

EFFECTIVE
12/5/12

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

174 NAC 1

TITLE 174 VITAL RECORDS

CHAPTER 1 COMPILATION OF INFORMATION SUBMITTED ON ABORTION REPORTING
AND CONSENT FORMS

1-001 CONTENT: Compilation of the information submitted on the abortion reporting and consent forms to the Department of Health and Human Services will contain items of information based upon those required to be contained in the abortion reporting and consent forms pursuant to the provisions of Neb. Rev. Stat. §§ 28-343, 28-3,107, and 71-6909.

1-002 PERIOD OF PUBLICATION: The Department of Health and Human Services will prepare and have published compilations of the information submitted on the abortion reporting and consent forms to the Department covering the period beginning January 1 and ending December 31, inclusive, for each year. Such compilations will be published and made available to the public no later than June 30 of the year subsequent to that covered in the compilations. The Department may also prepare and have published compilations covering a lesser period of time and containing the same or a lesser number of the items of information required in the abortion reporting and consent forms. Upon publication such compilations will also be available to the public.

EFFECTIVE
12/9/08

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

174 NAC 3

TITLE 174 VITAL RECORDS

CHAPTER 3 VIEWING AND RELEASE OF VITAL RECORDS

3-001 SCOPE: These regulations govern the access to and release of birth, death, marriage, and dissolution of marriage certificates under Neb. Rev. Stat. § 71-612.

3-002 DEFINITIONS

Applicant means a person requesting a certified copy or a person seeking to view a certificate.

Application means a request for a record in writing containing information required by the Department.

Certificate means the form used for registration or reporting to the Department the event of birth, death, marriage, or dissolution of marriage as approved by state law or regulation. For purposes of these regulations, certificate includes an abstract of marriage as provided in Neb. Rev. Stat. § 71-601.01 and a certificate of birth resulting in stillbirth as provided in Neb. Rev. Stat. § 71-606. Certificate does not include that portion of the certificate entitled "for health data and statistical research," "information for statistical purposes only" or for "medical or health information only" or similar language except as specifically provided in these regulations. The portion of the certificate designated for "health data and statistical research" is confidential and released only to the United States Public Health Service or its successor, government health agencies, or a researcher as approved by the Department in these rules. The Department may publish analyses of any information received on the forms for scientific and public health purposes in such a manner as to assure that the identity of any individual cannot be ascertained.

Certified copy means a certificate certified by the Department as provided by law.

Department means the Department of Health and Human Services.

Family means the parent, spouse, or child of a registrant. Family does not include the biological parent of an adopted child.

Legal representative means the registrant's attorney, legal guardian or conservator, custodian, personal representative, executor, or executrix of the registrant's estate or other person showing lawful authority to act on behalf of the registrant.

Proof of identity means documentation issued by a federal, state, or local political subdivision, corporation, or other entity, that contains a photograph of the applicant and facts identifying the applicant or other documentary evidence establishing identity.

Proof of qualification means written documentation establishing the credentials or authority of the applicant or facts required by these regulations to demonstrate a proper purpose.

Registrant means the individual who is the subject of the vital record.

Research means a systematic statistical study, conforming to or in accordance with generally accepted medical or scientific standards or principles, designed to develop or contribute to medical or scientific knowledge, and which does not identify the persons in the study.

3-003 VIEWING OR OBTAINING A CERTIFIED COPY OF A RECORD

3-003.01 Birth, death, marriage, and dissolution of marriage certificates are public records unless otherwise provided by law or court order and as such, the Department allows said records to be viewed during normal office hours. The applicant must make a request to view the vital record and provide the applicant's name and address.

3-003.02 An applicant wishing to view a vital record will be provided at the statutory fee a copy of the certificate which will be stamped "NOT A LEGAL DOCUMENT - FOR REVIEW ONLY." This copy will not contain any information contained on that portion of the vital record titled "medical or health information" or "information for statistical purposes only" or similar statistical information not registering the vital event itself.

3-003.03 Copies of certificates provided to an applicant for review may not be removed from the area provided for viewing. These copies must not be photocopied or reproduced by the applicant. Such copies must be returned to the Department before the applicant leaves the viewing area. An applicant may make and keep notes on the contents of a record.

3-003.04 The Department will provide no copies of a vital record other than certified copies to an applicant demonstrating a proper purpose except death certificates for scientific research pursuant to Neb. Rev. Stat. § 71-612(5).

3-003.05 The Department will supply for any proper purpose as defined in 174 NAC 3-004, a certified copy of a birth, death, marriage, or dissolution of marriage record, except as otherwise provided by law or court order. The burden is on the applicant to prove to the Department that a valid proper purpose exists. To obtain a certified copy, an applicant must:

3-003.05A Provide sufficient information to enable the Department to locate and identify each certified copy requested.

3-003.05B Pay the statutory fees for each certified copy or each search for a certified copy, whether or not the record is found, unless exempt from payment by law.

3-003.05C Provide name and address, telephone number, and proof of identity. More than one document showing proof of identity may be required. If the applicant is involved in medical, scientific, law enforcement, government, genealogical, or historical research, the applicant must provide the name of the entity, if any, which the applicant represents; the name of the principal investigator if other than the applicant; qualifications of the applicant if appropriate; the location where the research will take place; and the means by which the research will take place.

3-003.05D Describe the purpose for each certified copy requested and provide satisfactory proof to the Department that the request is for a proper purpose as defined below.

3-004 PROPER PURPOSE: Proper purpose means and includes the following circumstances:

3-004.01 Personal Use: Personal use by a registrant of his or her own certificate of birth, certificate of marriage, or certificate of dissolution of marriage, upon proof of identity.

3-004.02 Legal Use: Use by a registrant, the registrant's family, or the registrant's legal representative of a certificate for a legal purpose that requires documentation of a vital event to obtain a legal right or privilege upon proof of identity. A legal purpose includes, but is not limited to the following:

3-004.02A To establish the fact of death or identity in a probate or estate action.

3-004.02B To transfer title to a motor vehicle or other personal or real property.

3-004.02C To obtain government documents such as a driver's license, identification card, social security, passports, or other state or federal licenses, benefits, or certificates.

3-004.02D To obtain admission to school.

3-004.02E To establish a legal relationship with another person or property right such as an inheritance, insurance, or dependency benefit.

3-004.02F To provide a copy or copies of a certificate of birth resulting in stillbirth to the parent(s) as listed on the fetal death record.

3-004.03 Consensual Use: Use upon submission by the applicant of the written consent of the registrant to obtain the certificate. Such written consent will be retained by the Department and made a part of the application.

3-004.04 Scientific or Medical Use: Use upon proof of identity and qualifications by a researcher employed by a research organization, university, institution, or government agency, who is conducting scientific, medical, or public health research of a certificate, so long as there is no publication or disclosure of the name or names or facts that would lead to the identity of any person included in the certificate.

3-004.05 Law Enforcement Use: Use of a certificate upon proof of identity and employment with an agency of the federal government, state government, or political subdivision of the state, charged by law with the duty of detecting or prosecuting crime or enforcing child support or establishing paternity.

3-004.06 Genealogical Use: Use of a certificate of birth and death by a person engaged in genealogical research:

3-004.06A Upon proof of identity of the applicant when the person whose certificate is requested has been deceased for 50 or more years; or

3-004.06B Upon proof of identity of the applicant and written consent of the registrant or a member of registrant's family when the registrant is alive or has been deceased less than 50 years.

3-004.06C A certificate of birth resulting in stillbirth is available only to the parent(s) as listed on the fetal death record. A certificate of birth resulting in stillbirth is not open to the public for genealogical use.

3-004.07 Historical Research: Use by a historical researcher of a certificate upon proof of identity and proof of qualification, including but not limited to documentation that:

3-004.07A Applicant possesses academic credentials as a historian from, or is currently majoring in and pursuing a course of study in history in an accredited university, college, or nationally-recognized organization.

3-004.07B Applicant is engaged in a historical research project.

3-004.07C Each certificate requested is relevant to the project.

3-004.08 Governmental Use: Use of a certificate upon proof of identity and employment by federal, state, or political subdivision government agencies for statistical purposes, disease control or prevention, health-related record keeping, and for record keeping required by any state or federal agency in the course of its official duties.

3-004.09 Media Use: Use of a certificate upon proof of identity and employment with a newspaper, magazine, radio, or television station for the purpose of reporting news to the public.

3-005 PROCESSING REQUESTS

3-005.01 Certified Copies: The Department will review the application and documentation provided by the applicant to determine whether the criteria for proper purpose are met. In reaching a decision, the Department may conduct independent verification of some or all of the information or proof supplied by an applicant. The Department will deny an application when:

3-005.01A The reason for which the record is sought is not a proper purpose as defined in 174 NAC 3-004.

3-005.01B An applicant cannot show proof of identity.

3-005.01C Information or documentation provided by the applicant is incomplete.

3-005.01D The certificate or record requested is confidential, sealed, or protected by statute or court order.

3-005.01E Information or documentation provided by the applicant does not provide the proof necessary for release for a proper purpose.

3-005.01F There is reason to believe that an applicant has provided inaccurate or false information.

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NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

174 NAC 3

3-005.02 Access to Certificates: The Department will not release a certificate or particular information from a certificate or other record for review when a statute makes such information confidential. In these cases, the applicant will be provided a written denial. Any person denied a copy or a portion of a copy may seek review of the Department denial, or denial of particular information, under any of the methods described in Neb. Rev. Stat. § 84-712.03.

3-005.03 Mail Request: Requests by mail for certified copies are permitted if they meet the requirements set out in this chapter. Supplemental information may be accepted over the phone except when documentation is required and a record of such will be made by the Department.

3-005.04 Denial: Any denial of access to or a certified copy of any record will be made in writing by the Department to the applicant. Such denial will clearly set out the reasons for the denial.

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HEALTH AND HUMAN SERVICES
FINANCE AND SUPPORT

174 NAC 4

TITLE 174 VITAL RECORDS

CHAPTER 4 REGULATIONS GOVERNING AMENDMENT OF MARRIAGE AND DISSOLUTION
OF MARRIAGE RECORDS

4-001 SCOPE OF REGULATIONS: A marriage or dissolution of marriage record filed with the Department of Health and Human Services Finance and Support (hereafter Department) may be amended only in accordance with the provisions of these regulations. For purposes of these regulations, record of marriage includes an abstract of marriage as provided in Neb. Rev. Stat. § 71-601.01. Amendment of incomplete or erroneous information on records of marriage or dissolution may be made upon presentation of the same kinds and numbers of documents required to amend birth and death certificates. A record of marriage or dissolution of marriage amended under these regulations will have a properly dated reference placed on the face of the record and will state that it is amended.

4-002 APPLICATION FOR AMENDMENT: Application for amendment of a marriage record must be made by the husband, wife, or by the county court required to file the record with the Department. Application for amendment of a dissolution of marriage record must be made by a plaintiff or by the clerk of the district court required to file the record with the Department.

4-003 AMENDMENT OF OBVIOUS ERRORS: Amendment of obvious errors, transposition of letters in words of common knowledge, or omissions on marriage or dissolution of marriage records may be made by the Department within the first year after the date of the event, either upon its own observation, upon query, or upon request of a person with a direct and tangible interest in the record. When such additions or minor amendments are made by the Department, a notation as to the source of the information, together with the date the change was made and the initials of the authorized agent making the change, will be made on the reverse side of the record in such a way as not to become a part of the record. The record will not be marked amended.

Amendment of obvious errors to an electronically generated certificate will be accomplished electronically by completing the item in any case where the item was left blank on the certificate or by replacing the initial information with the corrected information. With all amendments of obvious errors, the electronic registration system will maintain an internal record of the actual information completed or replaced and the name of the individual who made the amendment. The face of the certificate will not note the item number and item corrected. The record will not be marked amended.

4-004 EVIDENCE REQUIRED: All other amendments to a marriage or dissolution of marriage record made during the first year unless otherwise provided in these regulations must be supported by (a) an affidavit setting forth information to identify the record, the incorrect data as it is placed on the record, and the correct data as it should appear; and (b) one item of documentary evidence supporting the amendment. Records amended by this procedure will be marked amended.

4-005 APPLICATION FOR AMENDMENT MADE AFTER A YEAR: Application for an amendment to a marriage or dissolution of marriage record made one year or more after the event, unless otherwise provided in these regulations, must be supported by (a) an affidavit setting forth information to identify the record, the incorrect data as it is listed on the record, and the correct data as it should appear; and (b) two or more items of documentary evidence which support the alleged facts and which were established at least five years prior to the date of application for amendment or within seven years of the date of the event.

4-006 EVALUATION OF EVIDENCE: The Department will evaluate all evidence submitted for an amendment to a marriage or dissolution of marriage record and when it finds reason to question its validity or adequacy, it may reject the amendment and will advise the applicant of the reasons for this action.

4-007 REQUIREMENTS FOR ADDITIONAL AMENDMENT: When an entry on a marriage or dissolution of marriage record has been amended, that entry will not be amended again unless it can be shown that the first amendment was made through mistake.

4-008 METHOD OF AMENDMENT: Marriage or dissolution of marriage records will be amended as provided in Chapter 10 of this Title, governing the method of amending certificates and reports.

4-009 FEES: The fees charged by the Department for the making of amendments to marriage or dissolution of marriage records will be identical to those charged for the making of amendments to birth or death records.

EFFECTIVE
6/23/12

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

174 NAC 6

TITLE 174 VITAL RECORDS

CHAPTER 6 RELEASE OF MEDICAL HISTORY, ORIGINAL BIRTH CERTIFICATE, AND
RELATIVE'S INFORMATION FOLLOWING THE ADOPTION OF A NEBRASKA
BORN PERSON.

6-001 SCOPE: These regulations apply to:

1. The release of information to the person adopted or for whom relinquishment or consent for adoption was given prior to September 1, 1988, as defined in Neb. Rev. Stat. §§ 43-120 to 43-146;
2. The release of information to the person adopted or for whom relinquishment or consent for adopted was given on or after September 1, 1988, as defined in Neb. Rev. Stat. §§ 43-107, 43-119, 43-129, and 71-626.01; and
3. The release of information to the heir of an adopted person, as defined in Neb. Rev. Stat. § 43-146.17.

Sections 6-003, 6-005 and 6-006 of this chapter do not apply to persons subject to the Nebraska Indian Child Welfare Act.

6-002 DEFINITIONS

Biological family includes, but is not limited to, siblings, parents, grandparents, aunts, and uncles.

Child placing agency means an agency licensed by the Nebraska Department of Health and Human Services (DHHS) Division of Public Health as provided in Neb. Rev. Stat. §§ 71-1901 to 71-1906.01.

Completed written request means that an access form has been completed with all required information and properly signed by the requester and submitted with the statutory fee and any required documentation.

Court means a court of competent jurisdiction which granted the adoption.

Department means the Nebraska Department of Health and Human Services (DHHS) Division of Public Health.

Heir means a direct biological descendent of an adopted person.

Putative father means the presumed father of a child.

Relative means the biological parents or biological siblings of the adopted person.

6-003 REQUIREMENTS FOR ACCESS TO RECORDS ABOUT ADOPTED PERSONS

6-003.01 Procedures for access to information about persons adopted or for whom a relinquishment or consent for adoption was given prior to September 1, 1988.

6-003.01A A person adopted or for whom a relinquishment or consent for adoption was given prior to September 1, 1988 requesting access to names of relatives or his or her original certificate of birth must:

1. Have been born in the State of Nebraska;
2. Have attained at least the age of 25; and
3. Submit to the Department:
 - a. A written request on a form provided by the Department, a copy of which is Attachment A, incorporated in these regulations by this reference. Only requests which are complete will be considered;
 - b. Evidence of having attained at least the age of 25 years;
 - c. Evidence of the dates of adoption or placement for adoption;
 - d. Evidence of having been born in the State of Nebraska; and
 - e. The required search fee.

6-003.01B The Department, upon receipt of a complete written request, will determine if a consent form has been signed and filed by any relative of the adopted person and whether an unrevoked nonconsent form is on file with the Department from the biological parent or parents or from the adoptive parent or parents. Copies of relative consent forms are Attachments B and C, copies of biological and adoptive parent nonconsent forms are Attachments D and E, and a copy of the revocation of consent form is Attachment F, all incorporated in these regulations by this reference.

6-003.01C The Department will disclose the information on a consent form when:

1. A consent form has been signed and filed and is unrevoked, and
2. No nonconsent form has been filed by an adoptive parent or parents, or by a biological parent or parents.

6-003.01D The Department will disclose the information listed on a consent form and provide a copy of the original birth certificate to an adopted person when:

1. A consent form has been signed and filed by the biological parents or by the biological mother of a child born out-of-wedlock and is unrevoked, and
2. No nonconsent form has been filed by an adoptive parent or parents, or by a biological parent or parents.

6-003.01E When no consent forms have been filed or if the consent form has been revoked and no nonconsent form has been filed by the biological parent or parents or the adoptive parent or parents, the Department will disclose the following information to the adopted person:

1. The name and address of the court which issued the adoption decree;

2. The name and address of the child placing agency, if any, involved in the adoption; and
3. The fact that a child placing agency may assist the adopted person in searching for relatives.

6-003.01F When the Department has information indicating that both biological parents of the adopted person are deceased, or, if only one biological parent is known and the information indicates that parent is deceased and, no nonconsent form has been filed by an adoptive parent or a biological parent, the Department will disclose to the adopted person all information on the adopted person's original birth certificate regarding such deceased parent or parents.

6-003.01G When a nonconsent form has been filed by the biological parent or parents, the Department will not disclose any information on the original birth certificate of the adopted person to any person until after the death of the biological parent filing the nonconsent form and the death of the spouse of the biological parent without a court order.

6-003.01H When a nonconsent form has been filed by the adoptive parent or parents, the Department will not disclose any information on the original birth certificate of the adopted person prior to the death of the adoptive parent and his/her spouse, if he or she signed the form, without a court order.

6-003.02 Procedures for access to information for persons for whom a relinquishment or consent for adoption was given on or after September 1, 1988.

6-003.02A A person for whom a relinquishment or consent for adoption was given on or after September 1, 1988 requesting access to the names of relatives or to his or her original birth certificate must:

1. Have been born in the State of Nebraska;
2. Have attained at least the age of 21 years; and
3. Submit to the Department:
 - a. A verified complete access form provided by the Department, a copy of which is Attachment G, incorporated in these regulations by this reference. Only requests which are complete will be considered;
 - b. Evidence of having attained the age of 21 years;
 - c. Evidence of having been born in the State of Nebraska; and
 - d. The required search fee.

6-003.02B The Department, upon receipt of a complete written request, will determine if there is on file by a biological parent of the adopted person, an unrevoked nonconsent form, a copy of which is Attachment H, incorporated in these regulations by this reference.

6-003.02B1 If no nonconsent form has been filed by a biological parent of the adopted person, the Department will release to the adopted person the following information:

1. The name and address of the court which issued the adoption decree;
2. The name and address of the child placing agency, if any, involved in the adoption;
3. The fact that a child placing agency or the DHHS Division of Children and Family Services may assist the adopted person in searching for relatives;
4. A copy of the adopted person's original birth certificate; and
5. A copy of the adopted person's medical history and any medical records on file with the Department.

6-003.02B2 If an unrevoked nonconsent form has been filed by a biological parent of the adopted person, the Department will release to the adopted person a copy of the adopted person's medical history. The medical history will not include the names of the biological parents or relatives of the adopted person or any other identifying information. The Department will not disclose to the adopted person any information contained on the original birth certificate or any other information to any person prior to the death of the biological parent without a court order.

6-003.03 Disclosure of Information to a Child Placing Agency or the DHHS Division of Children and Family Services.

6-003.03A If an adopted person of at least 21 years of age for whom relinquishment or consent to adoption was given on or after September 1, 1988 is unable to obtain information about the adopted person's relatives and there is no unrevoked nonconsent form from a biological parent on file with the Department, the Department will:

6-003.03A1 Verify for the child placing agency or the DHHS Division of Children and Family Services, that no unrevoked nonconsent form is on file.

6-003.03A2 Upon receipt of a written request and the required search fee from the child placing agency or the DHHS Division of Children and Family Services, release to the child placing agency or the DHHS Division of Children and Family Services any information available from Department records regarding the names and locations of the relatives of the adopted person. The child placing agency or the DHHS Division of Children and Family Services must keep such information confidential.

6-003.03A2a When any information regarding relatives of an adopted person is provided by the Department to a child placing agency or the DHHS Division of Children and Family Services, the Department must record in the records of the adopted person the following:

1. The nature of the information disclosed.
2. The name and employer of the person to whom the information was disclosed; and
3. The date of the disclosure.

6-003.03B The DHHS Division of Children and Family Services or child placing agency which receives information from the Department as provided by these regulations must file a written report with the Department within nine months of receipt of the information. The report must include the following information:

6-003.03B1 Whether a relative of the adopted person was located and whether a contact between the relative and the adopted person has been arranged or has occurred; or

6-003.03B2 If no relative has been located, the efforts made to identify and locate relatives of the adopted person.

6-003.04 Access of an adopted person's heir to original adoptive information upon proof of death of the adopted person, the adopted person's biological parent(s), and the spouse(s) of the biological parent(s), or when at least 100 years have passed since the birth of the adopted person, as provided in Neb. Rev. Stat. § 43-146.17.

6-003.04A After July 20, 2002, an heir 21 years of age or older of an adopted person may request access to the adopted person's original adoptive information by providing to the Department:

1. A completed Request for Access to Adoptive Birth Information by Heir, a copy of which is Attachment I, incorporated in these regulations by this reference;
2. Evidence that s/he is an heir of the adopted person;
3. Evidence that s/he is 21 years of age or older;
4. Evidence that the adopted person is deceased;
5. Evidence that the adopted person's biological parent(s) is/are deceased;
6. Evidence that the spouse(s) of the biological parent(s) is/are deceased; and
7. The required fee as established in 174 NAC 6-005.03.

6-003.04A1 Upon receipt of the required fee, the information in items 1-6 above, and verification of the information as valid, the Department will release to the heir of the adopted person all information on file, including but not limited to:

1. The name and address of the court that issued the Adoption Decree;
2. The name and address of the child placing agency, if an agency was involved;
3. A copy of the adopted person's original birth certificate;
4. A copy of the adopted person's medical history and any medical records on file with the Department; and
5. Any vital records documents identified during the research to link documents.

6-003.04B After July 20, 2002, an heir 21 years of age or older of an adopted person may request access to the adopted person's original adoptive information if at least 100 years has passed since the adopted person's birth by providing to the Department:

1. Evidence that s/he is an heir of the adopted person;
2. Evidence that s/he is 21 years of age or older; and

3. The required fee as established in 174 NAC 6-006.

6-003.04B1 Upon receipt of the required fee, the information in items 1 and 2 above, and verification of the information as valid, the Department will release to the heir of the adopted person all information on file, including but not limited to:

1. The name and address of the court that issued the Adoption Decree;
2. The name and address of the child placing agency, if an agency was involved;
3. A copy of the adopted person's original birth certificate; and
4. A copy of the adopted person's medical history and any medical records on file with the Department.

6-004 MEDICAL HISTORY: A complete medical history must be filed for every person adopted or for whom relinquishment or consent for adoption was given on or after September 1, 1988. The medical history must include, if available, a medical history of the biological mother and father and their biological families, unless the child is foreign born or abandoned. The medical history of the biological parents must include the race, ethnicity, nationality, Indian tribe when applicable and in compliance with the Nebraska Indian Child Welfare Act, or other cultural history, if available. The medical history must be submitted on a form provided by the Department, copies of which are Attachments J and K, incorporated in these regulations by this reference.

6-005 SCHEDULE OF FEES

6-005.01 For each search of the files, a fee as provided in Neb. Rev. Stat. § 71-612.

6-005.02 For each certified copy of a birth certificate, an additional fee of \$1.

6-005.03 For each request by an heir of an adopted person for original birth information on the adopted person, as provided in 174 NAC 6-004, a fee of \$100. This fee includes review of the request, correspondence with the heir, and up to four hours of research to link documents. If more than four hours of research time is required, a fee of \$25 for each additional hour or partial hour will be charged. The fee may be waived by the Department if the requesting party shows that the fee would work an undue financial hardship on the party.

6-006 REVOCATION OF NONCONSENT FORM

6-006.01 A revocation of nonconsent by biological parent(s) may be filed at the option of the biological parent(s). The filing of this form will allow the release of information to the adopted person. Copies of the forms to be used are Attachments L and M, incorporated in these regulations by this reference.

TITLE 174 VITAL RECORDS

CHAPTER 9 ORIGINAL AND DELAYED BIRTH CERTIFICATES

9-001 SCOPE: These regulations apply to the registration of the birth of newborn infants (as provided in Neb. Rev. Stat. § 71-604), for those persons who were born in Nebraska but whose births were not registered pursuant to Neb. Rev. Stat. § 71-604 (as provided in Neb. Rev. Stat. §§ 71-617.01 to 71-617.15), and for amending such records (as provided in Neb. Rev. Stat. §§ 71-634 to 71-644).

9-002 DEFINITIONS

Certificate of Delayed Birth Registration Form means the standard form prescribed by the Department for registering births under the Delayed Birth Registration Act, a copy of which is attached to these regulations as Attachment A and incorporated by this reference.

Certificate of Live Birth Registration Form means the standard form prescribed by the Department for registering live births occurring in this state, a copy of which is attached to these regulations as Attachment B and incorporated by this reference.

Department means the Nebraska Department of Health and Human Services.

Director means the Director of the Division of Public Health of the Nebraska Department of Health and Human Services or his or her designee.

Petition For The Issuance Of A Certificate Of Delayed Birth Registration Form means the standard form for an action under Neb. Rev. Stat. § 71-617.08, a copy of which is Attachment C, incorporated in these regulations by this reference.

Order For The Issuance Of A Certificate Of Delayed Birth Registration Form means the standard form order for use by a court to issue findings or orders under Neb. Rev. Stat. § 71-617.11, a copy of which is Attachment D, incorporated in these regulations by this reference.

9-003 REQUIREMENTS FOR REGISTRATION OF LIVE BIRTH: Within five business days of a live birth that occurs in Nebraska, a Certificate of Live Birth Registration Form must be filed with the Department or, for a birth in Douglas or Lancaster County, with the appropriate county health department, which within ten business days of the birth must file such certificate with the Department.

EFFECTIVE
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NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

174 NAC 9

9-003.01 The Department may refuse to accept for filing a Certificate of Live Birth Registration Form that is incomplete, unless such form is accompanied by a disclosure or a satisfactory accounting for any omission.

9-004 CERTIFICATES OF DELAYED BIRTH REGISTRATION: Any birth registered under the Delayed Birth Registration Act shall be registered on a Certificate of Delayed Birth Registration Form, after submission of an application and all statutorily-required information.

9-004.01 The Department in its discretion may, instead of immediately denying a deficient application for a Certificate of Delayed Birth Registration, allow the applicant an opportunity to cure the deficiency or deficiencies. The Department will dismiss any application that has not been cured within one year of filing with the Department.

9-004.02 If the application is dismissed, the application fee will be returned by the Department to the applicant.

9-005 APPEALS: Department actions taken under this Chapter and the related statutes may be appealed in accordance with the appropriate procedures prescribed in those statutes and by 184 NAC 1.

VITAL RECORDS

Certificate of Delayed Birth Registration

Name at Birth:		Date of Birth:	
Sex:	Birth Place:	County: State of Nebraska	
Attendant at Birth:			
MOTHER/PARENT		FATHER/PARENT	
Mother/Parent Name at Birth:		Father/Parent Name at Birth:	
Mother/Parent Current Legal Name:		Father/Parent Current Legal Name:	
Date of Birth:		Date of Birth:	
Birth Place:		Birth Place:	
Abstract of Evidence:			
<p>I certify that a search has revealed that no other record of birth is on file with the Vital Records Office, for the above-named person; that the evidence described in the above abstract was examined by me or by a designated agent; and that to the best of my knowledge and belief, such evidence complies with the legal requirements of the State of Nebraska for delayed registration of births. This birth certificate is issued under the provisions of Nebraska Revised Statutes §§ 71-601, et seq. and 71-615.01, et seq. and is now on file in the Vital Statistics Records Office.</p>			
Date Filed: _____		_____ DHHS Administrator, Vital Records Office	

VITAL RECORDS
Certificate of Live Birth

1. Child's Name (First, Middle, Last, Suffix):				
2. Sex:	3a. Date of Birth (Mo. Day, Yr.):	3b. Time of Birth:	4. County of Birth:	
5a. Facility Name (If not institution, give street & number):		5b. City, Town or Location of Birth:		5c. Zip Code:
6a. Name of Attendant/Certifier:		6b. NPI:	6c. Title:	
7. Mailing Address of Attendant/Certifier (Street and Number, City, or Town, State, Zip)				
8a. Registrar (Signature):		8b. Date Filed by Registrar (Mo., Day, Yr.):		
9a. Mother/Parent Name at Birth (First, Middle, Last, Suffix):				
9b. Mother/Parent Current Legal Name (First, Middle, Last, Suffix):				
9c. Date of Birth (Mo., Day, Yr.):		9d. Birthplace (City and State, Territory or Foreign Country):		
9e. Residence - State:		9f. County:	9g. City, Town, or Location:	
9h. Street and Number of Residence:		9i. Apt. No.:	9j. Zip Code:	9k. Inside City?
10a. Father/Parent Name at Birth (First, Middle, Last, Suffix):				
10b. Father/Parent Current Legal Name (First, Middle, Last, Suffix):				
10c. Date of Birth (Mo., Day, Yr.):		10d. Birthplace (City and State, Territory or Foreign Country):		
11a. The personal information provided on the certificate is correct to the best of my knowledge and belief. (Signature):		11b. Relation to Child:		

INFORMATION FOR ADMINISTRATIVE/HEALTH DATA AND STATISTICAL RESEARCH ONLY -
 THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD. Parental SSNs are required by DHHS and SSA

YES NO Permission given to provide the Social Security Administration with the information for the purpose of issuing a social security card.

12. Mother's Social Security Number:	13. Father/Parent Social Security Number:		
14a. Mother's Mailing Address - Enter if not same as residence (Street and Number, City or Town, State):		14b. Apt. No.:	14c. Zip Code:
15. Mother Married? (At conception, birth, or any time in between) <input type="checkbox"/> YES <input type="checkbox"/> NO If no, has paternity acknowledgement been signed in the hospital? <input type="checkbox"/> YES <input type="checkbox"/> NO		16. Mother's Medical Record Number:	17. Facility I.D. (NPI):

EDUCATION		PARENT(S) ORIGIN		RACE	
18a. Mother's (Check box of highest level or grade completed): <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school grad. 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 (eg. MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown	18b. Father/Parent	(Check the box that best describes whether the parent(s) are Spanish/Hispanic/Latino(a). Check the "No" box if not Spanish/Hispanic/Latino(a): 19a. Mother of Hispanic origin? <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify): _____ _____ _____	19b. Father/Parent of Hispanic origin? <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify): _____ _____ _____	20a. Mother's (Check one or more races to indicate what each parent considers him/herself to be): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe): _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____	20b. Father/Parent
21. Father/Parent Sex:					
22. Place where birth occurred (Check one): <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding birthing center <input type="checkbox"/> Home birth: Planned to deliver at home? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Other (Specify): _____					



VITAL RECORDS

Certificate of Live Birth

23. Date of First Prenatal Care Visit (Mo., Day, Yr.): <input type="checkbox"/> No Prenatal Care		24. Date of Last Prenatal Care Visit (Mo., Day, Yr.):		25. Total Number of Prenatal Visits for this Pregnancy: (If None, enter "0")	
26. Mother's Height: (feet/inches)		27. Mother's Pre-Pregnancy Weight: (pounds)		28. Mother's Weight at Delivery: (pounds)	
30. Number of Previous Live Births: (Do not include this child) (If none, enter "0") a. Now Living b. Now Dead # _____ # _____		31a. Number of Other Pregnancies (Spontaneous or induced losses or ectopic pregnancies): (If none, enter "0") # _____		32. Date Last Normal Menses Began: (Mo., Day, Yr.)	
30c. Date of Last Live Birth (Mo., Yr.)		31b. Date of Last Pregnancy (Mo., Yr.)		33. Principal Source of Payment for this Delivery: <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Self-Pay <input type="checkbox"/> Other (Specify) _____	
35. Mother Transferred for Maternal Medical or Fetal Indications for Delivery? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Name of Facility Mother Transferred From: _____					
36. Risk Factors in This Pregnancy (Check all that apply): Diabetes: <input type="checkbox"/> Prepregnancy (Diagnosis prior to this pregnancy) <input type="checkbox"/> Gestational (Diagnosis in this pregnancy) Hypertension: <input type="checkbox"/> Prepregnancy (Chronic) <input type="checkbox"/> Gestational (PIH, preeclampsia) <input type="checkbox"/> Eclampsia			<input type="checkbox"/> Previous preterm birth <input type="checkbox"/> Other previous poor pregnancy outcome (includes perinatal death, small-for-gestational age/intrauterine growth restricted birth) <input type="checkbox"/> Vaginal bleeding during this pregnancy prior to the onset of labor		<input type="checkbox"/> Pregnancy resulted from infertility treatment: If yes, check all that apply: <input type="checkbox"/> Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination <input type="checkbox"/> Assisted reproductive technology e.g. in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT) <input type="checkbox"/> Mother had a previous cesarean delivery If yes, how many? _____ <input type="checkbox"/> None of the above
38. Infections Present and/or Treated During this Pregnancy: (Check all that apply) <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Syphilis <input type="checkbox"/> Herpes Simplex Virus (HSV) <input type="checkbox"/> Chlamydia <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> None of the Above		39. Onset of Labor (Check all that apply): <input type="checkbox"/> Premature Rupture of the Membranes (prolonged, ≥ 12 hrs) <input type="checkbox"/> Precipitous Labor (< 3 hrs) <input type="checkbox"/> Prolonged Labor/Premature Rupture of the Mem (≥ 20 hrs) <input type="checkbox"/> None of the Above		40. Method of Delivery: A. Was delivery attempted with forceps or vacuum extraction? <input type="checkbox"/> Attempted Forceps/successful <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted Vacuum/successful <input type="checkbox"/> Yes <input type="checkbox"/> No B. Fetal presentation at birth <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other	
		41. Characteristics of Labor and Delivery (Check all that apply): <input type="checkbox"/> Induction of labor <input type="checkbox"/> Augmentation of labor <input type="checkbox"/> Non-vertex presentation <input type="checkbox"/> Steroids (glucocorticoids) for fetal lung maturation rec'd by the mother prior to delivery		<input type="checkbox"/> Antibiotics received by the mother during labor <input type="checkbox"/> Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥ 38°C (100.4°F) <input type="checkbox"/> Moderate/heavy meconium staining of the amniotic fluid	
42. Maternal Morbidity (Check all that apply): (Complications associated with labor and delivery) <input type="checkbox"/> Maternal transfusion <input type="checkbox"/> Ruptured uterus <input type="checkbox"/> Admission to intensive care unit <input type="checkbox"/> Third or fourth degree perineal laceration <input type="checkbox"/> Unplanned hysterectomy <input type="checkbox"/> Unplanned operating room procedure following delivery <input type="checkbox"/> None of the Above					
NEWBORN INFORMATION					
43. Newborn medical record number:		49. Abnormal conditions of the newborn (Check all that apply): <input type="checkbox"/> Assisted ventilation required immediately following delivery <input type="checkbox"/> Assisted ventilation required for more than six hours <input type="checkbox"/> NICU admission <input type="checkbox"/> Newborn given surfactant replacement therapy <input type="checkbox"/> Antibiotics received by the newborn for suspected neonatal sepsis <input type="checkbox"/> Seizure or serious neurologic dysfunction <input type="checkbox"/> Significant birth injury (skeletal fracture(s), peripheral nerve injury, soft tissue and/or solid organ hemorrhage which requires intervention) <input type="checkbox"/> None of the above		50. Congenital anomalies of the newborn (Check all that apply): <input type="checkbox"/> Anencephaly <input type="checkbox"/> Meningocele/Spina bifida <input type="checkbox"/> Cyanotic congenital heart disease <input type="checkbox"/> Congenital diaphragmatic hernia <input type="checkbox"/> Omphalocele <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Limb reduction defect (excluding congenital amputation and dwarfing syndromes) <input type="checkbox"/> Cleft Lip with or without Cleft Palate Cleft Palate alone <input type="checkbox"/> Down Syndrome: Karyotype <input type="checkbox"/> confirmed <input type="checkbox"/> pending <input type="checkbox"/> Suspected chromosomal disorder: Karyotype <input type="checkbox"/> confirmed <input type="checkbox"/> pending <input type="checkbox"/> Hypospadias <input type="checkbox"/> None of the above	
44. Birthweight: (grams preferred) <input type="checkbox"/> (grams) <input type="checkbox"/> lbs./oz		46. APGAR Score: Score at 5 minutes: _____ If 5 minute score is less than 6, Score at 10 minutes: _____		47. Plurality - Single, Twin, Triplet, etc. (Specify):	
45. Obstetric estimate of gestation: (completed weeks)		48. If not single birth - born first, second, third, etc. (Specify):		51. Was infant transferred within 24 hours? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name of facility infant transferred to: _____	
52. Is infant living at time of report? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Infant Transferred, Status Unknown			53. Is infant being breast fed at discharge? <input type="checkbox"/> YES <input type="checkbox"/> NO		

ATTACHMENT C

In the County Court of _____ County, Nebraska.

_____)	Case No. _____
)	
Petitioner,)	
)	PETITION FOR THE ISSUANCE
v.)	OF A CERTIFICATE
)	OF DELAYED BIRTH
)	
_____)	
Nebraska Department of)	
Health and Human Services,)	
Respondent.)	

COMES NOW the petitioner, pursuant to the Delayed Birth Registration Act, and alleges:

1. That _____ for whom
First Middle Last
 the delayed certificate of birth is sought was born in the State of Nebraska.

2. The petitioner is a resident of _____,
(City)
 County of _____, State of _____.

3. The respondent is the agency charged with registering and maintaining records of birth within the State of Nebraska.

4. On or about _____, the
Month Day Year
 petitioner filed an application with the respondent for a delayed certificate of birth for
 _____.
First Middle Last

A copy of the application is attached hereto as Exhibit A and incorporated herein by reference.

5. On or about _____, the
Month Day Year
 respondent denied said application. A copy of his denial is attached hereto as Exhibit B and incorporated herein by reference.

6. On or about _____, the petitioner
Month Day Year
 appealed that decision to the Director of the Division of Public Health by filing a written request for a hearing on the said denial. A copy of that written request is attached hereto as Exhibit C and incorporated herein by reference.

7. On or about _____, a hearing on
Month Day Year
 that appeal was held before a hearing examiner.

ATTACHMENT C

8. On or about _____, the Director
 Month Day Year
of the Division of Public Health issued Findings of Fact, Conclusions of Law and Order, denying a delayed certificate of birth as requested, a copy of which is attached hereto as Exhibit D and incorporated herein by reference.

9. The petitioner alleges that: _____

10. Petitioner has exhausted his/her administrative remedies and has no other remedy at law.

WHEREFORE, the petitioner prays that the court set this matter for hearing, provide the respondent ten or more calendar days notice of such hearing, and upon the evidence presented thereat, make findings as to the place and date of birth and parentage of the person for whom a delayed certificate of birth is sought and such other findings as the case may require, and order the respondent to issue a delayed certificate of birth as requested.

STATE OF _____)
) ss. _____
COUNTY OF _____)
) Petitioner

_____, being first duly sworn on
 (Full name of Petitioner)
Oath, states that he/she is the petitioner herein, that he/she knows the contents of the foregoing petition and the allegations set forth therein are true and correct as he/she verily believes.

(Signature of Petitioner)

Sworn to and subscribed in my presence this _____ day of _____, 20 _____.

Notary Public

(SEAL)
My commission expires _____.

ATTACHMENT D

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

Petitioner

vs.

NEBRASKA DEPARTMENT OF HEALTH AND
HUMAN SERVICES
Respondent

) Case No. _____
)
)
)
)
)
)
)
)
)

**ORDER
FOR THE ISSUANCE OF A
CERTIFICATE OF DELAYED BIRTH**

THIS MATTER came on for hearing on the _____ day of _____, on the petition of the Petitioner. The Petitioner appeared personally and with his/her attorney of record, _____;

(Name of attorney)

the Respondent appeared through its duly authorized representative(s). Evidence was adduced and, being fully advised in the premises, the Court finds, orders and decrees as follows:

IT IS THEREFORE FOUND, ORDERED AND DECREED:

1. The Petitioner is a resident of _____, _____, _____.
(City or Town) (County) (State)
2. The Respondent is charged with the responsibility of registering and maintaining records of births within Nebraska.
3. No certificate of birth of the Petitioner can be found in the files or records of the Respondent.
4. Diligent efforts on the part of the Petitioner to obtain the evidence required by Sections 71-617.01 to 71-617.15, Nebraska Revised Statutes, and acceptable to the Respondent have failed.
5. The Respondent has refused to register a delayed certificate of birth of the Petitioner.
6. The Petitioner was born on the _____ day of _____, at _____, _____ County, Nebraska. The full name of the Petitioner's mother at birth is _____ and the current legal name of the Petitioner's mother is _____. The full name of the

ATTACHMENT D

Petitioner's father/parent at birth is _____ and the current legal name of the Petitioner's father/parent is _____.

7. Description of evidence presented to substantiate issuance of Delayed Birth Certificate:

8. The Respondent shall register a delayed certificate of birth of the Petitioner in the following manner:

Certificate of Delayed Birth Registration

Name at birth _____ Date of birth _____

Sex: _____ Birth Place: _____ County: _____ State of Nebraska

Attendant at birth

FATHER/PARENT

MOTHER

Father/Parent Name
at Birth _____

Mother's Name
at Birth _____

Father/Parent Current
Legal Name _____

Mother's Current
Legal Name _____

Date of Birth _____

Date of Birth _____

Birth Place _____

Birth Place _____

ATTACHMENT D

Signed this _____ day of _____.

BY THE COURT:

County Judge

EFFECTIVE
10/7/06

HEALTH AND HUMAN SERVICES
FINANCE AND SUPPORT

174 NAC 10

TITLE 174 VITAL RECORDS

CHAPTER 10 METHOD OF AMENDING CERTIFICATES AND REPORTS

10-001 DEFINITIONS

Certificate means the record of a vital event. For purposes of these regulations, certificate includes an abstract of marriage as provided in Neb. Rev. Stat. § 71-601.01.

Department means the Department of Health and Human Services Finance and Support.

Original means a vital record generated from microfilm, imaging, electronic means, or any other medium as designated by the Department.

Report means any report filed with the Department, including but not limited to reports of adoption.

Reproduction means a typewritten, photographic, electronic, or other reproduction of a certificate or report of the Department, when verified and approved by the Department.

10-002 METHOD OF AMENDING CERTIFICATES OR REPORTS

10-002.01 An amendment to an original or reproduction of a certificate or report will be accomplished by completing the item in any case where the item was left blank on the certificate or by drawing a single line through the item to be amended and inserting the correct information immediately above or to the side of the item. The line drawn through the original entry will not obliterate such entry.

10-002.02 An amendment to an electronically generated certificate will be accomplished electronically by completing the item in any case where the item was left blank on the certificate or by replacing the initial information with the corrected information. The certificate will note the item number and item corrected in the bottom margin on the face of the record.

10-002.03 The Department will maintain a record which identifies the evidence upon which the amendment is based, the date of the amendment, and the identity of the person making the amendment.