LOCAL REGISTRAR SELF ASSESSMENT SURVEY

READ CAREFULLY!

- *REQUESTED DOCUMENTS ARE REQUIRED IF:*
  - *YOUR OFFICE DID NOT COMPLETE A SURVEY LAST YEAR*
  - *THE DOCUMENTS THAT WERE SUBMITTED LAST YEAR WERE UPDATED OR CHANGED*.

- When entering the Name of Facility, please include the full name of the facility. (i.e. San Antonio Metropolitan Health District, Dallas County Clerks office, City of Houston Bureau of Vital Statistics, etc.)

- Please answer each question truthfully. This is the only way we will be able to assist you in your duties as a Local Registrar.

LOCAL REGISTRAR SELF ASSESSMENT SURVEY

FACILITY INFORMATION

Name of Office:	Name of Local Registrar and Title:	
Telephone Number (Including area code):	Email Address:	
Name of Deputy Registrar:	Telephone Number (Including area code):	Email Address:
Physical Address:		
City:	County:	Zip Code:
Mailing Address (if Different):		
What area does your registration district cover (i.e. City of Dallas, County wide, Prescient 2, Anything outside Laredo, etc)		

INFORMATION OF PERSON COMPLETING FORM

☐ Same As Above

Your Name:	Your Job Title:
Email Address:	Telephone Number (Including area code):
Fax Number:	Date Survey Completed:

REGISTRATION

How many records have been filed in the previous year for each of the following:					
Birth Certificates (2011):		Death Certificates (2011):		Marriage Licenses (2011) [if applicable]:	

Please provide the number of the following institutions that file records with your office:					
Birth Hospitals:		Birthing Centers:		Midwives:	

Please provide the number of certified copies issued in the previous year for the following:					
Birth Certificates (local records):		Birth Certificates (From State Remote Access State site):		Death Certificates:	

TRAINING

Indicate vital records training you or your staff have received in vital registration.				
1. Vital Statistics Annual Conference	Year		Number of Staff	
2. Vital Statistics Regional Conference	Year		Number of Staff	
3. Acknowledgment of Paternity Certification Training	Year		Number of Staff	
4. Master Registrar Certification	Year		Number of Staff	
5. TER Online Training	Year		Number of Staff	
6. Other (Specify):	Year		Number of Staff	

RESOURCES AND FUNCTIONS

1. Indicate the number of staff at your facility that work in the vital registration: _____

2. Have each of your staff signed a Confidentially and Non-Discloser Agreement (See Appendix A.)
   ☐ Yes ☐ No

3. How often does your office visit the Texas Vital Statistics website (www.texasvsu.org)?

   ☐ Daily ☐ Weekly ☐ Semimonthly (twice a month) ☐ Monthly
   ☐ Bi-yearly ☐ Yearly ☐ Never

4. Do you have written procedures for (check all that apply):
   ☐ Records Storage
   ☐ Records Retention
   ☐ Record Security and Protection
   ☐ Destruction of Void Bank Note Security Paper
   ☐ Destruction of vital statistics documents after retention expiration date. (i.e. burial transit permits, customer applications, etc.)
   ☐ Transition plan in case of administration change-over

5. What kinds of training and/or training materials are provided to staff for vital statistics functions?

6. Which of the following forms do you have available in your office (check all that apply)?

   Certificate of Birth (VS-111 Rev. 1/2005) ☐
   Certificate of Death (VS-112 Rev. 4/2009) ☐
   Certificate of Fetal Death (VS-113 Rev. 1/2006) ☐
   Acknowledgement of Paternity (VS-159.1M Rev. 9/2011) ☐
   Rescission of Acknowledgement of Paternity (VS-158 Rev. 9/2011) ☐
   Birth amendment (VS-170 Rev. 12/2005) ☐
   Death Amendment (VS-172 Rev. 12/2006) ☐
   Medical Death Amendment (VS-174 Rev. 1/2009) ☐
   Marriage Application (VS-180 Rev. 9/2008) ☐
   Marriage Application – informal (VS-180.1 Rev. 9/2008) ☐

FEES FOR CERTIFIED COPIES OF BIRTH CERTIFICATES

1. Does your office remit the $1.80 payment for the sale of each certified copy of a birth certificate to the state comptroller on a quarterly basis [HSC §191.022]?

   ☐ Yes ☐ No

   If no, please explain:

2. Who in your office is responsible for submitting this fee to the state comptroller?

3. Please provide VSU with a copy of the most resent Civil Fees Report (Form 40-141) submitted to the comptroller.

ISSUANCE

1. Do you require an application for all issuances of certified copies of vital records?
   ☐ Yes ☐ No
   [Please provide a sample of your application(s). Sample(s) should not contain any confidential information]

2. Does your application for certified copies of vital records contain (check all that apply)?:
   ☐ A space for indicating the applicant's relationship to the registrant.
   ☐ A space for indicating the purpose for obtaining the record.
   ☐ A warning statement regarding making a false statement on an application (see below).
   ☐ Cost of vital record.
   ☐ A space for the applicant's signature.
   ☐ A space for date applicant signed application.
   ☐ Instructions explaining how to complete application.

   WARNING STATEMENT: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO $10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

3. Do you photocopy the identification presented during the application process?
   ☐ Yes ☐ No

4. Do you accept the following documents (check all that apply)?
   ☐ Matricula Consular Card
   ☐ Mexico Voter Registration Card.
   ☐ Expired U.S. Government driver license.
   ☐ Expired U.S. Government State/City/County Identification Card.

SECURITY PAPER

1. Do you keep a log of the security paper issued from your office?
   ☐ Yes ☐ No

2. Do you record security paper that you void in this log?
   ☐ Yes ☐ No

3. **Please provide a copy of the most resent security paper log.**

4. How often do you reconcile the amount of security paper used/voided with the security paper log?
   ☐ Never ☐ Daily ☐ Weekly ☐ Semimonthly (twice a month)
   ☐ Monthly ☐ Other (Specify):

5. What is the name of the vendor you last purchased banknote security paper from:

6. Check all that apply regarding your banknote security paper:
   ☐ My Paper contains the correct certification statement pre-printed on the banknote paper (LR Handbook pgs 36-37).
   ☐ The signature of the local registrar is pre-printed on banknote security paper.
   ☐ It is locked in a secure location at all times.
   ☐ Paper is reviewed when received by vendor to insure accuracy and all is accounted for.
   ☐ Periodically check that banknote security paper issued to employees is accounted for during work day.

7. Please provide a sample or specimen of all types of banknote security paper issued.
   ☐ Included with this submission.
   ☐ No changes to security paper since last submission.

8. Please provide a statement from the vendor that supplied your security paper listing the security features your paper contains.
   ☐ Included with this submission.
   ☐ No changes to security paper since last submission.

9. How much banknote security paper do you keep on hand in your office:
   ☐ Less than 500 sheets ☐ 500-1000 sheets ☐ 1000 to 5000 sheets
   ☐ 5000 to 10,000 sheets ☐ Over 10,000 sheets

SECURITY PAPER (CONTINUED)

10. How often do you order banknote security paper:

☐ When needed ☐ Twice a year ☐ Yearly ☐ Every Two Years
☐ Other (Specify):

11. When you order paper, approximately how long does it take for you to receive it:

☐ Less than a week ☐ A week ☐ Two weeks ☐ Three weeks
☐ A Month ☐ More than a month

NUMBERING AND INDEXING

1. Check all that apply regarding your numbering and indexing of vital records processes and procedures:

☐ Have a separate numbering series for births, deaths, and fetal death records. [HSC §191.026]
☐ Restart consecutive numbering series, beginning with “1”, at the start of each calendar year. [HSC §191.026]
☐ Keep a general index of your vital records [Title 25 TAC 181.23]
☐ Provide to the public, upon request, a copy of a summery birth or death indexes. [Title 25 TAC §181.23, GC §552.115]
☐ Redact specifying information relating to the parents of a child who is the subject of an adoption or paternity from your indexes. [Title 25 TAC §181.23, GC §552.115]

SUPPLEMENTAL REGISTRATION (AMENDMENTS; PATERNITY AND ADOPTION REPLACEMENT RECORDS)

1. What actions does your office take after receiving a replacement birth records based upon adoption or paternity (check all that apply):
   - ☐ Locate original birth record using local registrar print queue listing.
   - ☐ Remove original birth certificate from records and replace it with new birth certificate.
   - ☐ Update indexes with new information.
   - ☐ Shred and destroy original birth record.
   - ☐ Delete any electronic copy of birth record.

2. What actions does your office take after receiving demographic and medical amendments (check all that apply):
   - ☐ Review paper medical amendments to determine if it is completed as required by state registrar's instructions [HSC §191.027].
   - ☐ File amendments with the original records.
   - ☐ Update indexes with amendment information.
   - ☐ Copy amendments on the front side of your banknote security paper along with the original record when issuing certified copies.

REMOTE BIRTH ACCESS (COMPLETE ONLY IF ON REMOTE BIRTH ACCESS)

1. Check all that apply regarding your Remote Birth Access system procedures:
   - ☐ Submit to VSU every original voided certificate printed from the Remote Birth Access system for purposes of resetting the lifetime count. [See Remote Birth Access contract].
   - ☐ Notify VSU, when prompted, regarding flagged records.

2. Do you use the remote access system for purposes other than printing birth certificates:
   ☐ Yes ☐ No

If yes, please explain:

TEXAS ELECTRONIC REGISTRATION

1. Are you currently using the Texas Electronic Registration System?
   ☐ Yes ☐ No (if no, skip the rest of this section)

2. How often do you check your birth record acceptance queue?
   ☐ Never ☐ Daily ☐ Semiweekly (twice a week) ☐ Weekly
   ☐ Semimonthly (twice a month) ☐ Monthly ☐ Other (Specify):

3. How often do you check your death record acceptance queue?
   ☐ Never ☐ Daily ☐ Semiweekly (twice a week) ☐ Weekly
   ☐ Semimonthly (twice a month) ☐ Monthly ☐ Other (Specify):

4. How often do you check your local registrar print queue for amendments and replacement records?
   ☐ Never ☐ Daily ☐ Semiweekly (twice a week) ☐ Weekly
   ☐ Semimonthly (twice a month) ☐ Monthly ☐ Other (Specify):

5. Do all of your facility's TER users have a unique user ID and password?
   ☐ Yes ☐ No

6. Do you disable TER user accounts for former employees by (Check all that apply)?
   ☐ Locating the User in the User Security Table.
   ☐ Changing the password to something the former user will not know.
   ☐ Notating in the User Name field with "(No Longer Employed)".

BIRTH REGISTRATION

1. Check all that apply regarding your procedures for filing non-institutional births [25 TAC §181.26]:
   - ☐ Obtain proof of pregnancy.
   - ☐ Obtain proof that there was an infant born alive.
   - ☐ Obtain proof that the birth occurred in the registration district.
   - ☐ Obtain proof that the infant's birth occurred on the date stated.
   - ☐ Obtain identification from the individual filing the birth certificate.
   - ☐ File the birth certificate using TER.
   - ☐ File manual paper birth certificate.
   - ☐ Carefully examine each manual paper birth certificate to determine if it is completed as required by law and by the state registrar's instructions [HSC §191.026].

2. Check all that apply regarding your procedures for filing manual birth records submitted by a midwife:
   - ☐ Obtain copy of midwife’s license from midwife.
   - ☐ Verify midwifery license with DSHS Midwifery Board.
   - ☐ Carefully examine each birth certificate to determine if it is completed as required by law and by the state registrar's instructions [HSC §191.026].

3. Check all that apply regarding your procedures for filing fully electronic birth records:
   - ☐ Insure that birth occurred in your registration district.
   - ☐ Check number being assigned to record to ensure that the correct number has been assigned before releasing record to the state.

DEATH REGISTRATION

1. Do you use the Record Status queue as your Report of Death for death certificates?
   - ☐ Yes
   - ☐ No

2. Do you reconcile all Reports of Death with corresponding death certificate once it is received either manually or through TER?
   - ☐ Yes
   - ☐ No

3. Do you have a process in place for issuing Burial Transit Permits outside of regular business hours [HSC §191.022(c)]?
   - ☐ Yes
   - ☐ No

4. Check all that apply regarding your procedures for filing manual death records:
   - ☐ Carefully examine each manual paper death certificate to determine if it is completed as required by law and by the state registrar's instructions [HSC §191.026].
   - ☐ Insure that death occurred in your registration district.
   - ☐ Complete Social Security Verification in TER.
   - ☐ Notify funeral director or person acting as such if social security number comes back with a failed response.

5. Check all that apply regarding your procedures for filing drop-to-paper death records:
   - ☐ Carefully examine each manual paper death certificate to determine if it is completed as required by law and by the state registrar's instructions [HSC §191.026].
   - ☐ Insure that death occurred in your registration district.
   - ☐ Compare drop-to-paper counter in TER with DTP number at the bottom of death certificate to ensure that they match.
   - ☐ Check record to ensure that the top and left margin is approximately ¾ inch.

6. Check all that apply regarding your procedures for filing fully electronic death records:
   - ☐ Insure that death occurred in your registration district.
   - ☐ Print and carefully examine certificate to determine if it is completed as required by law and by the state registrar's instructions before numbering and releasing record to the state. [HSC §191.026].
   - ☐ Check number being assigned to record to ensure that the correct number has been assigned before releasing record to the state.

MARRIAGE LICENSE ISSUANCE (COUNTY CLERKS ONLY)

1. How often do you mail marriage license applications to the state [HSC §194.001]?
   - ☐ Never
   - ☐ Daily
   - ☐ Semiweekly (twice a week)
   - ☐ Weekly
   - ☐ Semimonthly (twice a month)
   - ☐ Monthly
   - ☐ Other (Specify):

MAILING

1. Check all that apply regarding your procedures for mailing vital records to VSU:
   - ☐ Include a batch control sheet.
   - ☐ Retain a copy of the batch control sheet for 2 years.
   - ☐ Mail vital records no later than the 10th day of each month for manual and drop-to-paper records filed during the preceding month [HSC §191.029].
   - ☐ Include a return address on envelope.
   - ☐ Send by certified mail.
   - ☐ Confirm that it was received by VSU with tracking number.
   - ☐ Use pre-paid postage envelopes provided by VSU.
   - ☐ Ensure envelopes have the correct mailing address:

     Vital Statistics Unit MC 1966
     P.O. Box 149347
     Austin, Texas 78714-9812

OTHER DUTIES AND RESPONSIBILITIES

1. Do you mark “Deceased” on birth records when notified by the state for birth death matching purposes? [HSC §191.034]
   ☐ Yes ☐ No

2. Do you send death abstracts to (check all that apply) [TEC §16.001]:
   ☐ The county voter registrar where the decedent lived.
   ☐ The Secretary of State’s office.
   ☐ Mail no later than the 10th day of the month following the death.

3. Do you report to the state any vital records fraud violations (check all that apply) [HSC §195]:
   ☐ That you have observed.
   ☐ That have been brought to your attention by other means.

4. Do you have posted information for obtaining vital records (check all that apply):
   ☐ In your office.
   ☐ On your website.
   ☐ Fees for vital records
   ☐ Type of Identification that is required
   ☐ Processing time
5. Are you aware of the processes and procedures regarding the following (check all that apply):

   ☐ Filing a Delayed Certificate of Birth with the State Registrar’s Office [HSC §192 Subchapter B].
   ☐ Filing a Court Ordered Certificate of Death with the county clerk’s office [HSC §193.007].
   ☐ Obtaining a free vital record for veterans [HSC §191.0046(b)].

By signing below, I attest that the information provided above is true and accurate to the best of my knowledge.

_____ _____

Signature Date

APPENDIX A: CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

DEPARTMENT OF STATE HEALTH SERVICES

TEXAS ELECTRONIC REGISTRAR

CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

The Department of State Health Services (DSHS) has authorized _____ to access and use the services of the Texas Electronic Registrar. The facility's personnel who do not otherwise have a right to access information or data maintained on the DSHS network will use this service. The facility's personnel will be provided access to information and data that is sensitive, confidential, protected health information or is otherwise protected from disclosure to unauthorized individuals. DSHS is unable to segregate confidential information from public access information for this service. To ensure the integrity, security and confidentiality of DSHS information and data, all individuals who obtain access to DSHS information resources must agree to treat all information and data as highly sensitive, confidential and protected from disclosure. Publication, disclosure or discussion, except as authorized by DSHS, of any information or data observed during the course of using this service is strictly prohibited.

State and federal law may provide civil and/or criminal penalties for uses or disclosure beyond the limited purpose of the performance of this service.

Each person who will have access to Texas Electronic Registrar is required to sign this

I _____ a representative of _____ am using this service on behalf of the facility for the limited purpose of the agreement between DSHS and the facility. I understand and agree to the limited terms and conditions of this agreement.

I also understand that DSHS is required by law to protect the confidentiality and security of its network and the data and information maintained by the department from outside disclosure, and that even an inadvertent disclosure could result in serious security or confidentiality breaches resulting in the loss, destruction or disclosure of sensitive and confidential information maintained by the department. I understand the facility is also responsible for the confidentiality of the servers' configurations and network architecture. I further understand that my breach of this agreement could result in violations of state and federal laws, under which civil and criminal penalties could be assessed for each violation.

I agree that I will not disclose, release or use any of the information obtained in connection with the use of this service and from my having access to information and data maintained by DSHS. I agree that I will not reproduce in any way, including taking notes or producing handwritten memos, the content or the uses of the DSHS information and data.

_____ _____.

Signature Date