

**GUIDELINES FOR
DISPOSITION & REGISTRATION OF DEATH
WITHOUT FUNERAL HOME**

Fax to Ohio Department of Health, Office of Vital Statistics,
Registration Unit, at:
(614) 564-2514

County _____

Registrar _____

Registrar's Fax # _____

Decedent's Name _____

Date of Death _____

Please fax all documentation along with the checklist for approval.

ODH/VS will fax the response of approval or denial to the Local Registrar. If ODH/VS approves the documentation is acceptable for filing, please make sure a copy of all documents are attached with a paperclip and sent with your weekly record pickup. Should you have questions or concerns, call the HelpDesk at (614) 466-2531, option 3.

APPROVED BY: _____ Date: _____

DENIED BY: _____ Date: _____

Checklist for Registration of Death Without Funeral Home

Please utilize the following checklist to document evidence for a death certificate processed outside of a funeral home. All evidence should be submitted via fax to (614) 564-2514 for approval BEFORE a death record shall be created in the Electronic Death Registration System (EDRS). A copy of all documentation should be clipped to the final death certificate when submitted to ODH/VS for filing.

Section 1: Information of the Decedent.

Please complete following form and submit to ODH/VS along with acceptable documentation.

Examples of acceptable documentation: Recent tax return, deed, current proof of insurance, motor vehicle registration, W-2, pay stub, state issued ID, photo-less ID from BMV, SSN card, or other government agency documents.

1. Decedent's Legal Name (Include AKA's if any)		2. Sex M - F - U	
3. Date of Death <input type="checkbox"/> Approximate <input type="checkbox"/> Actual		4. Social Security Number	6. Date of Birth
7. Birthplace (City and State or Foreign Country)		8a. Residence State	8b. County
8c. City or Town		8d. Street and Number	8e Apt. No.
8f. Zip Code	8g. Inside City Limits? Y - N	9. Ever in US Armed Forces? Y - N Branch of service: Date of entry: Type of separation: Date of separation:	10. Marital Status <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Never married <input type="checkbox"/> Widowed
11. Surviving Spouse's Name (If Wife, maiden name)		12. Decedent's Education (If degree, specify)	13. Decedent of Hispanic Origin? Y - N
14. Decedent's Race	14a. Decedent's Usual Occupation	14b. Kind of Business/ Industry	
15. Father's Name		16. Mother's Name (prior to first marriage)	
17a. Informant's Name		17b. Relationship to Decedent	
17c. Mailing Address (Street and Number, City, State, Zip Code)			

18a. Place of Death (circle one) Decedent's home - Hospital–dead on arrival - Hospital–ER/outpatient - Hospital–inpatient - Hospice - Nursing home/long term care - Other		
18b. Facility Name (If not Institution, street & number)	18c. City or Town, State and Zip Code	18d. County of Death
22a. Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state	22b. Date of Disposition	22c. Place of Disposition (Name of Cemetery, Crematory, or other place)
22d. Location (City/Town and State)		Cemetery Section, Lot, Grave Number
26a. Name of Certifier	26b. Military Time of Death	26d. Was Case referred to Coroner? Y - N

Section 2: Statement Attesting to Death. Attach supporting documentation to this list:

- A statement is required from a physician, coroner, or medical examiner qualified to attest. Statement shall be printed on provider's letterhead with the provider's signature using the following form (including decedent's name, date of death, time of death, date pronounced dead, provider's signature, provider's printed name, signature date, and provider's license number). **Example of non-acceptable documentation: Statement from spouse or other immediate family member.**

Note: At the discretion of the State Registrar, additional evidence may be required to verify the facts of death.

Statement Attesting to Death

In order to establish an Ohio death record without assistance from a funeral home, a statement from a physician, coroner, or medical examiner must be submitted to the Ohio Department of Health, Office of Vital Statistics, confirming the details surrounding the death event.

Decedent's full name: _____

Decedent's date of birth: _____

Decedent's date of death: _____

Date pronounced dead: _____

Time pronounced dead: _____

Cause of death (optional in this form; the cause may also be written in by the provider on the death certificate):

Provider's printed name: _____

Provider's signature: _____

Signature date: _____

Provider's license number: _____

Checklist for Disposition Without Funeral Home

Please utilize the following checklist to assist the surviving family.

- Please contact local law enforcement regarding requirements to report a death at home.** Often times a paramedic or coroner must verify a death at home. If the cause of death is not natural, the county coroner must be notified.
- Cause of death must be certified by a licensed physician, coroner, or other licensed healthcare professional.** *Pursuant to Ohio Revised Code, Section 3705.29: No physician other than the coroner in the county in which a death or fetal death occurs, or a deputy coroner, medical examiner, or deputy medical examiner serving in an equivalent capacity, may certify any death or fetal death that occurs under any circumstances other than natural.
- For more information about local ordinances regarding disposition near water sources or those involving communicable diseases, please contact your local health department.**
- For more information about policies restricting burials in registered cemeteries, please contact the Cemetery Dispute Resolution Commission at (614) 466-4100 or online at <http://www.com.state.oh.us/real/cemain.aspx>.** Most cemetery policies vary; a copy of the rules and regulations should be requested from the cemetery operator.
- For more information about policies restricting burials on private property, additional guidance should be obtained regarding local zoning and ordinance laws in order to comply with township, city and county ordinances.**
- Prior to disposition of a body, a permit to authorize burial or cremation must be obtained from an Ohio city or county health department.** A death certificate must be completed in full prior to cremation.

**Pursuant to Ohio Revised Code, Section 3705.17:* When a funeral director or other person obtains a burial permit from a local registrar or sub-registrar, the registrar or sub-registrar shall charge a fee of three dollars for the issuance of the burial permit... No person in charge of any premises in which interments or cremations are made shall inter or cremate or otherwise dispose of a body, unless it is accompanied by a burial permit.

- For fetal deaths,** Ohio law allows EITHER parent the ability to apply to file for a fetal death certificate at the local health department if the product of conception is less than 20 weeks. In order to file for this certificate, the hospital/Dr.'s office/clinic must prepare a written statement of facts to include three points: 1) confirms woman was pregnant and subsequently suffered a fetal demise of less than 20 weeks gestation, 2) date of the miscarriage, and 3) signature of a **physician or coroner** confirming the facts.

Pursuant to Ohio Revised Code, Section 1721.071: "...a cemetery company or association shall inter the product of the fetal death... In a single grave within the cemetery that contains, or will contain, the remains of a parent, sibling, or grandparent; (or) In another location of the cemetery, including a separate burial ground for infants, on a temporary or permanent basis." Parents should consult the cemetery directly regarding any requirements for interment.