

State of Colorado Certificate of Fetal Death Completion Guide

**Colorado Department of Public Health and Environment
Office of the State Registrar of Vital Statistics
February 2009**

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Colorado Statutes 25-2-102 and 25-2-110 require reporting on the outcome of every pregnancy. Certificates of Fetal Death must be filed within five (5) days with the vital records registrars at the state or local level depending on circumstances. According to the National Center for Health Statistics, fetal death is defined as a death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of the pregnancy. The death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

Certificates of Fetal Death for fetal deaths occurring at 20 weeks or greater gestational age are permanent, legal records. Certified copies of the certificate may be issued to applicants with a legal right to the record. Certificates of Fetal Death for fetal deaths occurring at less than 20 weeks gestational age are not permanent records. These records are destroyed after statistics have been tabulated.

Gestational age is the determining factor in how complete the Certificate of Fetal Death must be and with whom it is registered. The certifier may be a medical doctor, a doctor of osteopathy, an associate of the attending physician with knowledge of the facts, or the coroner. The certifier is not necessarily the person who attended the delivery.

For fetal deaths of 20 weeks or greater gestational age the certificate must be

- Fully completed
- Signed by the certifier
- Registered with the Local Office of Vital Statistics in the county where delivery occurred.

For fetal deaths of less than 20 weeks gestational age the certificate must be

- Minimally completed with:
 - Item 2, date of delivery
 - Item 3, time of delivery
 - Items 5a-c, name of facility, location and county of delivery
 - Item 24, estimate of gestation
 - Item 32, weight of fetus (preferred but not required)

If parents are requesting a certificate of stillbirth, minimally completed with:

- Item 2, date of delivery
- Item 3, time of delivery
- Items 5a-c, name of facility, location and county of delivery
- Items 6a-b, mother's full name and maiden name
- Item 7, mother's date of birth
- Item 12, father's full name

Item 13, father's date of birth
Item 24, estimate of gestation
Item 32, weight of fetus (preferred but not required)
Check the box at the bottom of the first page
Does not require the signature of the certifier
Registered with the State Office of Vital Statistics, unless a disposition permit is needed. In this cases, register with the local office of vital statistics in the county where delivery occurred.

INDUCED TERMINATION OF PREGNANCY

The Induced Termination of Pregnancy (ITOP) is defined as the purposeful interruption of pregnancy with the intention other than to produce a live-born infant or to remove a dead fetus and which does not result in a live birth. ITOPs are reported separately from fetal deaths. Reports of ITOP must be sent by the institution or person performing the procedure directly to the State Office within five days of the event. ITOP records are not considered to be permanent vital records and are used solely for statistical purposes.

RESPONSIBILITY OF THE FUNERAL DIRECTOR

The funeral director, or person acting as such, is responsible for collecting and recording the legal items on the fetal death certificate. The funeral director usually collects this information from a family member. The funeral director is also responsible for obtaining the medical certification and the signature of the certifying physician or the coroner. The funeral director must ensure that the certificate is completed before registration. The funeral director must then register the record with the local office in which death occurred within five days of death. At the time the record is registered, a disposition permit may be issued.

FAMILY ACTING AS FUNERAL DIRECTOR

Families may elect to attend to their own arrangements. The family is then responsible for disposition of the remains and filing the certificate of fetal death. The following are some guidelines for families:

- If the remains are not disposed of within 24 hours of death, they must be embalmed or properly refrigerated.
- The family must complete and register the certificate of fetal death. A family member may sign as the funeral director, as he or she is acting as such. It is his or her responsibility to secure the signature of the physician and/or coroner.
- If transporting the remains, they must be placed in a container that does not leak odor or fluids. The Board of Health regulations do not specify container type; simply that it must not leak.
- There is no requirement that human remains or a fetus be buried in an established cemetery. Human remains or fetuses may be buried on private land unless local ordinances prohibit it. Cremation is considered "final disposition" and the State retains no control over disposition of the

- ashes. Ashes may be disposed of as the next of kin desires except for any restriction by local, county or federal ordinances. It is important to check any federal, county or local laws and ordinances prior to disposition.
- The disposition permit is issued, as it would be to a funeral director.
 - The family is responsible for ensuring the completeness and accuracy of the fetal death certificate. They are also responsible for the proper transportation, disposition arrangements, and completion and return of the disposition permit.

The local office should take special care while reviewing the certificate. The family may not be sure of how to properly complete certain items. Ensure that the coroner has been notified, if appropriate. If the family has questions, and the local office is unsure how to answer, please consult the state office.

RESPONSIBILITY OF THE PHYSICIAN AND/OR CORONER

The physician and/or coroner are responsible for completing and certifying the cause of death section of the certificate, items 20a-26. Physician is defined as a doctor of medicine or osteopathy licensed to practice in Colorado. The certifier must record the details of the cause of death and sign and date the certificate in a timely manner. Statute requires the cause of death to be completed within 48 hours. Should the certifying physician be unavailable to sign, another physician with knowledge of the facts of death, or the chief medical officer of the facility where death occurred, or the coroner in the county where death occurred may sign a certificate that indicates 'pending' or 'pending signature' in the cause of death section. If said physicians or the coroner has knowledge of the facts of death, they may fully complete these items.

RESPONSIBILITY OF THE SEXTON

The sexton, or person in charge of a cemetery or crematory, is responsible for ensuring that a disposition permit accompanies remains. If a disposition permit is not presented, and the person died in Colorado, the remains should not be accepted. If the death occurred in another state, a disposition permit may not be required, depending on the state of death's statutes. The sexton must then complete the permit and return the original within five days to the local office that issued it.

RESPONSIBILITY OF THE HOSPITAL

When a death occurs in a hospital or other institution and the death is not under the jurisdiction of the coroner, the person in charge of the institution or his/her designated representative may initiate the preparation of the death certificate by entering the full name of the decedent and the date, time and place of death and obtain the medical certification and signature of the physician. The partially completed fetal death certificate may then be presented to the funeral director or person acting as such.

RESPONSIBILITY OF THE LOCAL AND DEPUTY REGISTRAR

Local registrars are agents of, and appointed by, the State Registrar. Local Registrars must follow and ensure compliance with state law and regulations. The local office registers certificates for all deaths, and fetal deaths of 20 weeks or greater gestation, that occur in their county.

The local office reviews all certificates for completeness and accuracy. Should a certificate contain blank fields or inconsistent data, the local office will contact the data provider and verify the information. The local office then signs and dates the certificate, makes a copy of the certificate for their permanent records, and forwards the original certificate to the state office.

RESPONSIBILITY OF THE STATE REGISTRAR

The State Registrar directs and supervises the state's vital statistics registration system. The state office receives all vital records for the State of Colorado. The records are reviewed for complete and accurate data. Should a certificate contain blank fields or inconsistent data, the state office will contact the data provider or the local office and verify the information. The state office undertakes three phases of quality assurance. Reports are generated weekly, monthly and at the end of the calendar year.

COLORADO CORONERS ASSOCIATION

The Colorado Coroners Association was formed in 1987. It is a professional organization that addresses issues relevant to coroners throughout Colorado. The primary goal is to provide a forum for professional exchange of ideas and provide continuing education. A broad-based board of directors elected from the general membership governs the association. The board has representatives from rural and metropolitan communities.

The Coroner's Office is a statutory office, which is mandated to establish the cause and manner of death in certain cases. The cause of death is the injury, disease or combination of the two that was responsible for initiating the train of physiological disturbances (brief or prolonged), which produced the fatal termination. The manner of death refers to the circumstances in which the cause of death arose (natural causes, accident, suicide and homicide).

The investigation of a death by the coroner's office is an extremely important function as it is done by an independent agency that works independent of the law enforcement agency, the physician, the nursing home, the hospital, the prosecution or the defense, but works on behalf of the deceased to obtain the truth about the death.

The Colorado Coroners Association sponsors a continuing education annual conference focusing on medico legal death investigation. The participants have been coroners, death investigators, law enforcement officers, physicians, dentists,

district attorney investigators and social service/health department personnel. Topics at the annual conference have been as varied as the multiple causes of death. Some of the presentations have included forensic anthropology, aircraft accident investigation, entomology, toxicology, cocaine babies, child fatalities, deaths in custody, scene investigation, psychological autopsy, traffic fatalities, forensic engineering, SIDS, autoerotic deaths and gunshot wounds. Speakers have been forensic pathologists, toxicologist, coroners, district attorneys, attorney general's office staff, university professors, industry investigators and professional organization representatives.

The additional major emphasis of the Colorado Coroners Association has been to implement a process of certification for coroners and coroner investigators. This requires an application process, educational background, death investigation training and experience. The requirements include experience in scene investigation, autopsy attendance and on-going medico legal death investigation training/conferences. Each individual is certified for a period of three years and may be renewed based upon continuing education and continued active involvement in medico legal death investigation.

Any member of the Colorado Coroners Association Board of Directors may be contacted for additional information regarding the association. For more information, please visit www.coloradocoroners.org.

COLORADO FUNERAL DIRECTORS ASSOCIATION

Colorado is currently the only state that has no licensing requirements for funeral directors, embalmers or funeral homes. The Colorado State Legislature abolished the former licensing board and all associated requirements on June 30, 1982. The Colorado Funeral Directors Association is a voluntary, non-profit association established in 1898 to advance the economic and professional interest of Colorado's funeral directors and the funeral service industry they represent.

While Colorado has no state licensing for funeral directors, the profession supports a very strong voluntary certification program. The Colorado Funeral Service Board was created by the funeral service industry to promote professionalism under a voluntary system of certification, registration and the development and maintenance of standards. This self-regulatory board certifies those who meet its requirements in funeral establishment; mortuary science practitioner; and mortuary science trainee. The trainee program includes Embalming; Restorative Art; Microbiology; Pathology; Chemistry; Human Anatomy; Sociology; Psychology; Funeral Directing; Business Law; Funeral Service Law; Funeral Merchandising; and Accounting. The following are key professional designations within the Colorado funeral industry.

- MSP - Mortuary Science Practitioner
- CFSP - Certified Funeral Service Practitioner
- CFD - Certified Funeral Director
- CET - Certified Embalming Technician

For more information, please visit www.cofda.org.

COLORADO ASSOCIATION OF CEMETERIES

The Colorado Association of Cemeteries began operating as a non-profit organization in December, 1962. The primary function of the association is to provide a trade association for cemeteries in Colorado. The association monitors legislation and governing regulations and provides a forum for training and for the exchange of non-proprietary information pertinent to the death care industry.

The association includes a complaint committee that responds to complaints that may arise from individuals or organizations in the State of Colorado if resolution is not achieved after contacting the cemetery in question. For more information, please visit www.coloradocemeteries.org.

GENERAL GUIDELINES FOR VITAL EVENT CERTIFICATES

Certificates of fetal death, 20 weeks and greater gestation, are permanent, legal records. Certificates should be prepared in accordance with the following:

Use only current forms designated by the State Registrar.

Type or print legibly. All signatures and date signed must be in black or blue ink.

Complete all items. Do not leave any item blank, unless instructions specify.

It is preferred to completely spell out the month or use the first three letters; however, numerals are accepted for the month. It is preferred that the year be entered using four digits; however, two digit year is accepted.

Do not make cross-outs or use correction fluid.

Submit only originals. Photocopies are not acceptable. A photocopy may be kept for the funeral director, coroner or physician records only. Under no circumstances is that copy to be released.

Review all certificates for completeness, accuracy and legible printing.

Review all certificates for complete signatures and proper dates.

Ensure all certificates are registered within the five-day period required by statute.

If a certificate is incomplete, the local registrar may refuse to register the record.

Please assist the local and state registrar by providing prompt and accurate response to data inquiries.

TRAINING

The field unit at the state office offers seminars and in-house training. Annually, the field program hosts training seminars for hospitals, midwives, coroners, funeral directors and local registrars. Annual seminars offer a chance for staff from different offices or facilities to get together and exchange ideas.

Additionally, when new staff is hired, training is recommended.

A great deal of information materials, manuals, and forms are posted on the private website. This site is not for the general public so please do not share the address. The private site is www.cdphe.state.co.us/ex/death148. If you have questions or need additional information, please call 303.692.2179 or 303.692.2183.

CONFLICT RESOLUTION

Should any funeral director, physician or coroner experience problems in performance of their vital records-related duties, a formal complaint may be filed with the State Registrar. For example, if a funeral director is experiencing constant problems with certifiers not signing death certificates in a timely manner from a specific facility or agency, a written statement may be sent to the state office via mail or fax. The fax number is 303-691-7945.

The state office will help to mediate any disputes and propose solutions. The vast majority of vital records registration is highly regimented by state law and regulations. Many times a dispute may be resolved by explaining compliance with these statutes.

PUBLIC HEALTH DATA

The state office does provide non-identifying statistical data to researchers. Dependant on the type of data requested, specific protocol and procedure might be required. The following are the two types of requests that may be made and the protocol for each:

Aggregate Data is a broad range of data that excludes identifying information. Cell sizes of less than three are excluded. An example is death by autopsy status, type of certifier, method of disposition and county and region of occurrence.

This type of data request does not require anything in addition to the request.

Individual Data is a more concentrated request of data. Though no identifying data is provided, the potential for individual identification is higher than aggregate data requests.

This type of data request requires additional paperwork as follows:

Study protocol explaining the background, purpose and methodology of the research project.

Signed confidentiality agreement consenting:

No identifying information will be released.

Data will not be released to a third party without the consent of the State Registrar.

Cell sizes of less than three will not be published.

The state office may provide identifying information for follow-up studies. In addition to the study protocol and confidentiality agreement, the state office may require the following:

The researcher may be required to contact the physician in cases where the subject is deceased.

The state office will attempt to generate a 'negative consent' from the parents. A letter explaining the purpose of the research is sent to the parent(s) from the state office. If the parent(s) does not wish to be a part of the research group, the parents must return the letter to the state office. Names of these refusals and all undeliverable letters are excluded from the data group supplied to the researchers.

The Health Statistics Section maintains a large number of data tables. This data is supplied to all users at no charge. A request for special data or a new table may be available for a fee. Data is also available online at www.cdphe.state.co.us. Data may be requested from the Health Statistics Section at 303-692-2160.

COMMON LAW MARRIAGE

Colorado has recognized common law marriages as legal and binding since 1877, and is one of the few states to do so. A common law marriage is established when the parties mutually consent to be husband and wife. Same-sex marriage is not recognized in the State of Colorado.

Common law does not require any license, ceremony or documentation to be legal. Parties to a common law marriage are entitled to all rights, privileges and responsibilities of a legal and binding marriage. If the parties need documentation of a marriage, it is recommended that they file a signed, notarized affidavit, attesting to the marriage, with the county clerk and recorder, in the county where they reside. This affidavit will be filed as a document, not as a marriage record. Only legal divorce or death may terminate common law marriage.

The following are the only two requirements to a common law marriage:

The parties are free to enter into a marriage. Neither is married to another person.

Both parties are of legal age (18).

The following are some examples of elements a common law marriage:

The parties hold themselves out to the public as husband and wife.

Maintenance of a joint checking and/or savings account.

Joint ownership of property.

Mutual financial support.

Filing of joint income tax returns.

Registration as husband and wife on applications, leases, contracts, registers, etc.

Use of the man's surname by the woman.

Periods of cohabitation, without the aforementioned, do not constitute a common law marriage.

For further information, please visit the Colorado Department of Law at www.ago.state.co.us/faq.cfm.

ACKNOWLEDGMENT OF PATERNITY

The acknowledgment of paternity (AOP) is a legal document, which is used in certain circumstances to add a biological father's name to a birth certificate. The AOP must be typed or completed in black ink. Pencil, crossouts, or whiteout are unacceptable. The parents do not have to be of legal age to sign the AOP. A person, must witness both (all) signatures. The witness may be any age. The parents may witness each other, but we encourage a third party witness.

An AOP is not required to add a father's name to a fetal death certificate. If the mother was married to someone other than the biological father and wishes to add the biological father to the fetal death certificate, she may do so without an Acknowledgment of Paternity.

DISPOSITION PERMITS

Funeral directors, or persons acting as such, are required to file the fetal death certificate within 5 days with the local or state registrar as required. At this time, a disposition permit is issued. If disposition is handled by other than the hospital, then burial permits are required for fetal burials, cremations or removals regardless of gestational age. If disposition does not occur within 24 hours, the remains must be properly embalmed or refrigerated.

If disposition is being handled by the hospital, a burial permit is not required; however, the parent(s) must provide written authorization. The hospital is then responsible for filing the certificate of fetal death. A burial permit is not required if the fetus is being donated for research or educational purposes.

CORONER REPORTABLE FETAL DEATHS

In some cases, fetal death must be reported to the county coroner in the county where death occurred. If it is undetermined where death occurred, the coroner in the county of delivery has jurisdiction. In the following circumstances, a fetal death must be reported to the coroner:

- The mother has a positive drug and/or alcohol screen upon admittance
- The mother was involved in a traffic accident shortly before onset of labor
- The mother was assaulted shortly before onset of labor

FIELD COMPLETION

Please see the current Fetal Death Certificate Quick Guide Field Description and Instruction.

CONFIDENTIALITY

Per Colorado Revised Statute 25-2-117(1), 'Vital statistics records shall be treated as confidential...' Colorado's vital records are not public records. Those who have a legal right to, or a direct and tangible interest in, a certificate may receive a certified copy of a record.

SUPPLIES

The state office provides all necessary forms, manuals, etc. at no cost. A supply order form is available on the private website or by calling 303.692.2178.

CONTACTING THE STATE OFFICE

The State Vital Records Office maintains a field program for data providers. Field staff are available to visit your business or facility to provide training and answer questions. Additionally, training seminars are held annually. If you have questions or would like to arrange for training at your site, please contact 303.692.2179 or 303.692.2183. The address is as follows:

Colorado Department of Public Health and Environment
Vital Records
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530

DEFINITIONS

Cause of Death – Any condition that leads to or contributes to death and is classifiable according to the International Classification of Diseases (ICD 10).

Ethnicity – The classification of a population that shares common characteristics, such as religion, traditions, culture, language and tribal or national origin.

Fetal Death – Death prior to the complete expulsion or extraction from its mother, of a product of human conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

Induced Termination of Pregnancy – The purposeful interruption of pregnancy with the intention other than to produce a live-born infant or to remove a dead fetus and which does not result in a live birth.

Infant Mortality Rate – A death rate calculated by dividing the number of infant deaths during a calendar year by the number of live births reported in the same year. It is expressed as the number of infant deaths per 1,000 live births.

International Classification of Disease – ICD books are published by the World Health Organization and provide alphanumeric codes for mortality data.

Live Birth – The complete expulsion or extraction, from its mother, of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes, or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of the voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

Race – A geographical population of humankind that possesses inherited distinctive physical characteristics that distinguish it from other populations.

Underlying Cause of Death – The disease or injury, which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence, which produced the fatal injury.

Manner of Death – A death classification that specifies whether the death was due to natural causes (i.e., a disease), an accident, suicide or homicide, or whether the cause of death is pending investigation or cannot be determined.

Infant Death – Death in the first year of life.

Neonatal Death – Death prior to the 28th day of life.