

Fetal Deaths, Authorized Person Cases, Disposition Permits, and Subregistrar Appointments

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Agenda

- Fetal Deaths
- Authorized Person cases/home funerals
- Disposition permits
- Subregistrar Appointments



Fetal Deaths

- A fetal death is the death of a fetus 20 weeks gestation or greater
- Fetal deaths are *only* filed on a paper form furnished by the Department
- The Certificate of Fetal Death (VS4) was updated effective January 1, 2021 to be more user friendly and to add additional questions for statistical purposes
- Fetal deaths are processed by DRVS and a true copy attest is sent to the municipality of death only

Department of Health and Human Services Certificate of Fetal Death

118-

STATE FILE NUMBER		
1. Name of Fetus (<i>first, middle, last</i>)	2. Sex	3. Date of Delivery (<i>mm/dd/yyyy</i>)
		4. Time of Delivery (24hr)
5. Place Where Delivery Occurred (<i>check one</i>)		6. Facility Name (<i>If not institution, give street and number</i>)
<input type="checkbox"/> Home Delivery: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birth Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Other (Specify) _____		7. Facility ID -NPI Number
8. City/Town of Delivery	9. ZIP Code	10. County of Delivery
11. Mother/Parent Current Legal Name (<i>first, middle, last</i>)		
12. Mother/Parent Name Prior to First Marriage	13. Date of Birth (<i>mm/dd/yyyy</i>)	14. Birthplace (<i>State, Territory, or Foreign Country</i>)
15. Street and Number	16. City/Town of Residence	
17. Residence of Mother/Parent State or Foreign Country	18. County of Residence	19. Residence Zip
20. Father/Parent Current Legal Name (<i>first, middle, last</i>)	21. Date of Birth (<i>mm/dd/yyyy</i>)	22. Birthplace (<i>State, Territory, or Foreign Country</i>)
CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH		
23. INITIATING CAUSE/CONDITION (AMONG THE CHOICES BELOW, PLEASE SELECT THE <u>ONE</u> 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 <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) _____ _____ Fetal Anomaly (Specify) _____ _____		23a. OTHER SIGNIFICANT CAUSES OR CONDITIONS (SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH) Maternal Conditions/Diseases (Specify) _____ _____ Complications of Placenta, Cord, or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) _____ _____ Fetal Anomaly (Specify) _____ _____



Authorized Person Cases

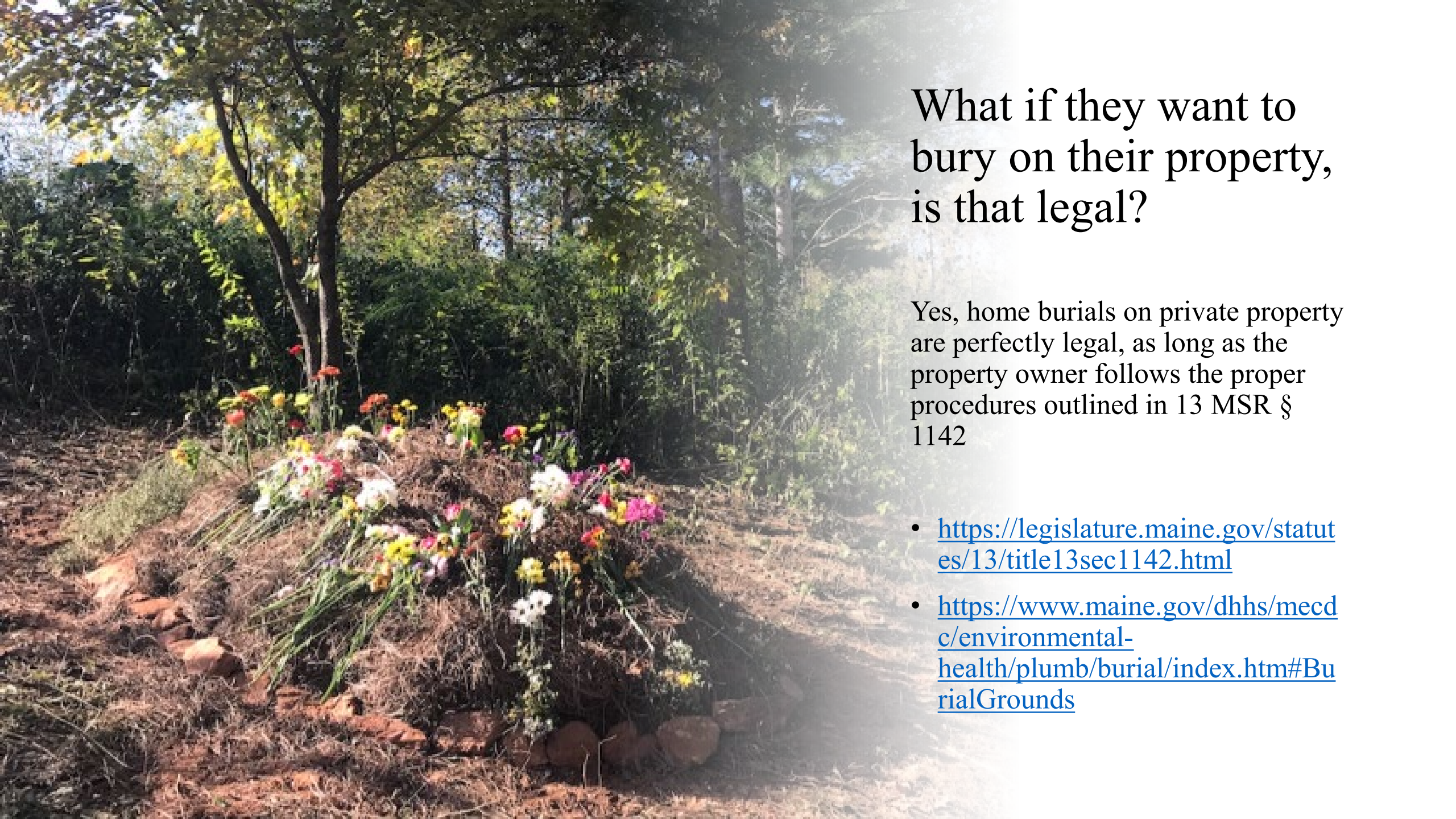
An authorized person is someone who is acting in lieu of a funeral director and is handling final disposition on their own, which may be burial, cremation, or transportation out of state.

Do not panic

There are a few simple steps that need to take place to complete the death certificate and issue the disposition permit.

1. The medical certifier or medical examiner starts a case in DAVE, enters the medical information, and certifies.
2. The authorized person will need to fill out items 1-30 (items 20 and 21, as well as parent middle names can be left blank) and will sign on line 30
3. The completed paper VS3 may be scanned and attached to the case, emailed to Melissa Boynton, or faxed to the office. Please call Melissa at 287-5451 or email Melissa.Boynton@maine.gov if you have a case or have attached the completed VS3.
4. The case is completed by the Department and registered
5. A disposition permit can now be issued to the authorized person

Department of Health and Human Services				State File No. 118 -	
Certificate of Death					
(Include aka's if any)					
1. Decedent's Legal Name (First, middle, last, suffix)				2. Sex	3. Social Security Number
4. Date of Birth (mm/dd/yyyy) (Spell month)	5a. Last Birthday - Age (Years)	5b. Under 1 Year (Months)	5c. Under 1 Day (Hours)	6. Birthplace (City and state or foreign country)	
7. Ever in US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		8a. Residence Address (Street number and name)			
8b. Apt. No.	8c. City or Town	8d. County	8e. State	8f. Country	8g. Zip Code
9. Marital Status at Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Unknown					
10. Surviving Spouse/Partner Name (Give name prior to first marriage)					
11. Parent Name Prior to First Marriage (First, middle, last, suffix)			12. Parent Name Prior to First Marriage (First, middle, last, suffix)		
13a. Informant Name (First, middle, last, suffix)			13b. Relationship to Decedent		
13c. Mailing Address (Street and number, apartment number, city, state, zip code)					
14. Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Removal From State <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Other (Specify) _____			15. Date of Disposition	16. Place of Disposition (Name of cemetery, crematory, or other place)	
17. Disposition Location (City, town, and state or foreign country)					18. Was Body Embalmed? <input type="checkbox"/> Yes <input type="checkbox"/> No
19. Funeral Practitioner/Authorized Person (Please print)				20. License Number (Of licensee)	
21. Funeral Establishment License Number		22. Name and Complete Address of Funeral Facility/Authorized Person			
23. Decedent's Usual Occupation (Indicate type of work done during most of working life. Do not use retired.)			24. Kind of Business/Industry	25. Name of Employer	
26. Decedent's Education (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th Grade or Less <input type="checkbox"/> 9th - 12th Grade; No Diploma <input type="checkbox"/> High School Graduate or GED Completed <input type="checkbox"/> Some College Credit, but No Degree <input type="checkbox"/> Associate Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown					
27. Ancestry (French, English, etc., specify)					
28. Decedent of Hispanic Origin? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the first box if decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> Not Spanish/Hispanic/Latino <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Spanish/Hispanic/Latino (e.g. Spaniard, Salvadoran, Columbian) <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Cuban (Specify) _____					
29. Decedent's Race (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Other Pacific Islander(Specify) <input type="checkbox"/> Black or African American <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other (Specify) <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Asian Indian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan					
30. Signature of Funeral Practitioner or Authorized Person					




What if they want to bury on their property, is that legal?

Yes, home burials on private property are perfectly legal, as long as the property owner follows the proper procedures outlined in 13 MSR § 1142

- <https://legislature.maine.gov/statutes/13/title13sec1142.html>
- <https://www.maine.gov/dhhs/mecdc/environmental-health/plumb/burial/index.htm#BurialGrounds>

Burying grounds are regulated by the Subsurface Wastewater Unit of the Department of Environmental Health

 [§1141](#)

[§1143](#) 

Title 13: CORPORATIONS
Part 2: CORPORATIONS WITHOUT CAPITAL
Chapter 83: CEMETERY CORPORATIONS
Subchapter 2: BURYING GROUNDS
Article 3: EXEMPTION FROM ATTACHMENT

§1142. Family burying grounds

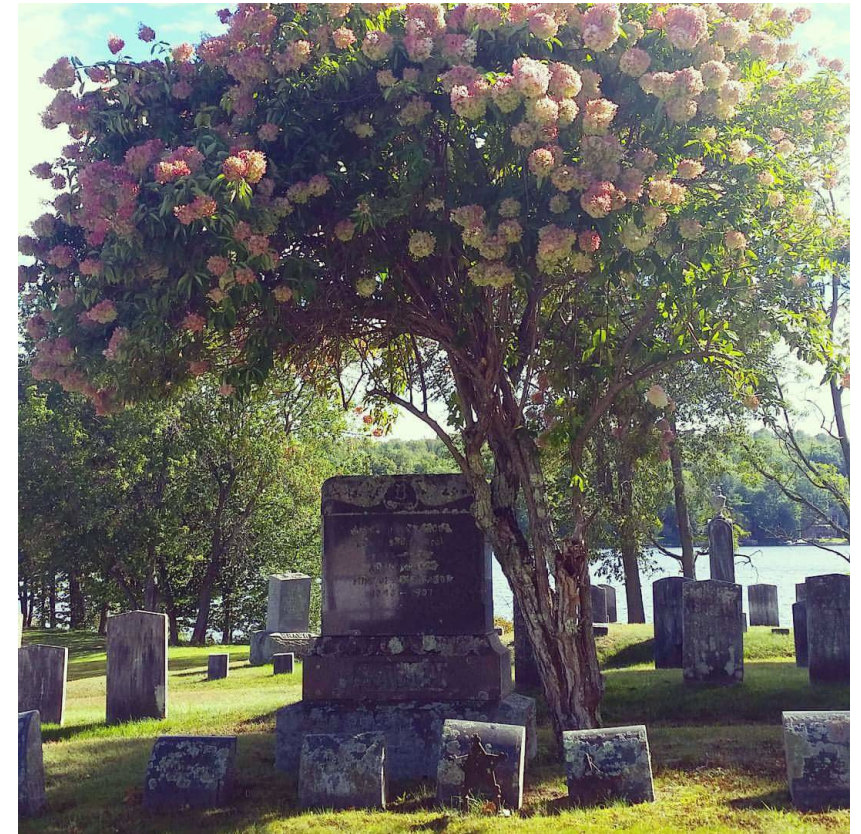
When a person appropriates for a family burying ground a piece of land containing not more than 1/4 of an acre, causes a description of it to be recorded in the registry of deeds of the same county or by the clerk of the town where it is situated and substantially marks the bounds of the burying ground or encloses it with a fence, it is exempt from attachment and execution. No subsequent conveyance of it is valid while any person is interred in the burying ground; but it must remain to the person who appropriated, recorded and marked that burying ground and to that person's heirs as a burial place forever. If property surrounding a burying ground appropriated pursuant to this section is conveyed, the property is conveyed by the person who appropriated the property or by an heir of that person and the conveyance causes the burying ground to be inaccessible from any public way, the conveyance is made subject to an easement for the benefit of the spouse, ancestors and descendants of any person interred in the burying ground. The easement may be used only by persons to walk in a direct route from the public way nearest the burying ground to the burying ground at reasonable hours. [PL 1991, c. 412, §1 (AMD).]

SECTION HISTORY
PL 1991, c. 412, §1 (AMD).

Disposition Types and ME Releases

A “method of disposition” must be checked on the death certificate. This will determine if a medical examiner’s release form (VS-37) is needed to accompany the completed death certificate or report of death prior to issuing a disposition permit.

- Methods of disposition that **do not require** a medical release are **temporary storage and burial**.
- Methods of disposition that **require** a medical examiner’s release include **cremation, burial at sea, use by medical science, and removal from state**. A copy of the signed medical examiner’s release must be retained permanently by the municipal clerk who issues the disposition permit. If the death is electronic (2011 to present), the medical examiner’s release form may be scanned and attached to the death case in the Electronic Death Registration System (EDRS).
- Funeral Directors may request and file the medical examiner’s release electronically. If they do not, and opt to do a paper copy, a red “M.E. Release Required” status will show in the status bar. This **does not** impact your ability to issue certified copies. See screenshot below:



/Personal Valid/Medical Valid/Registered/Signed/Certified/NA/**M.E. Release Required**/ICD Coding Required

Disposition Permits

- The municipality listed in 10b or 11b on the Disposition Permit collects the \$20.00 issuing fee (see below).
- The issuing clerk or sub-registrar cannot sign as person in charge of final disposition on the disposition permit unless the remains were placed in temporary storage and the funeral director owns the storage facility specified.
- The place of death municipality, the place the permit issued municipality and/or the Department, and place of final disposition municipality is where the endorsed disposition permit is filed (unless scanned and attached in the EDRS).
- Deaths occurring at the United States Department of Veteran's Affairs (also known as Togus) are filed directly with the Department and the disposition permit must be issued by the Department or an appointed sub-registrar of the Department. The Department collects the \$25.00 issuing fee.

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE		
10. SIGNATURE OF CLERK OR (see #11) ➔	10b. CITY OR TOWN	10c. DATE SIGNED (Mo., Day, Yr.)
11. SIGNATURE OF SUBREGISTRAR ➔	11b. SUBREGISTRAR OF (List Municipality appointed by):	11c. DATE SIGNED (Mo., Day, Yr.)



Permits for Fetal Deaths and Miscarriages

- When issuing a disposition permit for a fetal death (20 weeks or greater) the funeral director or authorized person must present the completed certificate of fetal death and ME Release (if applicable)
- If the permit is for a miscarriage (20 weeks or less), the funeral director or authorized person must present a letter from the medical facility stating the fact of miscarriage, the funeral home or person the remains are being released to, and signature from the health care professional. A ME Release is **not** required for miscarried remains that are being cremated or removed from state.

State of Maine
Department of Health and Human Services
Permit for Disposition of Human Remains

Distribution of Copies: ☐ Place of Final Disposition ☐ Place Permit Issued
☐ Place of Death ☐ Issuing Clerk – Retain Until Endorsement Received

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.)			2. DATE OF DEATH (Mo., Day, Yr.)		
3. SEX	4. AGE	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input type="checkbox"/>	6. PLACE OF DEATH (City or Town) (State)		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER	
8. PERMISSION REQUESTED FOR: (Check All That Apply)			<input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment		
9. AUTHORIZATION FOR PERMIT	<input type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science		<input type="checkbox"/> Application or Court Order for Disinterment
	<input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation				

Subregistrars

There are two types of subregistrar:

- Annual appointment of a funeral home worker by the municipality in which the funeral home is located or the employee resides, entitling them to issue their own disposition permits and pay the \$20 fee on behalf of that municipality if the appointment was made in the municipality where the death occurred or in the municipality where the funeral establishment having custody and control of the dead human body is located *only* or,
- Annual appointment of a funeral home worker by the state upon receipt of application and \$100 fee, entitling them to issue their own disposition permits on behalf of the state (\$25 permit fee paid to state).

Sub-registrars must be appointed in writing, sworn in, and the annual appointment must be recorded in the office of the Department or the municipal clerk who appointed them. In the event a municipal clerk's term has ended prior to the expiration date of the sub-registrar's annual appointment, the sub-registrar must be reappointed. Municipal clerks may rescind a sub-registrar appointment at any time for any reason, although it is the responsibility of a municipal clerk to notify a sub-registrar in writing when the appointment has ended or been rescinded.

A permit may be issued by a sub-registrar only when the municipal office is closed, or the municipal clerk or deputy clerk is not available. Sub-registrars must scan and attach the completed disposition permit, after endorsement, to the death case in the Electronic Death Registration System (EDRS)

State of Maine
Department of Health and Human Services
Permit for Disposition of Human Remains

Distribution of Copies:

☐
☐

Place of Final Disposition
Place of Death

☐
☐

Place Permit Issued
Issuing Clerk – Retain Until Endorsement Received

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.)				2. DATE OF DEATH (Mo., Day, Yr.)	
3. SEX	4. AGE	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input type="checkbox"/>	6. PLACE OF DEATH (City or Town) (State)		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER	
8. PERMISSION REQUESTED FOR: (Check All That Apply)					
<input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment					
<input type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT	<input type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment	<input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR <i>(see #11)</i> →	10b. CITY OR TOWN	10c. DATE SIGNED (Mo., Day, Yr.)
11. SIGNATURE OF SUBREGISTRAR →	11b. SUBREGISTRAR OF <i>(List Municipality appointed by):</i>	11c. DATE SIGNED (Mo., Day, Yr.)

Subregistrars *can not* issue a disposition permit for the disinterment of a body!



Additional Resources

- Maine Funeral Consumer's Alliance
<https://www.fcmaine.net/>
- Order of the Good Death
<https://www.orderofthegooddeath.com/>
- Last Things: Maine's Home Funeral Resource
<https://www.lastthings.net/>





Questions?