

2015 Regional Meeting

'Building Bridges'





SECURITY ! SECURITY! SECURITY!!



**PLEASE SIGN THE 2015 -2016
CONFIDENTIALITY AGREEMENT FORM
FOR ACCESS**

**NO CURRENT SIGNATURE
NO ACCESS**

**Dr. Bill Callaghan, Division of Reproductive Health,
Centers for Disease Control and Prevention**

“The focus of healthcare for women and infants over the next century depends on the quality of data collected by those who fill out birth certificates.”

WHAT'S NEW?



- New Parental Worksheets
- NCHS/CDC News
- Rewrite of Uintah and Rose



SUPREME COURT DECISION

**WHY DID THE BIRTH
CERTIFICATE
DOCUMENTS CHANGE?**

MARRIED OPPOSITE-SEX COUPLE

- Bio mother and bio father through sexual intercourse
- Mother and father through assisted reproduction (mother carries child)
 - Mother's eggs, father's sperm
 - Mother's eggs, donor sperm
 - Donor eggs, father's sperm
 - Donor eggs, donor sperm
- Mother and father through gestational carrier (third party carries child)
 - Mother's eggs, father's sperm
 - Mother's eggs, donor sperm
 - Donor eggs, father's sperm
 - *Neither gestational carrier's eggs or gestational carrier's husband's sperm can be used
- Bio mother and non-husband through sexual intercourse
- Mother and father adopt child –
- Mother or father completes a step-parent adoption

MARRIED SAME-SEX FEMALE COUPLE

- Mother gives birth through assisted reproduction
 - Mother's eggs, donor sperm
 - Partner's eggs, donor sperm
 - Donor eggs, donor sperm
- Mother and partner through gestational carrier
 - Mother's eggs, donor sperm
 - Partner's eggs, donor sperm
 - *Neither gestational carrier's eggs or gestational carrier's husband's sperm
- Bio mother through sexual intercourse with male aid
- Mother and partner adopt child
- Mother or partner completes a step-parent adoption
- Adjudication by court

MARRIED SAME-SEX MALE COUPLE

- Father and partner through gestational carrier (must use assisted reproductive technology)
 - Father's sperm, donor eggs
 - Partner's sperm, donor eggs
- Father through sexual intercourse with female
- Father and partner adopt child
- Father or partner completes a step-parent adoption
- Adjudication by court

UNMARRIED FEMALE

- Mother through sexual intercourse
- Mother through assisted reproduction (not fall under A.R. statute because she is not married)
- Mother adopts child
- Adjudication by court

GESTATIONAL CARRIER DELIVER RULES

- Intended parents are the parents – one or both must be biologically related to the baby
- Requires a Utah validated gestational agreement for registration
- Legal fields are for the intended parents
- Pregnancy Outcome and other medical fields are for the gestational carrier
 - Height, weights, pregnancy outcomes, risk factors etc
- Do not mark infertility fields
- Gestational carrier date of birth and age needs to be added to the confidential notes field

GESTATIONAL CARRIER DELIVERIES TELL VITAL RECORDS HERE

INFERTILITY INFORMATION / MEDICAL RISK FACTORS

Did You Take Any Fertility Drugs or Receive Any Medical Procedures to Help You Get Pregnant With Your New Baby? Yes No

If Yes to Above, How Long Had You Been Trying to Get Pregnant Before You Took Any Fertility Drugs? ?

0 - 5 Months 6 - 11 Months 1 - 2 Years 3 - 4 Years 5 - 6 Years > 6 Years

Did You Use Any of the Following Fertility Treatments? **(PLEASE CHECK ALL THAT APPLY)** ?

- Fertility-Enhancing Drugs
- Artificial Insemination or Intrauterine Insemination
- Assisted Reproductive Technology
- Other Medical Treatment Specify
- None of the Above

Medical Risk Factors

- No Risk Factors Unknown Risk Factors
- Chronic Renal Disease ? Cystitis ?
- Hyperthyroid ? Hypothyroid ?
- Rheumatoid Arthritis ? Sjogrens Syndrome ?
- Gestational Carrier Delivery ?
- Lupus ?
- Antiphospholipid Syndrome ?



NEW PARENTAL WORKSHEET – PARENT1

Status of Parent 1 - This box is to be completed for the person who has given birth to this child or is one of the intended parents as provided for in a gestational surrogacy agreement validated by a Utah court order.

On my child's birth certificate I wish to be known as the Mother Father Parent, if 'Parent' is selected please indicate your sex
 Female Male

Yes No I gave birth to my child.

Check only ONE of the statements below.

- "Yes", I am still/have been married to my spouse, who is a parent of my **newborn** any time within 300 days of the date of this delivery.
- "No", I am not/was not OR am now divorced from the **BIOLOGICAL FATHER** or **ANY OTHER MAN** at any time during the 300 days preceding this delivery. If 'No' not married, we wish to sign a Voluntary Declaration of Paternity so that my child's father may be listed on the birth certificate. Yes No
- "Yes", I am still/have been married to my husband, **BUT NOT** to the biological father of my **newborn** any time within 300 days of the date of this delivery. If 'Yes' **BUT NOT** to biological father of this child, we wish to sign a Voluntary Declaration of Paternity so that my child's father may be listed on the birth certificate. Yes No If 'Yes' legal husband will be required to sign the Voluntary Declaration of Paternity form or a final decree of divorce which excludes ex-husband as the father of this child and the form will need to be reviewed by the Office of Vital Records and Statistics to add biological father.

New 2016 Will be out In December – Don't get carried away printing the current one!

NEW PARENTAL WORKSHEET – PARENT2

Parent 2 Current Legal Name at This Child's Birth (Do not list a name prior to first marriage (maiden) in middle name fields) *(Print using upper & lower case characters and spacing where needed.)*

Parent 2 First Name(s) _____ Parent 2 Middle Name(s) at birth _____

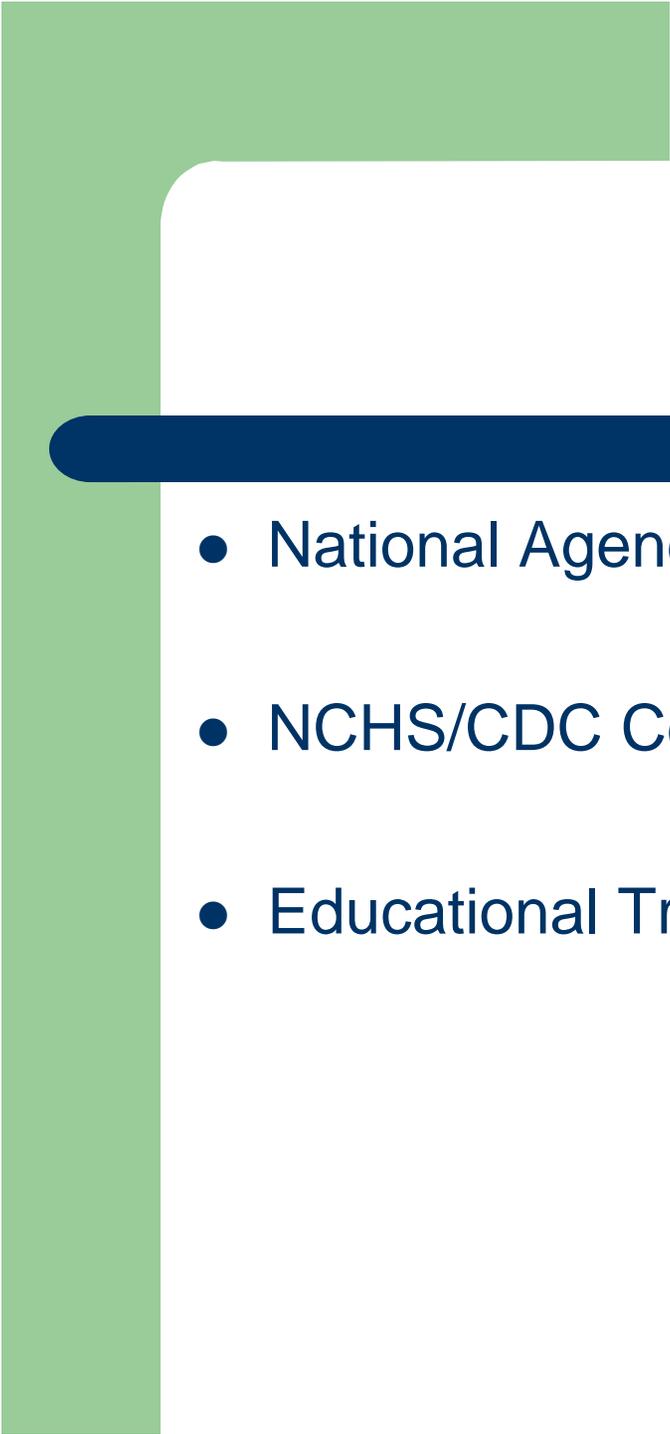
Parent 2 Last Name(s) _____ Parent 2 Suffix _____ (Jr, Sr, etc)

24. Parent 2 Name Prior to First Marriage (Maiden if applicable) (Do not list a maiden name in middle name fields)

Parent 2 First Name(s) _____ Parent 2 Middle Name(s) at birth _____

Parent 2 Last Name(s) _____ Parent 2 Suffix _____ (Jr, Sr, etc)

Enter Parent2 information in twice. Use the 'Same' function to do this.



NCHS/CDC

- National Agenda to Improve Birth and Fetal Death Data
- NCHS/CDC Contacts – Timeliness and Accuracy
- Educational Training for Birth Clerks

OUT WITH THE OLD AT NCHS/CDC

- Cervical Cerclage
- Unplanned Operating Procedure
- Significant Birth Injury
- Meconium
- Fetal Intolerance to Labor
- Precipitous labor
- Prolonged labor
- Premature Rupture of Membranes
- Tocolysis
- Mother Ever Married
- Previous Other Pregnancies Poor for Outcome – Utah keeping

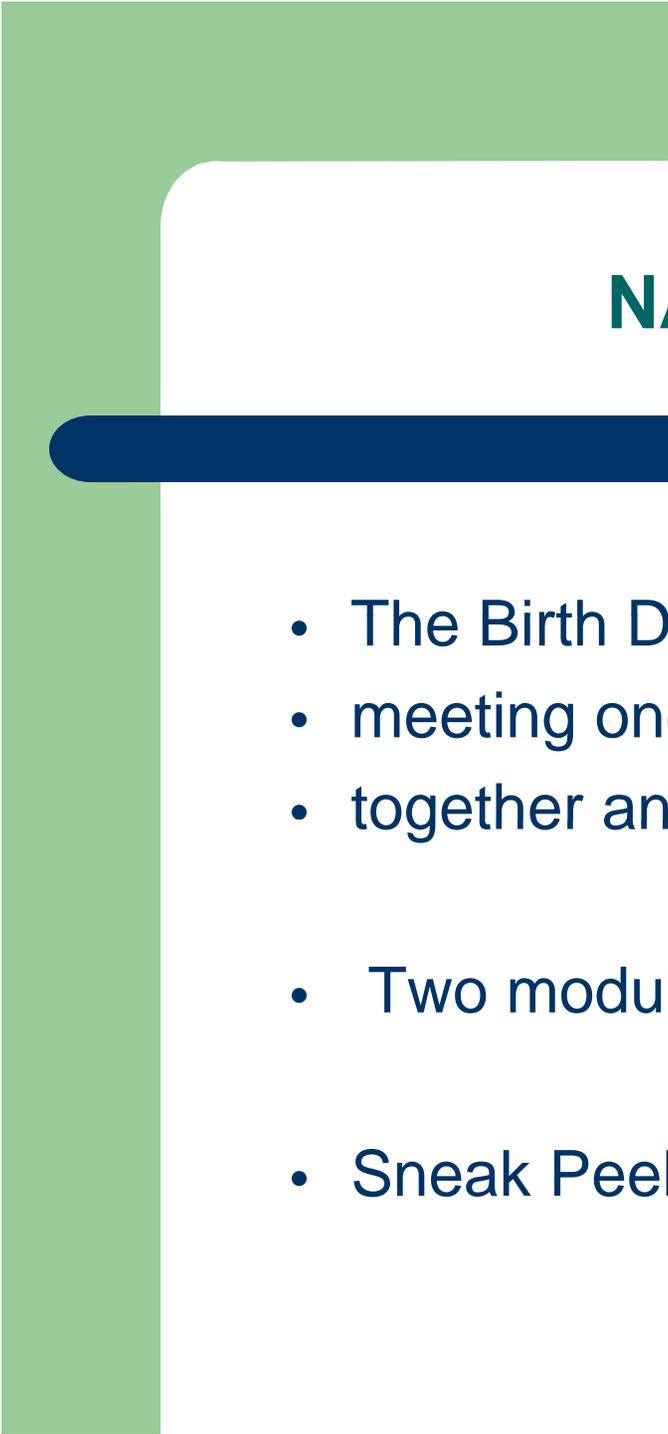
Total of 11 fields!!!

More education for health care providers – ACOG/OBGYN'S

CURRENT AND RELEVANT DATA

ALL STATES AND TERRITORIES CONTRACTS WITH NCHS/CDC

- Requires state and territories to provide data in a timely manner
- Requires accountability for accuracy – new data quality reports
- CDC uses data for policy making decisions for public health programs – care and funding issues
- Stakeholders required to provide data quarterly



NATIONAL TRAINING



- The Birth Data Quality Work Group has been
- meeting once a month via conference calls to put
- together an educational training video

- Two modules built – more to come

- Sneak Peek Coming Soon

OVRS ADVISORY COMMITTEE WORK

- Reviewed all fields
- Reviewed what currently works
- Made recommendations - what does not work
- Make recommendations for modifications
- Made recommendations for new functions

**BIG THANKS TO ALL ADVISORY
COMMITTEE MEMBERS**

NEW UINTAH AND ROSE

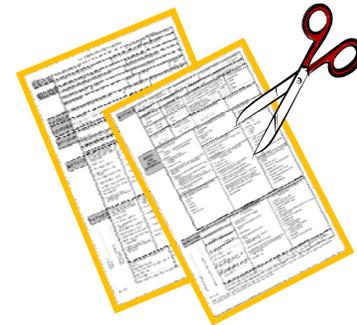
- New programming language will allow end users to access programs with ANY device
- Single login for both applications
- Add new functionality
- Add new fields
- Modify old fields
- Delete fields – no longer supported by OVRS or CDC

UINTAH AND ROSE FIELDS TO MODIFY

- Asthma
- Mental Disorders
- Illicit Drug Use
- Hyperthyroidism
- Genital Herpes
- Home Birth Transfer
- Congenital Anomalies - TBA

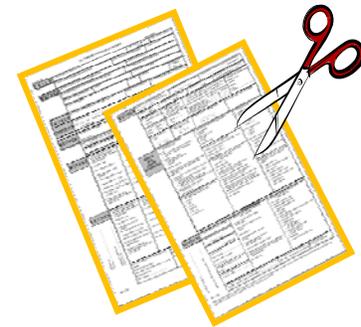
UINTAH AND ROSE FIELDS TO DELETE

- Chronic Renal Dx
- Cystitis
- Heart Dx
- Lupus
- Rheumatoid Arthritis
- Sjorgens Syndrome
- Antiphospholipid Syndrome
- Date of Last Prenatal Care Visit **Total = 8**



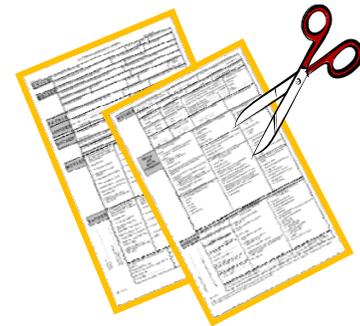
MORE

- Transfer of Prenatal Care Dates and Visits
 - Previous Terminations – 00-19
 - Bacterial Vaginosis
 - HPV
 - Listeria
 - Rubella
 - Toxoplasmosis
 - UTI
 - Pyelonephritis
- Total = 11**



AND MORE

- Amniocentesis
- Chorionic Villus Sampling
- Cervical Ripening
- *Cervical Cerclage
- External Cephalic Version
- *Tocolysis
- *Premature Rupture of Membranes
- *Precipitous Labor
- *Prolonged Labor
- *Meconium



Total = 10

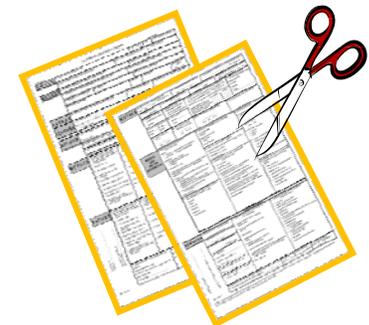
AND MORE

- *Fetal Intolerance to Labor
- Placenta Previa
- True Knot
- Forceps – Mid/Low
- *Unplanned Operation Room Procedure
- Newborn Anemia
- Newborn Meningitis
- RDS
- *Significant Birth Injury

Total = 9

* Deleted NCHS/CDC – field

Grand Total = 38 – so far



NEW UTAH MEDICAL FIELDS TO BE ADDED

- Postpartum Hemorrhage - EBL
- Hearing Screening Results
- Name of funeral home if infant death
- Time of Death

Total = 6 so far

NEW UTAH LEGAL/CONFIDENTIAL FIELDS TO BE ADDED

- Parents Sex
- “Did you give birth to this child?”
- Father Email
- E-Cigarette Use
- 17 P – is a Rx hormone medicine used to lower the risk of preterm births
- **Total = 5**

MODIFY RECORD STATUS BOX

- New
- Edited
- Marked
- 10 Day Counter – show list at login when records is 8 or 9 days old
- Registered
- Amended
- SSA Date Sent
- SSA Card Confirmed
- Amendment Date - Add
- Paternity Date Faxed - Add

ADD PATERNITY TRACKING BOX

Check All That Apply

- Paternity Information Given – Visit to Parents in Room
- VDP Signed by All Parties
- VDP Date Faxed
- Parent1 Signed Only
- Parent2 Signed Only
- Missing Presumed Father, Parent or Legal Guardian Signature
- Parent1 Refused VDP at this time
- Paternity Faxed Date – Add – Record would not be eligible for ‘Mark’ if date not entered
- Parent(s) referred to OVRS – special needs – divorced, widowed, court order paternity, etc.
- Parents to work with ORS or courts for a court order paternity

NEW FUNCTIONS

- Allow users to update confidential and medical info until the record is 'Closed' for the statistical year
- OVRS would flag questionable fields
 - User would review and flag field as verified
 - Flagged fields would show on a 'Data Quality' report at login – printable report, flagged fields would disappear as reviewed and resolved.
 - Include records with missing PRNC info

AND MORE

- Add email table for all providers
- Add email table of county offices
- Create any email link within Uintah and Rose
 - Users would need to create a generic email address for whole location
 - Standard Proof of Birth Letter

AND MORE

- Embed PDF amendment form functionality
- NCHS 'Unknown' Report - List items missing > 5%
 - Facility to State Comparison
 - Year to Date
 - Print Summary List Showing;
 - Improved fields
 - Fields > 5%
 - Fields In 'Danger Range'

SAMPLE REPORT

DATA QUALITY CHART FOR UTAH STATE TOTALS THRU NOVEMBER 2014

	TOTAL	Jan-10	Feb-10	Mar-10	LEGEND		1-5% Unknown		5-15% Unknown		> 15% Unknown		
					Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
BIRTHS BY MONTH - 2014	20,940	1,780	1,726	1,900	1,895	2,018	1,959	1,974	1,945	2,013	1,919	1,811	
BIRTHS BY MONTH - 2013	23,254	1,792	1,764	1,958	2,056	1,982	1,982	2,090	2,052	2,019	1,912	1,840	1,807

MOTHER'S INFORMATION												
	NOV	OCT	SEP	2010	2009		NOV	OCT	SEP	2014	2013	
Birthplace - State	8	7	6	67	104	Mother's Height - Inches	6	5	4	34	61	
Birthplace - Country	6	4	4	37	80	Weight - Prepregnancy	3	6	4	28	49	
Mother's Resident City (FIPS)	15	19	10	151	188	Weight at Delivery	2	4	4	37	88	

FATHER'S INFORMATION - IF MOTHER MARRIED												
	NOV	OCT	SEP	2010	2009		NOV	OCT	SEP	2010	2009	
Birthplace - State	12	7	9	93	119	Birthplace - Country	11	5	6	77	103	

DELIVERY INFORMATION												
	NOV	OCT	SEP	2010	2009		NOV	OCT	SEP	2010	2009	
Child's Sex	0	0	0	0	0	Infant Living	0	0	0	4	9	
Place of Birth	0	0	0	0	1	Forceps Attempted	1	1	2	23	39	
Child's Birth Weight	1	2	0	6	13	Vacuum Attempted	3	7	1	55	72	
Apgar - 5 Minutes	5	9	7	77	119	Fetal Presentation	1	1	0	22	21	
Apgar - 10 Minutes	5	10	7	83	125	Final Route	0	1	0	3	5	
Plurality	0	0	0	0	0	Trial of Labor	1	1	0	15	9	

AND MORE FUNCTIONALITY

Broadcast Reminders

- Monthly Report of Birth and Fetal Death starting day 10 of new month
- All users to create any past monthly reports missing
- Report of Amendment by user location – tracking who, what, when and where – **TRANSPARENCY REQUIRED!!!**
- Ideas on how to improve this functionality??

LEGAL NOTE FIELD WHAT GOES THERE AND WHO USES IT

COMMENTS IN THE LEGAL NOTE FIELD REQUIRES MANUAL INTERVENTION TO REGISTER THE BIRTH CERTIFICATE -

- Notes should pertain to LEGAL concerns - Comments such as;
- FOB Deceased
- VDP faxed 8-27-14
- Mom left without completing the worksheet, etc
- Mom divorced – FOB not husband
- Current boyfriend not FOB per mom – give name of this person

NO MEDICAL OR CONFIDENTIAL COMMENTS HERE!!

PRIVACY PLEASE!

IS IT WORKING???

VITAL RECORDS REQUEST FOR VERIFICATION OR CORRECTION FORM

PURPOSE :

- ESTABLISH A MEANS OF COMMUNICATION WITH OUR PARTNERS AT HOSPITALS AND WITH MIDWIVES
- ALLOW OUR PARTNERS TIME TO RESPOND TO QUERIES FROM VR AND PUT IT IN WRITING
- WHAT TO TELL THE CUSTOMER - 24 BUSINESS HOURS FOR RESPONSES
- IT'S AN EMERGENCY - WHAT CONSTITUTES AN EMERGENCY?
- CONSIDERATION FOR HOSPITAL STAFF AND MIDWIVES
- BE SURE BE CONTACTING OUR PARTNERS THAT THE PARENT(S) HAVE NOT JUST CHANGED THEIR MINDS
- "I realize that that is not what you want on the birth certificate, but that is what was listed on the Parental WS."
 - Tell parents that the hospital cannot act as amendment clerks – don't send them back!!

Amendment - a change made by correction, addition, or deletion

Affidavit - a written sworn statement of fact voluntarily made by an affiant

HEALTH DEPARTMENT REQUEST FOR VERIFICATION/CORRECTION
HOSPITAL WILL RESPOND WITHIN 24 BUSINESS HOURS

STATE FILE NUMBER: _____

DATE OF REQUEST: _____

CHILD'S NAME: _____ CHILD'S DATE OF BIRTH: _____

MOTHER'S NAME: _____ MAIDEN: _____

ITEM(S) ON THIS BIRTH CERTIFICATE IN NEED OF CORRECTION: _____

ITEM CURRENTLY ON BIRTH CERTIFICATE AS: _____

ITEM SHOULD APPEAR AS: _____

ITEM AS IS APPEARS ON PARENTAL WORKS: _____

- CHILD'S NAME MISSING – HOSPITAL PLEASE ADD NAME TO BIRTH CERTIFICATE
- HOSPITAL WILL MAKE CORRECTION – INFORMATION WAS ENTERED WRONG AT HOSPITAL
- PARENT(S) MUST MAKE CORRECTION – INFORMATION WAS ENTERED AS LISTED BY PARENTS
- SEE FAXED COPY OF WORKSHEET PAGE(S)

ELECTRONIC BIRTH AMENDMENT GUIDELINES FOR CORRECTING FACTS OF BIRTH IN UINTAH

- ALL BIRTH CERTIFICATES **PRIOR TO SEPTEMBER 1999**
- CURRENT FORM SHALL BE USED TO CREATE THE AMENDMENT
- VR OFFICE SHALL SEND THE HOSPITAL OR MIDWIFE IN QUESTION A REQUEST FOR VERIFICATION/CORRECTION FORM
- COMPLETED AMENDMENT SHALL BE FAXED WITH A COVERSHEET TO THE ATTENTION OF CAROLYN FOSTER AT 801-536-0497 FOR REGISTRATION

Facts of Birth

1. Child's Sex
2. Child's Date of Birth
3. Place of Birth
4. Time of Birth
5. Child's Birth Weight (lbs/oz only)
6. Delivery Attendant Name/Title

NON-ELECTRONIC AMENDMENTS GUIDELINES FOR ALL HOSPITALS AND MIDWIVES FOR FACTS OF BIRTH

Identity Items

- Child's Fields; First, Middle and Last Name
- Parent1 Fields; First, Middle and Maiden Name ,_Date of Birth, Place of Birth
- Parent2 Fields; First, Middle and Last Name ,_Date of Birth, Place of Birth , Resident Info



NOTE: Place of parent(s) birth may not be changed from a foreign country to a U.S. state unless the place of birth was entered wrong by the user from the parental worksheet.

To correct the foreign country to a U.S. state the parent (s) will need to go to the nearest VR office with a certified copy of their birth certificate as proof of their place of birth and then an amendment may be done.

Hospital can correct their errors during the first calendar year of life – **then it is the parents responsibility**

GUIDELINES TO SPECIAL CHARACTERS

- O'DONNELL OR 'OLI ANTA - SPECIAL CHARACTERS THAT START OR END THE WORD ARE REMOVED DURING SSA PROCESSING
- AS IN JOHNSON-JEPSEN – SPECIAL CHARACTER IS LEFT IN THE SSA REQUEST
- NO INTERNATIONAL CHARACTERS CAN BE SENT TO SSA – PARENTS SHOULD BE REFERRED TO SSA FOR THEIR CHILD'S SSA CARD IF THEY INSIST THAT THE SPECIAL CHARACTERS SHOW ON THE CARD
- LIMITED NUMBER OF SPECIAL CHARACTERS CAN BE INCLUDED IN A STREET ADDRESS - DASHES AND SLASHES – **EXAMPLE - 561 1/2 MAPLE STREET**

CREATE AN AMENDMENT FOR SPECIAL CHARACTERS

2014 00000

STATE CERTIFICATE NUMBER

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	1a. FIRST NAME Dannie		1b. MIDDLE NAME Grace		1c. LAST NAME Sasse	
	2. SEX Female	3. DATE OF BIRTH July 3, 2014		4. PLACE OF OCCURRENCE - City and County Salt Lake, Salt Lake City		HOSPITAL (if applicable) General Hospital
	5. NAME OF FATHER Mike John Sasse			6. MAIDEN NAME OF MOTHER Nina Jane Call		

MAKE NO CORRECTIONS ABOVE THIS LINE

STATEMENT OF AMENDMENTS	7. ITEM NUMBER	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD	8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE
			Child's last name - Sasse
		Father's last name - Sasse	Sassé
WHY IS CHANGE NECESSARY?	9. To add multinational character to the last names.		
PROOFS USED TO AMEND RECORD	10. Hospital records		

- NO SSA CARD S FOR THESE TYPE OF SPECIAL CASES
- LET PARENT(S) KNOW THAT THEY WILL NEED TO PURCHASE A 'FULL" COPY OF THE BIRTH CERTIFICATE AND APPLY FOR THE SSA CARD AT THE NEAREST SSA OFFICE
- IF IT DOES NOT FIT IN THE ELECTRONIC FIELD WHEN THE BIRTH CERTIFICATE IS BEING ENTERED - IT WILL NOT FIT IN THE FIELD WHEN THE AMENDMENT GETS TO VR
- LOCAL VR - YOU WILL SEE A LEGAL NOTE POP UP STATING RECORD MUST BE ISSUED AS A TWO-PAGE CERTIFICATE

MIDWIVES AND LOCAL HEALTH DEPARTMENTS OVR'S NEEDS YOUR HELP

- **If birth attendant is a non-midwife give the customer Debbie's contact information**
- **Refer midwives to Marie - we want them to be Uintah users too!**

➤ *PRENATAL CARE HISTORY*



➤ *RULES & REMINDERS*

➤ REPORTING PRENATAL CARE

- A Prenatal Care Record should be on file for all deliveries if the mother received prenatal care.
- You will need both the first date and the last date of prenatal visits (take the last visit date from the Parental worksheet if the last visit is not on the Prenatal Care Record or you will need to contact the Prenatal Care Provider for an updated Prenatal Care Record or the date of the last visit). You will also need the total number of Prenatal visits.

➤ *PRENATAL CARE RECORD*

➤ *For term deliveries (37 or more weeks of gestation) the prenatal care record should show through the 35th week of care to be considered complete enough to record on the birth certificate. Count one additional visit for each week not shown on the prenatal care record.*

➤ *Prenatal care records ending before the 35th week must be replaced with a more current copy. Contact the prenatal care provider's office to obtain a current copy.*

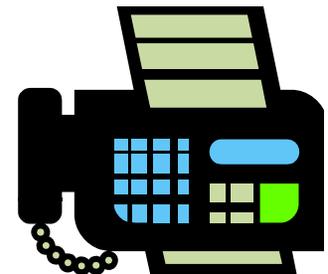
➤ PRENATAL CARE RECORD

- Prenatal Care Records for pre-term (36 weeks or less gestation) deliveries may be recorded as is.
- If mother has had a transfer of prenatal care and both the earlier and current prenatal care record are available refer to both prenatal records to count total number of visits.
- If mother has had a transfer of prenatal care and both the earlier and current prenatal care record are not available, use the care as listed by mother on the Parental Worksheet.

➤ LOOSE FILE SHEET

- If a new copy is not available in time for the completion of the birth certificate enter an asterisk (*) in the field to indicate “Unknown” in the applicable fields.
- Upon receipt of the new prenatal care record use the Loose File Sheet to update the fields originally listed as “Unknown” on the birth certificate.
- Be sure to identify and record any risk factors or antepartum procedures not previously listed on the birth certificate. Fax the Loose File Sheet(s) to (801)536-0468.

**OUR GOAL: NO UNKNOWN
INFORMATION PLEASE!**



➤ MONTHLY REPORT OF BIRTHS

Uintah Menu - Microsoft Internet Explorer

Uintah

Utah Internet Application for Hospitals

Data Entry Search Reports Utilities

All photos courtesy of Mark Jones.

Log

Mess

The newsletter for the month of

- Application for Adoption Registry
- FIPS Codes by State
- Hospital Monthly Report of Births
- Medicaid Report
- Name Update Report
- Paternity Status Report
- Maternal Care Worksheet
- Newborn Care Worksheet
- Parental Worksheet
- Spanish Instructions for Paternity
- Spanish Parental Worksheet
- Report of Birth Form
- Religious Objection Form
- Social Security Contact Information
- Vital News of Record

Check the Newsletter monthly to verify that we have received all of your Monthly Report of Births and your Monthly Report of Fetal Deaths.

Print the Monthly Report of Birth from Uintah-Reports-Hospital Monthly Report of Births. Verify with the Delivery Log Book, sign, date and fax to (801)536-0468 by the tenth day of the month following the month identified on the report.

➤ MONTHLY REPORT OF FETAL DEATHS



Print the Monthly Report of Fetal Deaths from ROSE-Reports-Hospital Monthly Report. Verify with the Delivery Log, sign, date and fax to (801)536-0468 by the tenth day of the month following the month identified on the report. Regardless of whether or not your facility has a fetal death delivery, you must verify with the Delivery Log and send a monthly report.

Report of Induced Terminations

Are **NOT** to be entered into the ROSE program.

Mail completed forms to:
 Office of Vital Records
 Attn: Raycene Eaton
 PO Box 141012
 SLC, UT 84114-1012

STATE OF UTAH DEPARTMENT OF HEALTH REPORT OF INDUCED TERMINATION OF PREGNANCY				CONFIDENTIAL <small>This report will be used for statistical purposes by the Utah Department of Health. It may be used to insure compliance with the provisions of the Utah State Abortion Law. It will be kept Confidential pursuant to Chapter 25, Title 26.</small>	
1. PLACE where termination occurred - hospital or other facility. If not hospital or clinic, enter street address.		1b. CITY		1c. COUNTY	
2. RESIDENCE State _____ County _____ City, Village _____ Zip Code _____		3. PATIENT'S BIRTHDATE Month _____ Year _____		4. MARITAL STATUS 1 <input type="checkbox"/> Never Married 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated	
5. WAS PATIENT OF HISPANIC ORIGIN? 1 <input type="checkbox"/> Yes (If yes, Specify) _____ 2 <input type="checkbox"/> No 1 <input type="checkbox"/> Mexican 2 <input type="checkbox"/> Cuban 3 <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other (Specify) _____		6. RACE 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 9 <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other (Specify) _____		7. EDUCATION (Specify highest grade completed) Elementary/Secondary (0-12) College (13 - 16 or 17+)	
9. PREVIOUS PREGNANCIES (Complete each section)				9. CONTRACEPTIVE HISTORY Has the patient practiced contraception in the past year? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown	
LIVE BIRTHS		OTHER PREGNANCIES		10. METHODS (If "yes" to no. 9, what method(s) used?) 0 <input type="checkbox"/> Oral (pill) 5 <input type="checkbox"/> Surgical Sterilization 1 <input type="checkbox"/> Diaphragm 6 <input type="checkbox"/> Rhythm 2 <input type="checkbox"/> Foam Jelly 7 <input type="checkbox"/> Coitus Interruptus (Withdrawal) 3 <input type="checkbox"/> Condom 8 <input type="checkbox"/> Depo Provera 4 <input type="checkbox"/> IUD 9 <input type="checkbox"/> Other (Specify) _____	
8a. Now Living Number _____ None <input type="checkbox"/>	8b. Now Dead Number _____ None <input type="checkbox"/>	8c. Spontaneous Terminations Number _____ None <input type="checkbox"/>	8d. Induced Terminations Number _____ None <input type="checkbox"/>	11. If "Yes" to no. 9, did the pregnancy follow from temporarily omitting the method of contraception? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown If "Yes", which method? _____	
12. ANTI-RH IMMUNE globulin indicated 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown		12. ANTI-RH IMMUNE globulin given 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Patient Refused		13. EVIDENCE OF PREVIOUS ATTEMPT TO TERMINATE THIS PREGNANCY 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown	
14. DATE OF TERMINATION Month _____ Day _____ Year _____		15. FIRST DAY OF LAST MENSTRUAL PERIOD Month _____ Day _____ Year _____		16. CLINICAL ESTIMATE OF GESTATION (weeks) _____	
17a. PROCEDURE THAT TERMINATED PREGNANCY (Check only one) 1 <input type="checkbox"/> Suction Curettage 2 <input type="checkbox"/> Sharp Curettage (D & C) 3 <input type="checkbox"/> Dilatation & Evacuation (D & E) 4 <input type="checkbox"/> Medical (Nonsurgical), Specify Medication(s) _____ 5 <input type="checkbox"/> Intra-Uterine Instillation (Saline or Prostaglandin) _____ 6 <input type="checkbox"/> Hysterotomy/Hysterectomy 7 <input type="checkbox"/> Other (Specify) _____		17b. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY (Check all that apply) 1 <input type="checkbox"/> Maternal Life Endangered 2 <input type="checkbox"/> Therapeutic 3 <input type="checkbox"/> Fetal Malformation 4 <input type="checkbox"/> HIV Positive 5 <input type="checkbox"/> Rape 6 <input type="checkbox"/> Incest 7 <input type="checkbox"/> Elective 8 <input type="checkbox"/> Other		19. REASON FOR TERMINATION	
20. COMPLICATIONS (Check all that apply) 0 <input type="checkbox"/> None 1 <input type="checkbox"/> Hemorrhage 2 <input type="checkbox"/> Perforation of Uterus 3 <input type="checkbox"/> Cervical Laceration 4 <input type="checkbox"/> Infection 5 <input type="checkbox"/> Anesthetic 6 <input type="checkbox"/> Retained Products 7 <input type="checkbox"/> Death 8 <input type="checkbox"/> Other, Specify: _____		21. HOSPITALIZATION REQUIRED AS A RESULT OF COMPLICATIONS 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If "Yes", Name of Hospital: _____ Admission Date: _____ / _____ / _____			
22. WAS THE FETUS CAPABLE OF SURVIVAL OUTSIDE THE UTERUS? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown		Subscribed & Sworn to before me this _____ day of _____ 20____ Notary Public _____			
23. I hereby certify that the required consent was voluntarily obtained as provided in Section 78-7-305, Utah Code Annotated, 1953 as Amended.		S E A L			
24. SIGNATURE OF PHYSICIAN		25. NAME OF PHYSICIAN (Print or Type)		26. DATE	

(COMPLETE REVERSE SIDE ALSO)

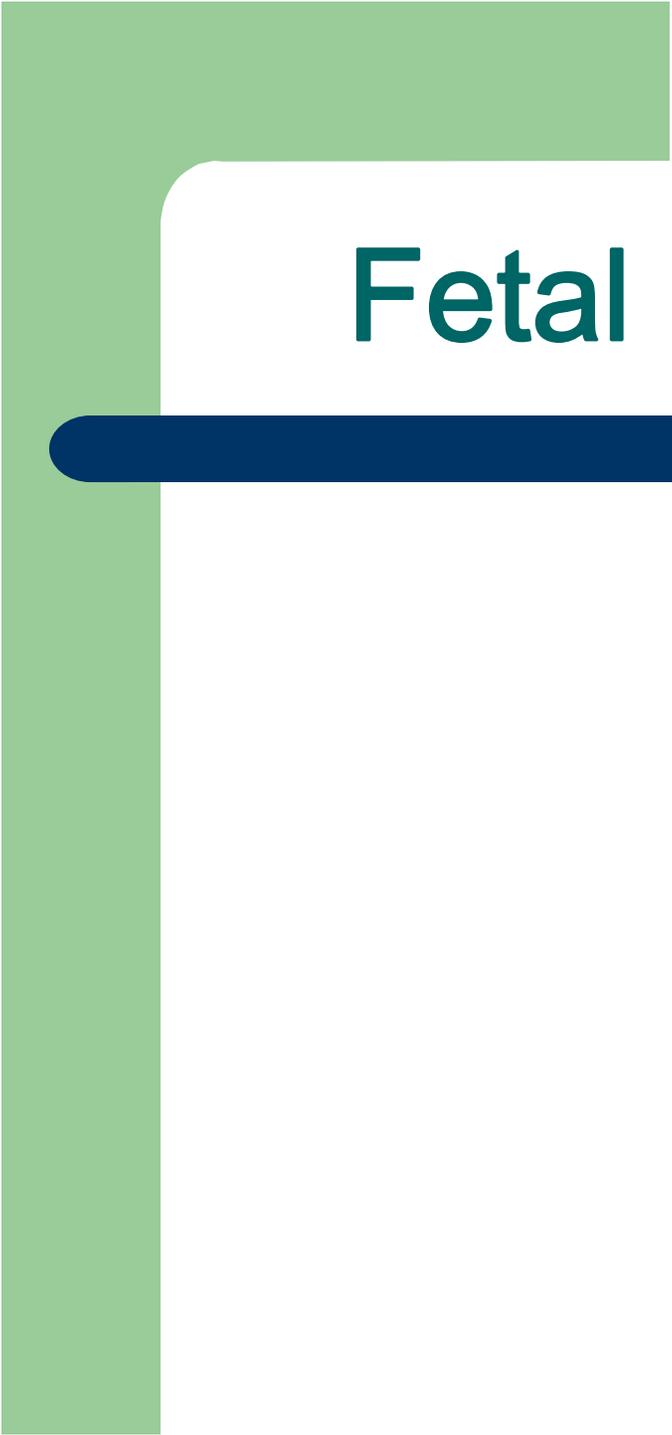
CONFIDENTIAL

➤ GOLD STAR CLUB

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by sending all of
your reports timely!*



**FAX MONTHLY REPORTS TO
(801)536-0468**



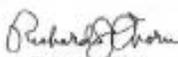
Fetal Death Overview



Early Term Stillbirth

Policy:

An Early Term Stillbirth Certificate may be issued to parents upon request, if the gestation is of at least 16 weeks gestation but less than 20 weeks gestation, calculated from the day on which the mother's last normal menstrual period began to the date of delivery.

UTAH DEPARTMENT OF HEALTH OFFICE OF VITAL RECORDS AND STATISTICS	
CERTIFICATE OF EARLY TERM STILLBIRTH	
Angel Smith	
Sex of Child: Female	Delivery Date: May 12, 2015
City of Delivery: Salt Lake City	County of Delivery: Salt Lake
Delivery Time: 00:01	Delivery Location: General Hospital
Gestational Age: 17 Weeks	
Delivery Attendant: Dr Robert Jones	Title: MD
Suzie Smith Mother's Maiden Name	
Mother's Date of Birth: January 1, 1991	Mother's Place of Birth: Utah
Resident City: Salt Lake City	Resident State/Country: Salt Lake
Dan Smith Father's Name	
Father's Date of Birth: March 4, 1982	Father's Place of Birth: Utah
Date of Registration: May 15, 2015	State File Number: 20150001
Date Issued: May 15, 2015	
 Richard J. Osborn State Registrar	

Fetal Death Notification Policy:

Hospital shall notify funeral home within 24 hours of delivery of a fetal death with a FUNERAL HOME NOTIFICATION OF FETAL DEATH (Stillbirth) form.

Procedure for all fetal death notifications:

- a) Hospital shall fax the completed Funeral Home Notification of Fetal Death form within 24 hours of delivery to the funeral home.
- b) Hospital shall enter the fetal death certificate information into ROSE within 5 days of delivery. This process shall include the editing and marking of the electronic record for registration purposes.
- c) Upon completing Step B the hospital shall immediately with cover sheet, fax the completed Certification for Cause of Fetal Death form to **801-536-0499**. If a Voluntary Declaration of Paternity has been signed the completed Voluntary Declaration of Paternity form shall accompany the faxed Certification for Cause of Fetal Death form.
- d) The funeral home shall complete the disposition section of the Funeral Home Notification of Fetal Death and fax the completed form back to the hospital designated representative within 24 hours for receipt.

NOTIFICATION MANDATORY



Infant Death Notification Policy:

Hospital of a live birth shall notify funeral home within 24 hours of death of a newborn with a HOSPITAL REPORT OF INFANT DEATH TO FUNERAL HOME form and a copy of the Birth Information Sheet (BIS).

Procedure for all Infant Death Notifications:

- a) Hospital shall fax a completed Hospital Report of Infant Death form and a copy of the BIS within 24 hours of death to the funeral home.

- b) Hospital shall enter the name of the mortuary and mortuary contact if available in the Medical Notes section located at the bottom of the Newborn Medical Screen in Uintah.
Vital Records shall enter the state file number of the death certificate in the birth certificate during the infant death matching process.

NOTIFICATION MANDATORY

FUNERAL HOME NOTIFICATION OF Fetal Death (Stillbirth)

This form shall serve as official notification to funeral home that the remains picked up by funeral home are of a fetal death delivered at the hospital listed below

Hospital shall prepare stillbirth certificate.

Funeral home shall fax completed form back to birth clerk listed below

Child's First Name as listed on birth worksheet _____

Child's Middle Name as listed on birth worksheet _____

Child's Last Name(s) as listed on the birth worksheet _____

Date of Delivery _____ Time of Delivery ____:____ AM PM

Gestational Weeks at Delivery: _____

1 Minute APGAR Score ____ 5 Minute APGAR Score ____ 10 Minute APGAR Score ____

No Signs of life recorded any where in the medical record after baby delivered.

Mother's Name: _____ Father's Name _____

THIS SECTION TO BE COMPLETED BY FUNERAL HOME AND FAXED BACK TO HOSPITAL ASAP

METHOD OF DISPOSITION: Burial Cremation Donation

Removal from State (permit required for removal of remains) Other (Specify) _____

FUNERAL HOME IN CHARGE OF DISPOSITION: _____

CITY AND STATE OF FUNERAL IN CHARGE OF DISPOSITION: _____

PLACE OF DISPOSITION (Name of Cemetery, Crematory): _____

DATE OF DISPOSITION (Month, Day, Year): _____

PERSON RESPONSIBLE FOR DISPOSITION: _____

State Statute 26-2-2 Definitions

(2) "Dead fetus" means a product of human conception

(a) of 20 weeks' gestation or more, calculated from the date the last normal menstrual period began to the date of delivery; and

(b) that was not born alive

Hospital Contact:

Name:

Phone:

Fax:

Email:

HOSPITAL REPORT OF INFANT DEATH TO FUNERAL HOME

This form shall serve as official notification to funeral home that the remains picked up by funeral home are of a live birth delivered at the hospital listed below.

Funeral home shall prepare the death certificate.

Child's First Name (as listed on birth worksheet) _____

Child's Middle Name (as listed on birth worksheet) _____

Child's Last Name(s) (as listed on the birth worksheet) _____

Date of Birth _____ Time of Birth ____:____ AM PM

Date of Death _____ Time of Death ____:____ AM PM

Gestational Weeks at Delivery: _____

1 Minute APGAR Score ____ 5 Minute APGAR Score ____ 10 Minute APGAR Score ____

Yes, signs of life were recorded in the medical record at delivery. This child shall be considered a live birth.

Mother's Name: _____ Father's Name _____

State Statute 26-2-2 Definitions

(9) "Live birth" means the birth of a child who shows evidence of life after it is entirely outside of the mother.

(No gestational week requirement)

Hospital Contact:

Name:

Phone:

Fax:

Email:

Please
complete
the top of
form

STATE OF UTAH - DEPARTMENT OF HEALTH
 CERTIFICATION FOR CAUSE OF FETAL DEATH
 TO BE COMPLETED BY BIRTH ATTENDANT

NAME OF MOTHER: _____
 FIRST _____ MIDDLE _____ LAST _____
 TIME OF DELIVERY (24 hr): _____ SEX (M/F): _____ DATE OF DELIVERY (Mo/D/YY): _____
 PLACE OF DELIVERY (if not hospital, give street address): _____

CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH

INITIATING (UNDERLYING) CAUSE/CONDITION
 (AMONG THE CHOICES BELOW, PLEASE SELECT THE **ONE** WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)

Maximal Conditions/Disease (Specify): _____
 Complications of Placenta, Cord or Membranes
 Placental abruption
 Placental insufficiency
 Prolapsed cord
 Oligoamnionitis
 Other (Specify): _____

Other Obstetrical or Pregnancy Complications (Specify): _____
 Fetal Anomaly (Specify): _____
 Fetal Injury (Specify): _____
 Fetal Infection (Specify): _____
 Other Fetal Condition/Disorder (Specify): _____
 Unknown

OTHER SIGNIFICANT CAUSES OR CONDITIONS
 (SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH)

Maximal Conditions/Disease (Specify): _____
 Complications of Placenta, Cord or Membranes
 Rupture of membranes prior to onset of labor
 Amniotic embolus
 Dysmaturational hemorrhage
 Prolapsed cord
 Chorioamnionitis
 Other (Specify): _____

Other Obstetrical or Pregnancy Complications (Specify): _____
 Fetal Anomaly (Specify): _____
 Fetal Injury (Specify): _____
 Fetal Infection (Specify): _____
 Other Fetal Condition/Disorder (Specify): _____
 Unknown

ESTIMATED TIME OF FETAL DEATH Antepartum fetal death Unknown time of fetal death

Intrapartum fetal death

WAS AN AUTOPSY TO BE PERFORMED? Yes No Planned

WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED? Yes No Planned

WAS AUTOPSY OR HISTOLOGICAL PLACENTAL EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH? Yes No

FETAL X-RAY/TYPING PLANNED? Yes No Planned RESULT (Specify): _____

OTHER SCIENTIFIC WORK-UP (such as, toxicology, etc.) Yes No Planned RESULT (Specify): _____

ATTENDANT SIGNATURE

I CERTIFY that the facts reported above were verified in the presence of the mother on the date stated above and if not then in accordance with the best of my knowledge and belief at the time.

[Signature] Date: 9-8-2011
 Delivery Attendant Signature Title

FOR VITAL RECORDS USE ONLY IYRS 5-04

Name of Child (if given): _____
 Registrar's Signature: _____ Date Filled by Registrar: _____
 Place of Disposition: _____ Date of Disposition: _____

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATION FOR CAUSE OF FETAL DEATH
TO BE COMPLETED BY UTAH LICENSED PHYSICIAN

State File # _____

NAME OF MOTHER _____

TIME OF DELIVERY (24 hr) 9/7/13 1848 FIRST MIDDLE LAST
SEX (M/F/Unk) M DATE OF DELIVERY (Mo/ Day/ Yr) 09/07/2013

Gestational Weeks 37 wks (Clinical estimate of gestational weeks based on a known LMP date or as determined by clinical exam or ultrasound findings)

PLACE OF DELIVERY (if not hospital, give street address) St. Mark's Hosp.

CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH

INITIATING (UNDERLYING) CAUSE/CONDITION

(AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)

- Maternal Conditions/Diseases (Specify) _____
- Complications of Placenta, Cord or Membranes
 - Rupture of membranes prior to onset of labor
 - Abruptio placenta
 - Placental insufficiency
 - Prolapsed cord
 - Chorioamnionitis
 - Other (Specify) Tape knot in umbilical cord
- Other Obstetrical or Pregnancy Complications (Specify) _____
- Fetal Anomaly (Specify) _____
- Fetal Injury (Specify) _____

KOVACEVIC, MILENA
 11187916 Inpatient W.LD14A
 9/08/13 Alan T Rappleye, Md
 9/28/1978 (34 yrs) female MRN:1000877714



Please, Do not send the Fetal Cause of Death form with the patient's ID on it – this is a HIPA violation – you may either carefully remove the sticker or have the doctor complete the form again.

IT MATTERS! The cause of death form should be professional completed with no stains, labels, scribbles or other errors that make it unclear what the cause of the fetal death is according to the attendant.

What's Wrong with this Cause of Death Form?

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATION FOR CAUSE OF FETAL DEATH
TO BE COMPLETED BY UTAH LICENSED PHYSICIAN

State File # 2014002

NAME OF MOTHER _____ FIRST _____ MIDDLE _____ LAST _____
 TIME OF DELIVERY (24 hr) 1942 SEX (M/F/Unk) Male DATE OF DELIVERY (Mo/ Day/ Yr) 01 / 19
 Gestational Weeks _____ (Clinical estimate of gestational weeks based on a known LMP date). If no known LMP date or an unsure date of LMP then as determined by clinical exam or ultrasound findings.)
 PLACE OF DELIVERY (if not hospital, give street address) _____

CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH

INITIATING (UNDERLYING) CAUSE/CONDITION
 (AMONG THE CHOICES BELOW, PLEASE SELECT THE **ONE** WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)

Maternal Conditions/Diseases (Specify) cervical insufficiency

Rupture of membranes prior to onset of labor

Abruptio placenta

Placental Insufficiency

Prolapsed cord

Chorioamnionitis

Other Complications of Placenta, Cord or Membranes (Specify) _____

Other Obstetrical or Pregnancy Complications (Specify) PPROM

Fetal Anomaly (Specify) _____

Fetal Injury (Specify) _____

Fetal Infection (Specify) _____

Other Fetal Conditions/Disorders (Specify) _____

Unknown

OTHER SIGNIFICANT CAUSES OR CONDITIONS
 (SELECT OR SPECIFY **ALL** OTHER CONDITIONS CONTRIBUTING TO DEATH)

Maternal Conditions/Diseases (Specify) _____

Rupture of membranes prior to onset of labor

Abruptio placenta

Placental Insufficiency

Prolapsed cord

Chorioamnionitis

Other Complications of Placenta, Cord or Membranes (Specify) _____

Other Obstetrical or Pregnancy Complications (Specify) _____

Fetal Anomaly (Specify) _____

Fetal Injury (Specify) _____

Fetal Infection (Specify) _____

Other Fetal Conditions/Disorders (Specify) _____

Unknown

ESTIMATED TIME OF FETAL DEATH

Intrapartum fetal death

Antepartum fetal death

Unknown time of fetal death

WAS AN AUTOPSY TO BE PERFORMED? Yes No Planned

WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED? Yes No Planned

WERE AUTOPSY OR HISTOLOGICAL PLACENTAL EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH? Yes No

FETAL KARYOTYPING PLANNED? Yes No Planned RESULT (Specify) _____

OTHER STILLBIRTH WORK-UP (such as, labs, cultures, etc.) Yes No Planned RESULT (Specify) _____

ATTENDANT SIGNATURE
 I CERTIFY that the fetus identified above was delivered at the place and time and on the date stated above and did not show evidence of life, and to the best of my knowledge died from the cause stated.

PATERNITY RULES

- Determine mother's marital status
- Determine if **ALL** parties are available for signing
- Provide parents with **BOTH** the ORAL AND WRITTEN PRESENTATIONS to "What You Should Know"
- Parents can **ONLY** sign VDP if they have taken care of the oral and written responsibilities
- If NO oral and written done by parents – no signing
- If your VDP's are signed after hours – the rules still apply
- Make reasonable accommodations for parents to sign the VDP

PLEASE only
Use pink & blue
BIC BRITE
liner brand
highlighters.
This is a pink
highlighter.

Utah Department of Health
VOLUNTARY DECLARATION OF PATERNITY BY PARENTS

STATE FILE NUMBER _____

T-CER# NUMBER _____

PURPOSE: Eligible parents may use this document to legally declare the paternity of their child without obtaining a court order.

BIRTH MOTHER STATEMENTS:

I have been provided with verbal notice (recorded phone message or video) and I have received and read the written notice titled "Voluntary Declaration of Paternity: What You Should Know".

I am and have not been married to any man at the time of this child's birth in the 300 days preceding the birth.

I believe that the individual below is the biological father of this child.

No other man has been declared to be the father of this child in an order or by a separate declaration of paternity.

I understand that I am obligated to provide financial and medical support for this child.

BIOLOGICAL FATHER STATEMENTS:

I have been provided with verbal notice (recorded phone message or video) and I have received and read the written notice titled "Voluntary Declaration of Paternity: What You Should Know".

I believe that I am the biological father of this child.

To the best of my knowledge, no other man has been declared to be the father of this child in an order or by a separate declaration of paternity.

I understand that I will be obligated to provide financial and medical support for this child.

I have the birth mother, child, and living natural father authorized to genetically test? Yes No
If yes, are the results consistent with the biological father's declaration of paternity? Yes No

NOTICE: THIS IS A LEGALLY BINDING DOCUMENT. Any person who knowingly signs this form and falsely attests to legal parenthood of the child or furnishes false or fraudulent information on this form may be subject to civil and criminal penalties. By signing this form, you agree to accept all legal obligations and responsibilities for the named child. After this declaration is filed, parental information cannot be changed again except by court order or stipulation of paternity or modification.

Birth Mother's Signature: _____ Birth Father's Signature: _____

IF EITHER PARENT IS UNDER THE AGE OF 18, THIS FORM MUST ALSO BE SIGNED BY EITHER PARENT'S
CHILD OR LEGAL GUARDIAN IN THE APPROPRIATE SECTION ON THE SECOND PAGE.

INFORMATIONAL QUESTIONS:

1. CHILD'S NAME (First, Middle, Last) _____

2. SEX _____ 3. DATE OF BIRTH _____ 4. PLACE OF BIRTH (City and County) _____ 5. FACILITY NAME (For an institution, give street and number) _____

6. NAME OF MOTHER (First, Middle, Last) _____

7. MOTHER AKA OF BIRTH _____ 8. BIRTH STATE OF MOTHER (State or Foreign Country) _____ 9. MOTHER LAST NAME OF MOTHER _____

10. NAME OF BIOLOGICAL FATHER (First, Middle, Last) _____

11. BIOLOGICAL FATHER'S DAY OF BIRTH _____ 12. BIRTH PLACE OF BIOLOGICAL FATHER (State or Foreign Country) _____

13. CHILD KNOWN AS (First, Middle, Last Name) _____

MOTHER'S DECLARATION:

I affirm, under penalty of perjury, that I am the person named above; that I am the birth mother of the listed child; that the man named as father is the biological father of this child; that I have read the notice and statements above; that I have been provided, verbally and in writing, with the legal consequences of and the alternatives to signing this declaration; and that I have provided this information voluntarily for the purposes stated above.

14. SIGNATURE OF MOTHER (Sign ONLY in the presence of two witnesses) _____

15. COMPLETE ADDRESS OF MOTHER (Please Print Clearly) _____

16. DATE SIGNED _____ 17. SOCIAL SECURITY NUMBER _____

18. SIGNATURE OF FIRST WITNESS (Must be a legal adult and not related by blood or marriage) _____

19. SIGNATURE OF SECOND WITNESS (Must be a legal adult and not related by blood or marriage) _____

20. PRINTED NAME OF WITNESS _____ 21. PRINTED NAME OF WITNESS _____

BIOLOGICAL FATHER'S DECLARATION:

I affirm, under penalty of perjury, that I am the person named above; that I am the biological father of the listed child conceived with the birth mother; that I have read the notice and statements above; that I have been provided, verbally and in writing, with the legal consequences of and the alternatives to signing this declaration; and that I have provided this information voluntarily for the purposes stated above.

22. SIGNATURE OF BIOLOGICAL FATHER (Sign ONLY in the presence of two witnesses) _____

23. COMPLETE ADDRESS OF BIOLOGICAL FATHER (Please Print Clearly) _____

24. DATE SIGNED _____ 25. SOCIAL SECURITY NUMBER _____

26. SIGNATURE OF FIRST WITNESS (Must be a legal adult and not related by blood or marriage) _____

27. SIGNATURE OF SECOND WITNESS (Must be a legal adult and not related by blood or marriage) _____

28. PRINTED NAME OF WITNESS _____ 29. PRINTED NAME OF WITNESS _____

30. DATE AFFIRMED _____ 31. OFFICE OF THE STATE OR LOCAL REGISTRAR _____

UD0110VR846A REV. 02/07

Utah Department of Health
VOLUNTARY DECLARATION OF PATERNITY BY PARENTS

STATE FILE NUMBER

PURPOSE: Biological parents may use this document to formally declare the paternity of their child without obtaining a court order.

BIRTH MOTHER STATEMENTS:

- I have been provided with verbal notice (recorded phone message or video) and I have received and read the written notice titled "Voluntary Declaration of Paternity: What You Should Know"
- I am not/have not been married to any man at the time of this child's birth or in the 300 days preceding the birth.
- I believe that the man listed below is the biological father of this child.

No other man has been declared to be the father of this child in an order or by a separate declaration of paternity.

- I understand that I am obligated to provide financial and medical support for this child.

BIOLOGICAL FATHER STATEMENTS:

- I have been provided with verbal notice (recorded phone message or video) and I have received and read the written notice titled "Voluntary Declaration of Paternity: What You Should Know"
- I believe that I am the biological father of this child.

To the best of my knowledge, no other man has been declared to be the father of this child in an order or by a separate declaration of paternity.

I understand that I am obligated to provide financial and medical support for this child.

- Have the birth mother, child, and biological father submitted to genetic testing? Yes No
If yes, are the results consistent with the biological father's declaration of paternity? Yes No

NOTICE: THIS IS A LEGALLY BINDING DOCUMENT. Any person who knowingly signs this form and falsely affirms biological parentage of the child or furnishes false or fraudulent information on this form does so under penalty of perjury and may be subject to criminal prosecution. By signing this form, you agree to accept all legal obligations and responsibilities for the named child. After this declaration is filed, parental information cannot be changed except by court order, adjudication of paternity or resignation.

Birth Mother's Signature: *[Signature]* Biological Father's Signature: *[Signature]*

IF EITHER PARENT IS UNDER THE AGE OF 18, THIS FORM MUST ALSO BE SIGNED BY HIS/HER PARENT OR LEGAL GUARDIAN IN THE APPROPRIATE SECTION ON THE SECOND PAGE.

INFORMAL DECLARATION OF PATERNITY	1. Child's Name (First, Middle, Last, Suffix) Caden Eli			
	2. Sex Male	3. Date of Birth	4. Place of Birth - City and County Orem, Utah	5. Facility Name (if not an institution, give street and number) Timpanogos Regional Hospital
	6. Name of Mother (First, Middle, Last) Jacqueline Colette			
BIOLOGICAL FATHER	7. Mother's Date of Birth 9/19/15		8. Birthplace of Mother (State or Foreign Country) Illinois	
	9. Maiden Last Name of Mother		10. Name of Biological Father (First, Middle, Last) Dillingham	
	11. Biological Father's Date of Birth 6/28/11		12. Birthplace of Biological Father (State or Foreign Country) Michigan	
ORDER MADE	13. Child shall be known as (First, Middle, Last, Suffix) Eli			

MOTHER'S DECLARATION	I affirm, under penalty of perjury, that I am the person named above; that I am the birth mother of the listed child; that the man named as father is the biological father of this child; that I have read the notice and statements above; that I have been provided verbal and written notice of the legal consequences of and the alternatives to signing this declaration; and that I have provided this information voluntarily for the purposes stated above.	
	14. Signature of Mother (Sign ONLY in the presence of two witnesses)	15. Complete Address of Mother (Please Print Clearly) Highland, Utah 84003
	16. Date Signed	17. Social Security Number
	18. Signature of First Witness (must be at least 18 years old and not related by blood or marriage)	19. Signature of Second Witness (must be at least 18 years old and not related by blood or marriage)
20. Printed Name of Witness	21. Printed Name of Witness	

BIOLOGICAL FATHER'S DECLARATION	I affirm, under penalty of perjury, that I am the person named above; that I believe I am the biological father of the listed child conceived with the birth mother; that I have read the notice and statements above; that I have been provided verbal and written notice of the legal consequences of and the alternatives to signing this declaration; and that I have provided this information voluntarily for the purposes stated above.	
	22. Signature of Biological Father (Sign ONLY in the presence of two witnesses)	23. Complete Address of Biological Father (Please Print Clearly) Highland, Utah 84003
	24. Date Signed	25. Social Security Number
	26. Signature of First Witness (must be at least 18 years old and not related by blood or marriage)	27. Signature of Second Witness (must be at least 18 years old and not related by blood or marriage)
28. Printed Name of Witness	29. Printed Name of Witness	

STATE REGISTRAR
UDOH OVR8 46A REV. 0401

If mother is NOT sure who the bio father is a VDP CANNOT be signed.



**Review Paternity
BEFORE
Faxing to VR**

Utah Department of Health
VOLUNTARY DECLARATION OF PATERNITY BY PARENTS

STATE FILE NUMBER

PURPOSE: Biological parents may use this document to formally declare the paternity of their child without obtaining a court order.

BIRTH MOTHER STATEMENTS:

- I have been provided with verbal notice (recorded phone message or video) and I have received and read the written notice titled "Voluntary Declaration of Paternity: What You Should Know"
- I am not/never has been married to any man at the time of this child's birth or in the 300 days preceding the birth.
- I believe that the man listed below is the biological father of this child.
- No other man has been declared to be the father of this child in an order or by a separate declaration of paternity.
- I understand that I am obligated to provide financial and medical support for this child.

BIOLOGICAL FATHER STATEMENTS:

- I have been provided with verbal notice (recorded phone message or video) and I have received and read the written notice titled "Voluntary Declaration of Paternity: What You Should Know"
- I believe that I am the biological father of this child.
- To the best of my knowledge, no other man has been declared to be the father of this child in an order or by a separate declaration of paternity.
- I understand that I am obligated to provide financial and medical support for this child.
- Have the birth mother, child, and biological father submitted to genetic testing? Yes No
If yes, are the results consistent with the biological father's declaration of paternity? Yes No

NOTICE: THIS IS A LEGALLY BINDING DOCUMENT. Any person who knowingly signs this form and falsely affirms biological parenthood of the child or furnishes false or fraudulent information on this form does so under penalty of perjury and may be subject to criminal prosecution. By signing this form you agree to accept all legal obligations and responsibilities for the named child. After this declaration is filed, parental information cannot be changed again except by court order, adjudication of paternity, or recognition.

Birth Mother's Signature: DIANEBiological Father's Signature: ELISABETH

IF EITHER PARENT IS UNDER THE AGE OF 18, THIS FORM MUST ALSO BE SIGNED BY EITHER PARENT OR LEGAL GUARDIAN IN THE APPROPRIATE SECTION ON THE SECOND PAGE.

CHILD'S INFORMATION	1. Child's Name (First, Middle, Last, Suffix) <u>Oliver Elisabeth</u>	3. Facility Name (If not an institution, give street and number) <u>3</u>
	2. Date of Birth <u>2-1-14</u>	4. Place of Birth (City and County) <u>Nampa, Idaho</u>
MOTHER'S INFORMATION	6. Name of Mother (First, Middle, Last) <u>CHRISTINE ELISABETH</u>	7. Mother's Date of Birth <u>1-1-1980</u>
	8. Birthplace of Mother (State or Foreign Country) <u>Idaho</u>	9. Mother's Last Name of Mother <u>LARSON</u>
FATHER'S INFORMATION	10. Name of Biological Father (First, Middle, Last) <u>Zachary Rex</u>	11. Date of Birth <u>1-1-1980</u>
	12. Birthplace of Biological Father (State or Foreign Country) <u>Utah</u>	
CHILD'S LOCATION	13. Child shall be born in (First, Middle, Last, Suffix) <u>Oliver Elisabeth</u>	

MOTHER'S DECLARATION	I affirm, under penalty of perjury, that I am the person named above; that I am the birth mother of the listed child; that the man named as father is the biological father of this child; that I have read the notice and statements above; that I have been provided verbal and written notice of the legal consequences of and the alternatives to signing this declaration; and that I have provided this information voluntarily for the purposes stated above.	
	14. Statement of Mother (Print ONLY in the presence of two witnesses) <u>DIANE</u>	15. Complete Address of Mother (Please Print Clearly) <u>Salt Lake City, UT 84103</u>
FATHER'S DECLARATION	I affirm, under penalty of perjury, that I am the person named above; that I believe I am the biological father of the listed child conceived with the birth mother; that I have read the notice and statements above; that I have been provided verbal and written notice of the legal consequences of and the alternatives to signing this declaration; and that I have provided this information voluntarily for the purposes stated above.	
	16. Date Signed <u>2-1-14</u>	17. Complete Address of Biological Father (Please Print Clearly) <u>Salt Lake City, UT 84103</u>
WITNESSES	18. Signature of First Witness (Must be at least 18 years old and not related by blood or marriage) <u>[Signature]</u>	19. Signature of Second Witness (Must be at least 18 years old and not related by blood or marriage) <u>[Signature]</u>
	20. Printed Name of Witness <u>[Name]</u>	21. Printed Name of Witness <u>[Name]</u>

MOTHER'S DECLARATION	I affirm, under penalty of perjury, that I am the person named above; that I am the birth mother of the listed child; that the man named as father is the biological father of this child; that I have read the notice and statements above; that I have been provided verbal and written notice of the legal consequences of and the alternatives to signing this declaration; and that I have provided this information voluntarily for the purposes stated above.	
	14. Statement of Mother (Print ONLY in the presence of two witnesses) <u>DIANE</u>	15. Complete Address of Mother (Please Print Clearly) <u>Salt Lake City, UT 84103</u>
FATHER'S DECLARATION	I affirm, under penalty of perjury, that I am the person named above; that I believe I am the biological father of the listed child conceived with the birth mother; that I have read the notice and statements above; that I have been provided verbal and written notice of the legal consequences of and the alternatives to signing this declaration; and that I have provided this information voluntarily for the purposes stated above.	
	16. Date Signed <u>2-1-14</u>	17. Complete Address of Biological Father (Please Print Clearly) <u>Salt Lake City, UT 84103</u>
WITNESSES	18. Signature of First Witness (Must be at least 18 years old and not related by blood or marriage) <u>[Signature]</u>	19. Signature of Second Witness (Must be at least 18 years old and not related by blood or marriage) <u>[Signature]</u>
	20. Printed Name of Witness <u>[Name]</u>	21. Printed Name of Witness <u>[Name]</u>

STATE REGISTER
VOCH 0785 00A REV. 0000

No Handwritten Paternities

The Paternity
Form Must
Match
Data Entry Into
Utah

Utah Department of Health
VOLUNTARY DECLARATION OF PATERNITY BY PARENTS

T-CERT NUMBER

STATE FILE NUMBER

SUBJECT: Biological parents may use this document to formally declare the paternity of their child without obtaining a court order.

BIRTH MOTHER STATEMENTS:

- I have been provided with verbal notice (recorded phone message or video) and I have received and read the written notice titled "Voluntary Declaration of Paternity: What You Should Know".
- I am not/ have not been married to any man at the time of this child's birth or in the 300 days preceding the birth.
- I believe that the man listed below is the biological father of this child.
- No other man has been declared to be the father of this child in an order or by a separate declaration of paternity.
- I understand that I am obligated to provide financial and medical support for this child.

BIOLOGICAL FATHER STATEMENTS:

- I have been provided with verbal notice (recorded phone message or video) and I have received and read the written notice titled "Voluntary Declaration of Paternity: What You Should Know".
- I believe that I am the biological father of this child.
- To the best of my knowledge, no other man has been declared to be the father of this child in an order or by a separate declaration of paternity.
- I understand that I will be obligated to provide financial and medical support for this child.
- Have the birth mother, child, and biological father submitted to genetic testing? Yes No
If yes, are the results consistent with the biological father's declaration of paternity? Yes No

NOTICE: THIS IS A LEGALLY BINDING DOCUMENT. Any person who knowingly signs this form and falsely affirms biological parentage of the child or furnishes false or fraudulent information on this form does so under penalty of perjury and may be subject to criminal prosecution. By signing this form you agree to accept all legal obligations and responsibilities for the named child. After this declaration is filed, parental information cannot be changed again except by court order or adjudication of paternity, or rescission.

Birth Mother's Signature: _____ Birth Father's Signature: _____

IF EITHER PARENT IS UNDER THE AGE OF 18, THIS FORM MUST ALSO BE SIGNED BY HIS/HER PARENT OR LEGAL GUARDIAN IN THE APPROPRIATE SECTION ON THE SECOND PAGE.

INFORMATION AS APPLICABLE TO THE ORIGINAL CERTIFICATE	1. CHILD'S NAME (First, Middle, Last Suffix)			
	2. SEX	3. DATE OF BIRTH	4. PLACE OF BIRTH - City and County	5. FACILITY NAME (If not an institution, give street and number)
	6. NAME OF MOTHER (First, Middle, Last)			
BIOLOGICAL FATHER	7. MOTHER'S DATE OF BIRTH & BIRTHPLACE OF MOTHER (State or Foreign County)		8. MOTHER'S LAST NAME OF MOTHER	
	10. NAME OF BIOLOGICAL FATHER (First, Middle, Last)		11. BIOLOGICAL FATHER'S DATE OF BIRTH	
CHILD'S NAME	12. BIRTHPLACE OF BIOLOGICAL FATHER (State or Foreign County)		13. CHILD'S SOCIAL SECURITY NUMBER (First, Middle, Last Suffix)	
	14. I affirm, under penalty of perjury, that I am the person named above, that I am the birth mother of the listed child; that the man named as father is the biological father of this child; that I have read the notice and statements above; that I have been provided verbal and written notice of the legal consequences of and the alternatives to signing this declaration; and that I have provided this information voluntarily for the purposes stated above.			
MOTHER'S DECLARATION	15. SIGNATURE OF MOTHER (sign <u>SELF</u> in the presence of two witnesses)		16. COMPLETE ADDRESS OF MOTHER (Please Print Clearly)	
	19. DATE SIGNED	17. SOCIAL SECURITY NUMBER		
	18. SIGNATURE OF FIRST WITNESS (must be at least 17 years old and not related to listed child)		19. SIGNATURE OF SECOND WITNESS (must be at least 17 years old and not related to listed child)	
	20. PRINTED NAME OF WITNESS		21. PRINTED NAME OF WITNESS	
BIOLOGICAL FATHER'S DECLARATION	14. I affirm, under penalty of perjury, that I am the person named above, that I am the biological father of the listed child conceived with the birth mother; that I have read the notice and statements above; that I have been provided verbal and written notice of the legal consequences of and the alternatives to signing this declaration; and that I have provided this information voluntarily for the purposes stated above.			
	22. SIGNATURE OF BIOLOGICAL FATHER (sign <u>SELF</u> in the presence of two witnesses)		23. COMPLETE ADDRESS OF BIOLOGICAL FATHER (Please Print Clearly)	
	24. DATE SIGNED	25. SOCIAL SECURITY NUMBER		
	26. SIGNATURE OF FIRST WITNESS (must be at least 17 years old and not related to listed child)		27. SIGNATURE OF SECOND WITNESS (must be at least 17 years old and not related to listed child)	
28. PRINTED NAME OF WITNESS		29. PRINTED NAME OF WITNESS		
30. DATE REGISTERED	31. OFFICE OF THE STATE OR LOCAL REGISTRAR			

UDOH OVRSGEA REV. 03/07

PATERNITY FAXING

- Create Paternity
- Get Paternity Signed by all parties necessary
- Mark Birth Certificate
- Review paternity
- Fax Paternity –801-536-0499
- Coversheet Optional
- Use Paternity Status Report to verify registration or reject of paternities

Paternity Status Reports

Hospital Paternity Status Report

Enter Date of Birth Range to Report: to

Select Status to Report: Accepted Paternities
 Marked Records with Paternities Pending

Create Report

Exit

Enter date range to see all paternities registered within the specify date range

8/17/2010 P

Davis Hospital and Medical Center
Paternity Status Report: Registered Paternities
Date Range: 01/01/2009 - 12/31/2010

SFN	DOB	Child's Name	Date Accepted	Legal Notes	Father Name	Paternity Notes
2009 00045	01/28/2009	Taylor, Lesley	01/28/2009		Taylor, Scott	Electronic Paternit
2009 00078	05/19/2009	Jones, Alice	01/01/2010		Smith, Joe	

Total Records = 2

Print this Report

Exit

Report returns with all records found. Print if desired

CHECK DAILY FOR UN-REGISTERED PATERNITIES

Hospital Paternity Status Report

Enter Date of Birth Range to Report: 01 01 2010 to 12 31 2010

Select Status to Report: Accepted Paternities
 Marked Records with Paternities Pending

Create Report

Exit

Enter date range to see all paternitys UN-registered within the specify date range

Davis Hospital and Medical Center
Paternity Status Report: Waiting to be Registered
Date Range: 01/01/2010 - 12/31/2010

SFN	DOB	Child's Name	Date Accepted	Legal Notes	Father Name
2010 00014	08/08/2010	Jones, Josie	//		Paternity signed and faxed Jones, Dan

Total Records = 1
8/17/2010 Page 1

Paternity Notes

Refax VDP - missing father signature Box 22

When to Use the PDF form for a Voluntary Declaration of Paternity

- When Uintah or Rose are down – key from VDP when system is up again – must match the paper form
- When the record is already registered and you want to help parents sign a Voluntary Declaration of Paternity
- If the birth certificate is already registered with a paternity DO NOT use the PDF form to create a new paternity with a new name for the child.
- Discard page two if un-necessary

PURPOSE: Biological parents may use this document to formally declare the paternity of their child without obtaining a court order.

BIRTH MOTHER STATEMENTS:

- I have been provided with verbal notice (recorded phone message or video) and I have received and read the written notice titled "Voluntary Declaration of Paternity: What You Should Know".
- I am not have not been married to any man at the time of this child's birth or in the 300 days preceding the birth.
- I believe that the man listed below is the biological father of this child.
- No other man has been declared to be the father of this child in an order or by a separate declaration of paternity.
- I understand that I am obligated to provide financial and medical support for this child.

BIOLOGICAL FATHER STATEMENTS:

- I have been provided with verbal notice (recorded phone message or video) and I have received and read the written notice titled "Voluntary Declaration of Paternity: What You Should Know".
- I believe that I am the biological father of this child.
- To the best of my knowledge, no other man has been declared to be the father of this child in an order or by a separate declaration of paternity.
- I understand that I will be obligated to provide financial and medical support for this child.
- Have the birth mother, child, and biological father submitted to genetic testing? Yes No
If yes, are the results consistent with the biological father's declaration of paternity? Yes No

NOTICE: THIS IS A LEGALLY BINDING DOCUMENT. Any person who knowingly signs this form and falsely affirms biological parentage of the child or furnishes false or fraudulent information on this form does so under penalty of perjury and may be subject to criminal prosecution. By signing this form you agree to accept all legal obligations and responsibilities for the named child. After this declaration is filed, parental information cannot be changed again except by court order or registration or paternity, or rescission.

Birth Mother's Signature: _____ Birth Father's Signature: _____

IF EITHER PARENT IS UNDER THE AGE OF 18, THIS FORM MUST ALSO BE SIGNED BY HIGHER PARENT OR LEGAL GUARDIAN IN THE APPROPRIATE SECTION ON THE SECOND PAGE.

INFORMATIONAL REPRODUCTION THE CENTRAL C IDENTIFICATE	1. CHILD'S NAME (PHE, MIDDLE, LAST SUFF.)		
	2. SEX	3. DATE OF BIRTH	4. PLACE OF BIRTH - City and County
	5. FACILITY NAME if not an institution, give street and number		
BIOLOGICAL FATHER	6. NAME OF BROTHER (PHE, MIDDLE, LAST)		
	7. BIRTH DATE OF BROTHER	8. BIRTH PLACE OF BROTHER (State or Foreign Country)	9. MOTHER'S LAST NAME OF BROTHER
CHILD'S NAME	10. NAME OF BIOLOGICAL FATHER (PHE, MIDDLE, LAST)		
	11. BIOLOGICAL FATHER'S DATE OF BIRTH	12. BIRTH PLACE OF BIOLOGICAL FATHER (State or Foreign Country)	
MOTHER'S DECLARATION	13. CHILD SHALL BE KNOWN AS (PHE, MIDDLE, LAST SUFF.)		
	14. SIGNATURE OF MOTHER (sign <u>ONLY</u> in the presence of two witnesses)		15. COMPLETE ADDRESS OF MOTHER (Please Print Clearly)
	16. DATE SIGNED	17. SOCIAL SECURITY NUMBER	
	18. SIGNATURE OF FIRST WITNESS (Must be at least 18 years old and not related by blood or marriage)		19. SIGNATURE OF SECOND WITNESS (Must be at least 18 years old and not related by blood or marriage)
	20. PRINTED NAME OF WITNESS		21. PRINTED NAME OF WITNESS
BIOLOGICAL FATHER'S DECLARATION	22. SIGNATURE OF BIOLOGICAL FATHER (sign <u>ONLY</u> in the presence of two witnesses)		
	23. COMPLETE ADDRESS OF BIOLOGICAL FATHER (Please Print Clearly)		
	24. DATE SIGNED	25. SOCIAL SECURITY NUMBER	
	26. SIGNATURE OF FIRST WITNESS (Must be at least 18 years old and not related by blood or marriage)		27. SIGNATURE OF SECOND WITNESS (Must be at least 18 years old and not related by blood or marriage)
	28. PRINTED NAME OF WITNESS		29. PRINTED NAME OF WITNESS

UTAH CODE: 76-45g-204. Presumption of paternity, denial of paternity.	A man is presumed to be the father of a child if: (a) he and the mother of the child are married to each other and the child is born during the marriage; (b) he and the mother of the child were married to each other and the child is born within 300 days after the marriage is terminated by death, annulment, declaration of invalidity, or divorce or after a decree of separation; (c) after the birth of the child, he and the mother of the child married each other.		
CONSENT OF THE FATHER	By signing below, I am recognized as the "presumed father" under Utah Law. However, I affirm, under penalty of perjury, I am NOT THE BIOLOGICAL FATHER OF THE CHILD ON PAGE ONE OF THIS DOCUMENT. I have been provided verbal and written notice of the legal consequences of and the alternatives to signing this form.		
CONSENT OF THE MOTHER	32. SIGNATURE OF PRESUMED FATHER (sign <u>ONLY</u> in the presence of two witnesses)	33. DATE SIGNED	34. COMPLETE NAME AND ADDRESS OF PRESUMED FATHER
	35. PRINT NAME OF PRESUMED FATHER		
	36. SIGNATURE OF FIRST WITNESS (Must be at least 18 years old and not related by blood or marriage)	37. SIGNATURE OF SECOND WITNESS (Must be at least 18 years old and not related by blood or marriage)	
	38. PRINTED NAME OF WITNESS	39. PRINTED NAME OF WITNESS	
GUARDIANSHIP ACCEPTANCE	I affirm, under penalty of perjury, that I am the person named below; that I am the parent/legal guardian of a father under 18; that I have read the notice and statements on page one of this document; that I have been provided verbal and written notice of the legal consequences of and the alternatives to signing this form; and that I have provided this information voluntarily for the purposes stated on this form.		
	40. SIGNATURE OF PARENT/LEGAL GUARDIAN (sign <u>ONLY</u> in the presence of two witnesses)	41. DATE SIGNED	42. COMPLETE NAME AND ADDRESS OF PARENT/LEGAL GUARDIAN
	43. PRINT NAME OF PARENT/LEGAL GUARDIAN		
	44. SIGNATURE OF FIRST WITNESS (Must be at least 18 years old and not related by blood or marriage)	45. SIGNATURE OF SECOND WITNESS (Must be at least 18 years old and not related by blood or marriage)	
	46. PRINTED NAME OF WITNESS	47. PRINTED NAME OF WITNESS	
GUARDIANSHIP ACCEPTANCE	I affirm, under penalty of perjury, that I am the person named below; that I am the parent/legal guardian of a mother under 18; that I have read the notice and statements on page one of this document; that I have been provided verbal and written notice of the legal consequences of and the alternatives to signing this form; and that I have provided this information voluntarily for the purposes stated on this form.		
	48. SIGNATURE OF PARENT/LEGAL GUARDIAN (sign <u>ONLY</u> in the presence of two witnesses)	49. DATE SIGNED	50. COMPLETE NAME AND ADDRESS OF PARENT/LEGAL GUARDIAN
	51. PRINT NAME OF PARENT/LEGAL GUARDIAN		
	52. SIGNATURE OF FIRST WITNESS (Must be at least 18 years old and not related by blood or marriage)	53. SIGNATURE OF SECOND WITNESS (Must be at least 18 years old and not related by blood or marriage)	
	54. PRINTED NAME OF WITNESS	55. PRINTED NAME OF WITNESS	
OFFICIAL VERIFICATION OF PATERNITY	Any signatory may request a declaration or denial of paternity by signing the section below and filing the document with the Office of Vital Records and Statistics before the earlier of: (1) 90 days after the registered date on the declaration of (2) the date of this notice of the first adjudicative proceeding to which the signatory is a party, to adjudicate an issue relating to the child, including a proceeding that establishes support.		
OFFICIAL VERIFICATION OF PATERNITY	I affirm that I voluntarily rescind this declaration of paternity or denial of paternity.		Submitted & sworn to before me this ____ day of _____, 20__.
	56. SIGNATURE (sign <u>ONLY</u> in the presence of a Notary Public)	57. DATE SIGNED	Notary Public
	58. COMPLETE NAME AND ADDRESS		My Commission expires _____
	59. SOCIAL SECURITY NUMBER		
	60. RELATIONSHIP TO RESPONDING PARTY		
OFFICIAL VERIFICATION OF PATERNITY	I affirm that I am the parent/legal guardian of the receding parent under 18 and that I voluntarily rescind this declaration of paternity.		Submitted & sworn to before me this ____ day of _____, 20__.
	61. SIGNATURE (sign <u>ONLY</u> in the presence of a Notary Public)	62. DATE SIGNED	Notary Public
	63. COMPLETE NAME AND ADDRESS		My Commission expires _____
	64. RELATIONSHIP TO RESPONDING PARTY		

PATERNITY RULES RE-FAX AND RESCINDING

- EFFECTIVE DATE OF THE VDP – means the date that OVRS registered the VDP – 60 days to rescind VDP starts here
- IT IS MORE IMPORTANT THAN EVER THAT THE PATERNITY STATUS REPORTS BE RUN DAILY BY HOSPITALS AND MIDWIVES
- QUESTION ABOUT RESCISIONS SHOULD BE REFERRED TO EITHER SARA LEALOS – 801-538-6375 OR CANDACE GROBERG – 801-538-6080
- RE-FAX PATERNITIES NOT YET REGISTERED – WHEN???? AND HOW OLD???
- GIVE OUT “DEAR PARENT(S)” LETTER IF YOU ARE UNABLE OR DO NOT KNOW IF YOU CAN ASSIST IN THE PREPARATION OR SIGNING OF A VDP

PATERNITY DISCUSSION TIME

“What You Should Know” – Free from ORS

Power or Two DVD – Free from ORS

ORS pamphlets – Free from ORS

Handout for parents on resource and services

Review of Hospital Paternity status report from ORS

What are your questions and concerns

Creating paternities in OLIVER – be sure **ALL** father fields are completed

'Building Bridges'



A WORD FROM THE OFFICE OF RECOVERY SERVICES



SOCIAL SECURITY REQUESTS AND CARDS

SOCIAL SECURITY CARD FACTS

- Can be processed by VR until the child's turns one
- Can be processed only once
- A limited number of special characters can be included in names and street address
- All other special characters need to be adjudicated directly with and SSA Office

Required fields in order for the request to process

- Child's first, middle, last name and suffix
- Child's Sex
- Child's Date of Birth
- Child's Place of Birth – Hospital, County and City
- Mother's Full Maiden name
- Father 's name – if listed
- Mailing address – Street, State, City, Zip and In-Care of Name

WHAT'S NOT ALLOWED IN UINTAH

- # - HASHTAG
- NON-STANDARD ABBREVIATIONS – SO(SOUTH OR NO (NORTH)
- FOREIGN MAILING ADDRESS FOR SSA CARDS
- PERIODS
- EXTRA SPACES – 203 E RED BARN STREET ^ ^ APT C2
- PO BOXES IN THE RESIDENT STREET ADDRESS LINE

ANSWERING SSA CARD PROCESSING QUESTIONS FOR PARENTS

- **Master Status box identifies the social security card processing status**
- New record not yet passed SSA Edit – the birth certificate has not yet been edited for SSA card processing
- **No response** – parent(s) did not mark the “Yes” box on worksheet or did not sign the worksheet
- **Not eligible** – one or more of the required fields is missing – review with parent(s) field(s) needs to be amended with a VR office
- **Complete, SSA assigned** - the card has been mailed – usually delivered within 5 business days of the date processed

ANSWERING SSA CARD PROCESSING QUESTIONS FOR PARENTS

- **Complete, SSA assigned** - the card has been mailed – usually delivered within 5 business days of the date processed
- If parents are stating that they did not get the card refer them to the SSA.GOV website – NOT TO VR
- Website - SSA.GOV/FAQs/Cards for Children/ How do I replace a SSA card for a Child?
- Parent(s) will be required to complete an application for replacement of the card, provide two proof of life documents and show picture ID, NO FEE required.
- Refer parent(s) to a SSA.GOV for locations etc.

'Building Bridges'



A WORD FROM THE OFFICE OF SSA



Round Table Discussion Time

**It's Time to Hear
From All of You**

AWARDS RECOGNITIONS

“The focus of healthcare for women and infants over the next century depends on the quality of data collected by those who fill out birth certificates.”

**Dr. Bill Callaghan, Division of Reproductive Health,
Centers for Disease Control and Prevention**

**THANK YOU FOR BUILDING THOSE
BRIDGES US!**

'Building Bridges'

