



## INSTRUCTIONS FOR COMPLETION OF HEALTH CARE FACILITY REPORT OF BIRTHS AND DEATHS (FORM VS-HR REV. 9-2008)

According to West Virginia Code §16-5-31(c), by the tenth day of the month following the event, all health care facilities in West Virginia must provide a written report to the Vital Registration Office which lists all birth, death, and fetal deaths occurring within that facility for the previous month. This listing is used as a cross-check against filed birth, death, and fetal death records to ensure that all records are on file. NOTE: Only *spontaneous* reportable fetal deaths are to be listed. Induced terminations of pregnancy (induced abortions) ARE NOT to be reported on this form.

1. Although it is preferable for all health care facilities to utilize a form or reporting mechanism supplied by the Vital Registration Office, other computer generated listings which provide the same information are acceptable. Alternate forms should be in an 8.5 x 11 inch format and may be printed in portrait or landscape mode. Alternate formats should be approved by the Vital Registration Office before regular use. The Vital Registration Office reserves the right to refuse submissions not in compliance or submitted on unapproved forms.
2. All entries should be typed, handwritten in block print or electronically printed in black ink.
3. Births and deaths are to be listed last name first, and first name last - i.e., Smith, John or Doe, Jane
4. All reportable fetal deaths should be listed in the name as provided by the parent IF a name was provided, the fetal death should be listed in the mother's legal surname (no first name necessary). IN EITHER CASE, THE FETAL DEATH BOX (FD) SHOULD BE MARKED.
5. Births, deaths and fetal deaths are to be listed in order of the date of the event, i.e., all births occurring on the first day of the month should be listed before all births occurring on the second day of the month, before the third day, and so on.
6. If no births, deaths or fetal deaths occurred during the month, a form must still be completed. Simply report "NONE" in the respective area(s).
7. The certification area must be completed and signed before submission.
8. Do not write in the grayed-out "office use only" field.
9. Reports should be postmarked no later than the tenth day of the month following the month the reportable events occurred.
10. Facilities should make a photocopy of the completed report for their own records.
11. Birthing facilities may enclose this report with submissions of birth certificates mailed before the tenth of the month instead of submitting separately.
12. Mail completed and signed reports to:

Vital Registration Office  
ATTN: Registration Unit - HR  
PO Box 11012  
Charleston, WV 25339-1012

### **West Virginia State Code Citation**

§16-5-31(c) :

*Not later than the tenth day of the month following the month of occurrence, the administrator of each institution shall send to the section of vital statistics a list showing all births, deaths and fetal deaths occurring in that institution during the preceding month, on forms provided or approved by the State Registrar.*