

2024 Fax contract

Part I

GENERAL PROVISIONS

- 1.01 TERM** - This agreement shall become effective when signed by both parties and the original copy has been filed with the Office of Vital Records and shall remain in effect until the end of the contract year unless terminated by either party by written notice to the other, or unless immediate termination is warranted pursuant to article 3.06 of this agreement. This agreement may be renewed for subsequent one-year terms but may be denied at the discretion of the local registrar for bad faith performance.
- 1.02 AMENDMENTS** - Any amendment of this agreement shall be in writing and shall require the approval of both parties.
- 1.03 APPLICABLE LAWS** - This agreement is meant to enable FAX authorization of an Application and Permit for the Disposition of Human Remains pursuant to Health and Safety Code, Sections 7055, 102140, 103050, and 103090 while maintaining consistency with California Law and Office of State Registrar (OSR) instructions regarding the completion and authorization of disposition permits. Failure to do so may result in the cancellation of fax filing privileges.
- 1.03 FUNDING AND LIABILITY** - The intent of this procedure is that no additional costs are incurred by the Local Registration District (LRD). The FAX registration system is to be supported by interested funerary businesses. Upon entering into this agreement, the licensed funeral director shall pay a per fax, non-refundable, nontransferable fee of \$4.00 for each fax file submitted. There is no right indemnification for liabilities resulting from the performance of this agreement.
- 1.04 HOURS OF FAXING** - The contractor may FAX documents at any time. **However,** the LRD shall only be obligated to acknowledge with authorization numbers between 9 a.m. and 12 noon and 1:30 p.m. and 4:00 p.m., Monday through Friday, LRD holidays excluded, requestor must allow 2 hours for processing of all documents (The two hours are calculated withing the EDRS processing hours listed in this section)
- 1.06 ACCEPTABILITY** - white-out, strikeouts or erasures will not be accepted, no exceptions.

PART II

CONTRACTOR RESPONSIBILITIES

- 2.01 TECHNICAL SUPPORT** - The contractor shall be responsible for installation, technical support, system support, mortuary staff training, and any enhancements, augmentations, and replacements.
- 2.02 QUALITY CONTROL** - The contractor shall maintain the overall quality of his/her faxed, authorized disposition permits in accordance with OSR guidelines, or the LRD will terminate this agreement pursuant to Article 1.01.
- 2.03 DELIVERABLES** - When filing an Application and Permit for Disposition to change the disposition of remains or to obtain authorization for disposition of cremated remains shipped into California, the original VS-9 or disposition permit from the state or country of death, or a copy of the death certificate and the Authorization to Issue Permit form completed by the one of the persons who has the right to control disposition of the remains shall be faxed. **A copy of a certified death certificate, a noncontagious letter or a certificate of envaultment will be required to obtain authorization for ship in of full bodies.** The **backup documentation** faxed with the original permit for approval **must be attached when submitted**. Only submit the required documentation, your file will be rejected if unnecessary documents are submitted. The Office of Vital Records has the right to request additional information/documentation to complete the fax file. **If documents are not written in English, must include English Translation.**

The LRD shall review the permit and backup documentation for acceptability. If the permit is not completed pursuant to OVR policies (Health and Safety Code Section 102140, 103050), the LRD shall require the necessary information to make the record complete prior to accepting it. The contractor has the responsibility to review and correct all changes before re-submitting.

If the Application and Permit for Disposition of Human Remains is acceptable, the LRD shall notify the contractor and issue a random non-recurring authorization number which the contractor shall place as instructed on the VS-9.

The **random fax authorization number** must be entered in item **10C** on the Application for Permit for Disposition of Human Remains, VS-9 followed by the authorized fax contractor's initials. The authorization number will represent the Local Registrar's signature. The **date the permit is authorized** must be entered into item **10B** with the **contractor's name typed under the date**. See "Attachment A" for reference.

Within 24 hours after affixing such authorization numbers to the documents, the contractor shall forward by first class mail: copy number four of the permit, the backup documentation submitted when filing, and the necessary filing fees to the LRD.

If an original permit is found to be unacceptable upon arrival at the LRD, the contractor must provide a new, acceptable permit **within two working days**.

PART III

LRD RESPONSIBILITY

- 3.01 PERSONNEL** - The LRD shall staff the program to a level sufficient to accomplish the objectives of this agreement. The LRD will designate the Supervising Deputy Registrar to serve as liaison for coordination of all phases of this agreement.
- 3.02 QUALITY CONTROL** - The LRD shall compare the original VS-9 upon arrival with Faxed documents to identify any discrepancies. If a violation of OSR instructions or of this agreement is identified as a problem, the LRD shall terminate the agreement pursuant to Article 1.01 or 3.06.
- 3.03 SYSTEM MODIFICATIONS** - OSR must approve in writing any modifications or enhancements to the FAX requirements before they are implemented.
- 3.04 TECHNICAL STANDARDS** - OSR shall define FAX and automation criteria and requirements for registration, issuance of permits, and issuance of certified copies. This includes both existing systems and any future electronic enhancements.
- 3.05 FUNERAL DIRECTOR LIAISON** - The LRD will assist the contractor with information, procedures to assure accurate and timely authorization of disposition permits via the FAX process.
- 3.06 TERMINATION** - The LRD will terminate immediately any contract where the identified contractor fails to use FAX in the manner designated herein. Conditions of termination shall include bad faith corrections or changes to authorized disposition permits in violation of statute or OSR instructions, which violations would not be identified on the FAX copy. The names of terminated FAX contractors shall be transmitted to OSR. If ongoing issues exist, the contract will be terminated after 3 phone calls from the Supervising Deputy Registrar.
- 3.07 MANUAL REGISTRATION** - The termination of a contractor's FAX privileges shall not prevent him/her from filing an Application and Permit for Disposition of Human Remains in person.

Contractors, please sign and date to acknowledge the reading and acceptance of the terms of the FAX contact:

(If your facility has more than 2 contractors, you may print additional copies of this page)

CONTRACTOR: _____ DATE: _____

CONTRACTOR: _____ DATE: _____

PART IV
INSTRUCTIONS

1. A copy of the Application and Permit for Disposition of Human Remains must be transmitted by FAX/E-mail to the Public Health Department, Vital Records Office in Oxnard at (805) 981-5149 death.desk9815149@ventura.org prior to validation of the permit. Documents sent during periods other than the published business hours of 9:00 a.m. until noon and 1:30 until 4:00 p.m., Monday through Friday will be handled during the next immediate service period. After hours fees will apply for special requests to validate permits received any other time, after hours services are not available Monday-Friday during normal business hours.
2. A registrar in Vital Records will review the documents as to the acceptability for validation. In the event that either document is not acceptable, the LRD shall notify the contractor with the reason for rejections.
 - a. After correction of the document, all documents shall be retransmitted to the LRD.
 - b. When the documents transmitted are acceptable for validation you will be given a number that is to be typed/handwritten on the permit per the specifications noted in Part II of this document, if handwritten the information must be legible.
3. **No changes or modifications will be allowed to the permit once the number has been issued.** The original permit should be completed in accordance with the rules and regulations pertaining to disposition permit preparation such the use of black ink and with no white-out, strikeovers or erasures. Permits that are received with obvious corrections will be returned for replacement.
4. **On the date the permit is issued** the Application and Permit for Disposition of Human Remains, the backup documentation and all fees shall be mailed to:

VENTURA COUNTY PUBLIC HEALTH SERVICES
OFFICE OF VITAL RECORDS
2240 E. GONZALES ROAD, SUITE 150
OXNARD, CA. 93036

5. This appointment may be revoked at any time deemed necessary. It is automatically canceled when the appointee terminates employment with this business or changes the service capacity/branch for which the appointment is issued.
6. Participant's FAX number: _____ Participant's phone number: _____

E-mail address: _____

LETTER OF AGREEMENT FOR FUNERAL DIRECTOR PARTICIPATION IN FAX FILING PROCESS

The objective of this agreement is to arrange for the validation and issuance of permits for the disposition of human remains via telephone facsimile technology (FAX) in the local registration district (LRD) of Ventura County.

The undersigned contractors hereby enter into this agreement with the local registrar of the County of Ventura. The contractor agrees to file the Application and Permit for Disposition of Human Remains, and all required documentation and the registrar agrees to issue authorization of permits for disposition by utilizing telephone facsimile technology.

This agreement is between the undersigned individuals and is not transferable or assignable. Assignment and/or delegation of the contract will void the FAX agreement.

(If your facility has more than 2 contractors, you may print additional copies of this page)

| <u>FAX CONTRACTOR</u> | |
|-----------------------|-------------------|
| SIGNATURE: | _____ |
| TYPED NAME: | _____ |
| SIGNED INITIALS: | _____ DATE: _____ |
| FACILITY: | _____ |
| FAX NUMBER: | _____ |
| MAILING ADDRESS: | _____ |

| <u>FAX CONTRACTOR</u> | |
|-----------------------|-------------------|
| SIGNATURE: | _____ |
| TYPED NAME: | _____ |
| SIGNED INITIALS: | _____ DATE: _____ |
| FACILITY: | _____ |
| FAX NUMBER: | _____ |
| MAILING ADDRESS: | _____ |
| | _____ |

Signature: _____
Local Registrar

Date: _____

2025Fax Contract Acknowledgement

(Complete one per user and return with your fax contract)

_____ I have read and understand the fax contract requirements.
Initials

_____ I have discussed the requirements with all staff listed on the contract.
Initials

_____ I will refer to the contract for all required documents.
Initials

_____ I understand documents written in other languages must be translated before submitting
Initials and will only submit the required documents.

_____ I will submit all required documents and appropriate fees within 24 hours after filing.
Initials

_____ I have a sample of the permit and will refer to the sample for completing the permit.
Initials

_____ I understand that my privilege will be revoked if the contract requirements are not met.
Initials

Facility Name

Name of contractor (PRINT)

Signature

Date

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

| | | | | | |
|---|---|------------------------------|--|---|--|
| 1A. NAME OF DECEDENT—FIRST | | 1B. MIDDLE | | 1C. LAST | |
| 2. SEX | 3. DATE OF BIRTH (MONTH, DAY, YEAR) | | 4. DATE OF DEATH (MONTH, DAY, YEAR) | | 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) |
| 6A. CITY OF DEATH | | | 6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE | | |
| 7A. NAME OF INFORMANT | | 7B. RELATIONSHIP TO DECEDENT | | 8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE | |
| 7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE | | | | 8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE | |
| | | | | <div style="border: 1px solid red; padding: 5px; color: red;"> Same signature on all four permit copies </div> | |
| ACKNOWLEDGEMENT OF APPLICANT —I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055. | | | 9A. APPLICANT SIGNATURE | | 9B. DATE SIGNED |
| PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR —ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California. | | | | | |
| 10A. AMOUNT OF FEE PAID | | 10B. DATE PERMIT ISSUED | | 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT | |
| \$ | | 10/22/2015 F. Lastname | | 123456 <i>llp</i> | |
| <div style="border: 1px solid red; padding: 5px; color: red;"> Enter date permit issued. Under date enter first letter of your first name and your full last name. </div> | | | <div style="border: 1px solid red; padding: 5px; color: red;"> Enter the assigned fax authorization number followed by your handwritten initials. </div> | | |
| 11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS <input type="checkbox"/> A. BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT OUTSIDE OF CALIFORNIA | | | FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS | | |
| BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) | 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY | | 12B. DATE BURIED | | 12C. INTERMENT NUMBER—IF APPLICABLE |
| | | | 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING | | |
| CREMATION | 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY | | 13B. DATE CREMATED | | 13C. CREMATION NUMBER—IF APPLICABLE |
| | <div style="border: 1px solid red; padding: 5px; color: red;"> Submit all backup documentation, the signed permit and fax filing fee to our office the next business day after filing. </div> | | 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION | | |
| SCIENTIFIC USE | 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS | | 14B. DATE RECEIVED | | |
| | | | 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY | | |
| TRANSIT | 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED | | 15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | | |
| | | | 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER | | 15D. DATE SHIPPED |
| SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY | 16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE | | 16B. DATE OF DISPOSITION | | 16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE |
| | | | 16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL | | |

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 — ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 — RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 — RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.