Number;
 - g. The number of certified copies of the individual's certificate of death registration being requested; and
 - h. The dated signature of the funeral director submitting the request and, except as provided in subsection (B), either:
 - i. With the funeral director's signature notarized; or
 - ii. Accompanied by a copy of a valid, government-issued form of photo identification for the funeral director that contains the funeral director's name and signature;
 2. Except when the name of the funeral establishment specified according to subsection (A)(1)(d) is included in the deceased individual's registered death record, a copy of documentation 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 a final disposition of the deceased individual's human remains; and
 3. The fee in R9-19-105 for each certified copy of the deceased individual's certificate of death registration being requested.
- B.** A funeral director or the funeral director's designee 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 or the funeral director's designee's signature, if the funeral director or the funeral director's designee has submitted to the State Registrar or a local registrar:
1. A copy of a valid, government-issued form of photo identification of the funeral director or the funeral director's designee, as applicable; and
 2. Documentation verifying current employment by the funeral establishment specified according to subsection (A)(1)(d), dated within the 12 months before the deceased individual's death was registered.
- C.** A person eligible to receive a certified copy of a deceased individual's certificate of death registration according to R9-19-314(B)(3) through (12) 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 includes a telephone number or an 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. Date of birth, and
 - iii. Date of death;
 - e. If known, the:
 - i. Sex of the deceased individual,
 - ii. State file number,
 - iii. Town or city of the deceased individual's death,
 - iv. County of the deceased individual's death,
 - v. Place of the deceased individual's death,
 - vi. Funeral establishment or person responsible for the final disposition of the deceased individual's human remains, and
 - vii. 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, as determined by the State Registrar, meets the general requirements of A.R.S. § 39-122(A);
 - g. The number of certified copies of the deceased 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.
- D.** The following provides examples of documentation that meets the requirement in subsection (C)(2):
- 1. For the surviving spouse of the deceased individual whose name is included in the deceased individual's registered death record, 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. 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 parent's name is included in the deceased individual's registered birth record or registered death record, the deceased individual's parent; or

- ii. For births or deaths registered in Arizona, information about the person or a related person whose birth or death was registered in Arizona, such as the person's name, date of birth, or parent's name and date of birth or date of death, that would enable the Department to locate the person's or related person's registered birth record or registered death record; and
 - b. 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 a person eligible according to R9-19-314(B)(3), (4), or (5):
 - a. A copy of the power of attorney; and
 - b. Documentation, as specified in subsection (D)(1) or (2), demonstrating that the person is eligible, according to R9-19-314(B)(3), (4), or (5), to receive a certified copy of the deceased individual's certificate of death registration;
4. For another responsible person, a copy of documentation demonstrating that the responsible person meets the definition of "responsible person" in A.R.S. § 36-301;
5. 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 copy of the deceased individual's last will and testament;
6. For a person named as a beneficiary of a life insurance policy on the deceased individual, a copy of the life insurance policy for the deceased individual or other documentation from the company that issued the life insurance policy specifying the person as a beneficiary;
7. For a person named in a court order to receive a certified copy of the deceased individual's certificate of death registration, a copy of the court order, certified by the issuing court; and
8. 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)(3), (4), (5), or (6):
 - a. A written statement from the person authorized in writing to receive a certified copy of the deceased individual's certificate of death registration, that includes:
 - 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)(3), (4), (5), or (6) and who authorized the person in subsection (D)(8)(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

- (C)(1)(h);
- c. A copy of documentation demonstrating that the person specified according to subsection (D)(8)(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 (D)(8)(a)(ii) is authorized by the person specified according to subsection (D)(8)(a)(iii) to receive a certified copy of the deceased individual's certificate of death registration.
- E.** 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 may request a certified copy of a deceased individual's certificate of death registration by submitting to the State Registrar or a local registrar:
1. A written request, on the letterhead paper of the insurance company, bank, credit union, mortgage lender, or other financial institution or in a Department-provided format, that includes:
 - a. The name and address of the insurance company, bank, credit union, mortgage lender, or other financial institution;
 - b. 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, which includes a telephone number or an e-mail address;
 - c. The information in subsections (C)(1)(d) and (e);
 - d. If applicable, a description of the policy the deceased individual had with the insurance company;
 - e. 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;
 - f. 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
 - g. The dated signature of the insurance company's, bank's, credit union's, mortgage lender's, or other financial institution's designee, either:
 - i. With the designee's signature notarized; or
 - ii. Accompanied by a copy of a valid, government-issued form of photo identification for the designee that contains the designee's name and signature;
 2. A copy of documentation verifying that the designee is representing the insurance company, bank, credit union, mortgage lender, or other financial institution;
 3. 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; and
 4. The fee in R9-19-105 for the certified copy of the deceased individual's certificate of death registration.
- F.** A hospital or other health care institution processing a claim against the deceased individual's estate may request a certified copy of a deceased individual's certificate of death registration by submitting to the State Registrar or a local registrar:
1. A written request, on the letterhead paper of the hospital or other health care institution or in a Department-provided format, that includes:

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- a. The name and address of the hospital or other health care institution;
 - b. The name of and contact information for the hospital's or other health care institution's designee for the request, which includes a telephone number or an e-mail address;
 - c. The information in subsections (C)(1)(d) and (e);
 - d. A description of the claim against the deceased individual's estate;
 - e. The reason the hospital or other health care institution is requesting a certified copy of the deceased individual's certificate of death registration; and
 - f. The dated signature of the hospital's or other health care institution's designee, either:
 - i. With the designee's signature notarized; or
 - ii. Accompanied by a copy of a valid, government-issued form of photo identification for the designee that contains the designee's name and signature;
2. A copy of documentation verifying that the designee is representing the hospital or other health care institution;
 3. A copy of documentation demonstrating that the hospital or other health care institution has a claim against the deceased individual's estate; and
 4. The fee in R9-19-105 for the certified copy of the deceased individual's certificate of death registration.
- G.** Another person having a court order demonstrating a claim against the deceased individual's estate may request a certified copy of a deceased individual's certificate of death registration by submitting to the State Registrar or a local registrar:
1. A written request from the person having a court order demonstrating a claim against the deceased individual's estate, on the person's letterhead paper or in a Department-provided format, that includes:
 - a. The name of and contact information for the person having a court order demonstrating a claim against the deceased individual's estate, which includes a telephone number or an e-mail address;
 - b. If the person is not an individual, the name of and contact information for the person's designee for the request, which includes a telephone number or an e-mail address;
 - c. The information in subsections (C)(1)(d) and (e);
 - d. A description of the claim against the deceased individual's estate;
 - e. The reason the person is requesting a certified copy of the deceased individual's certificate of death registration; and
 - f. The dated signature of the person submitting the request or, if applicable, the person's designee, either:
 - i. With the person's or designee's signature notarized; or
 - ii. Accompanied by a copy of a valid, government-issued form of photo identification for the person or designee, as applicable, that contains the person's or designee's name and signature;
 2. If applicable, a copy of documentation verifying that the designee is representing the person;
 3. A copy of the court order demonstrating that the person has a claim against the deceased individual's estate; and
 4. The fee in R9-19-105 for the certified copy of the deceased individual's certificate of death registration.
- H.** An attorney representing a person who is eligible to receive a certified copy of the deceased individual's certificate of death registration may request a certified copy of a deceased individual's certificate of death registration by submitting to the State Registrar or a local registrar:

1. A written request, on the attorney's letterhead paper or in a Department-provided format, that includes:
 - a. The attorney's name and state bar number;
 - b. Contact information for the attorney, which includes a telephone number or an e-mail address;
 - c. The name of the person the attorney is representing;
 - d. The relationship of the person in subsection (H)(1)(c) to the deceased individual;
 - e. The information in subsections (C)(1)(d) and (e);
 - f. If the attorney is representing a person in R9-19-314(B)(3) through (12), the number of certified copies of the individual's certificate of death registration being requested; and
 - g. The dated signature of the attorney, either:
 - i. With the attorney's signature notarized; or
 - ii. Accompanied by a copy of a valid, government-issued form of photo identification for the attorney that contains the attorney name and signature;
 2. 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;
 3. The applicable documentation demonstrating the eligibility of the person specified according to subsection (H)(1)(c) to receive a certified copy of the deceased individual's certificate of death registration; and
 4. The fee in R9-19-105 for each certified copy of the deceased individual's certificate of death registration being requested.
- I.** The consulate of a foreign government eligible to receive a certified copy of a deceased individual's certificate of death registration according to R9-19-314(B)(18) may request a certified copy of a deceased individual's certificate of death registration on behalf of one of the persons identified in R9-19-314(B)(3), (4), (5) or (6) by submitting to the State Registrar or a local registrar:
1. A written request, on the letterhead of the consulate, that includes:
 - a. The name and address of the consulate;
 - b. The name of and contact information for the consulate's designee for the request, which includes a telephone number or an e-mail address;
 - c. The name of the person the consulate is representing;
 - d. The relationship of the person in subsection (I)(1)(c) to the deceased individual;
 - e. The information required in subsection (C)(1)(d) and (e);
 - f. The reason the consulate is requesting a certified copy of the individual's certificate of death registration;
 - g. The number of certified copies of the deceased individual's certificate of death registration being requested; and
 - h. The dated signature of the consulate's designee;
 2. Documentation verifying that the consulate's designee is representing the consulate;
 3. A written statement, signed by the consulate's designee, attesting that the consulate has verified that the person identified according to subsection (I)(1)(c) is eligible under R9-19-314(B)(3), (4), (5) or (6) to receive a certified copy of the deceased individual's certificate of death registration; and
 4. The fee in R9-19-105 for each certified copy of the deceased individual's certificate of death registration being requested.

- J.** 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 letterhead paper or in a Department-provided format, that includes:
 - a. The name and address of the governmental agency;
 - b. The information required in subsection (C)(1)(d) and (e);
 - c. The name of and contact information for the governmental agency's designee for the request, which includes a telephone number or an 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 dated signature of the governmental agency's designee, accompanied by a copy of the designee's identification badge from the governmental agency verifying that the designee is an employee of the governmental agency; 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.

R9-19-316. 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) or (D), 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 includes a telephone number or an 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(C)(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 includes a telephone number or an 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(C)(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 either:
 - a. 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 parent's name is included in the deceased individual's registered birth record or registered death record, the deceased individual's parent; or
 - b. For births or deaths registered in Arizona, information about the person or a related person whose birth or death was registered in Arizona, such as the person's name, date of birth, or parent's name and date of birth or date of death, that would enable the Department to locate the person's or related 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.
- D. 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 noncertified copy of the deceased individual's certificate of death registration 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, on the governmental agency's letterhead paper or in a Department-provided format, that includes:
 - a. The name and address of the governmental agency;
 - b. The information required in R9-19-315(C)(1)(d) and (e);
 - c. The name of and contact information for the governmental agency's designee for the request, which includes a telephone number or an 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 noncertified copy of the individual's certificate of death registration; and
 - f. The dated signature of the governmental agency's designee, accompanied by a copy of the designee's identification badge from the governmental agency verifying that the designee is an employee of the governmental agency; 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 deceased individual's certificate of death registration.

R9-19-317. 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(B)(1).
- B. A certificate of birth resulting in stillbirth contains, as available, the information specified in R9-19-305(B)(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 includes a telephone number or an 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.