



TOWN OF NEWTOWN

House Bill 6157

An Act Concerning Personally Identifying information on Certifications of Marriage and Death.

Good Morning Senator Gerratana, Representative Johnson and to the rest of the distinguished members of the Public Health Committee. My name is Debbie Aurelia and I serve as the Town Clerk and Registrar of Vital Statistics for the Town of Newtown.

My previous testimonies for House Bill 5421 and House Bill 5733 asked that we take a closer look at House Bill 6157 which I continue to be in support of.

From the horrific tragedy in Newtown, *awareness* has come that we need to protect the personal information of *all* residents in our Towns. The media has repeatedly contacted my office requesting copies of all the death records. They want to know where the victims are buried and how they died. This is an *extreme* invasion of personal privacy.

Equally as important is the risk for identity theft. Personally indentifying information can easily be acquired by obtaining copies of Marriage and Death certificates from the Town Clerk's office. You only need to fill out a request form, pay a \$20 fee, we copy the document and apply our official Vital seal certifying the information therein.

These State documents, "Vital" to the parties named on them and required by State and Government agencies for Probate matters, name change on a driver's license, passport, social security card, and health insurance enrollment. This information needs to be restricted from the public at large and I implore all of you that we officially change the law to reflect the *only apparent* need for full access.

Enclosed is an e-mail I received from the former Town Clerk of Newtown and she states she had personal knowledge that a death certificate was used to assume someone's identity. Also, as recently as Monday, I was contacted by a resident in Norwalk who had prosecuted a person who attempted to assume her son's identity after obtaining a copy of his death certificate.

What we want to accomplish is this:

- *Permanently* restrict access to *all* Death and Marriage certificates.
- Offer a certified registration of event as supported by the Department of Public Health and offer the proposed amended Statute language enclosed.

I am a lifelong resident of Newtown, my family has been here for 60 years. I am personally and professionally invested in my Town and I believe the potential risks of disclosing these documents to the general public are far greater than any possible benefit.

Thank you for the opportunity to testify. I welcome any questions you have at this time.

Respectfully submitted,

Debbie A Aurelia, CMC, CCTC
Town of Newtown

Connecticut Town Clerks Association & Newtown Town Clerk

Proposed Amendment to: HB 5421, 5733 and 6157 – Information on Certification of Marriage and Death

Sec. 7-51a. Copies of vital records. Access to vital records by members of genealogical societies. Marriage and civil union licenses. Death certificates. Issuance of certified copies of electronically filed certificates.

(a) Any person eighteen years of age or older may purchase certified copies of marriage records, [and] death records[,] and [certified copies of] records of births or fetal deaths which are at least one hundred years old, in the custody of any registrar of vital statistics. The department may issue uncertified copies of death certificates for deaths occurring less than one hundred years ago, and uncertified copies of birth, marriage, death and fetal death certificates for births, marriages, deaths and fetal deaths that occurred at least one hundred years ago, to researchers approved by the department pursuant to section 19a-25, and to state and federal agencies approved by the department. During all normal business hours, members of genealogical societies incorporated or authorized by the Secretary of the State to do business or conduct affairs in this state shall (1) have full access to all vital records in the custody of any registrar of vital statistics, including certificates, ledgers, record books, card files, indexes and database printouts, except for those records containing Social Security numbers protected pursuant to 42 USC 405 (c)(2)(C), and confidential files on adoptions, gender change, gestational agreements and paternity, (2) be permitted to make notes from such records, (3) be permitted to purchase certified copies of such records, and (4) be permitted to incorporate statistics derived from such records in the publications of such genealogical societies. For all vital records containing Social Security numbers that are protected from disclosure pursuant to federal law, the Social Security numbers contained on such records shall be redacted from any certified copy of such records issued to a genealogist by a registrar of vital statistics. □ □

(b) The registrar of vital statistics of the town in which the marriage occurred or the registrar of vital statistics of the town of residence of either spouse, upon request of a person other than the party to the marriage, immediate family member of said parties, attorneys-at-law, or genealogists who have access to vital records as specified in subsection (a) of this section, shall issue a certification of marriage registration for those occurring less than one hundred years ago. The certification of marriage shall contain the names, date of marriage and town of marriage.

~~[(b)]~~(c) For marriage and civil union licenses, the Social Security numbers of the parties to the marriage or civil union shall be recorded in the "administrative purposes" section of the marriage or civil union license and the application for such license. All persons specified on the license, including the parties to the marriage or civil union, officiator and local registrar shall have access to the Social Security numbers specified on the marriage or civil union license and the application for such license for the purpose of processing the license. Only the parties to a marriage or civil union, or entities authorized by state or federal law, may receive a certified copy of a marriage or civil union license with the Social Security numbers included on the license. Any other individual, researcher or state or federal agency requesting a certified or uncertified copy of any marriage or civil union

license in accordance with the provisions of this section shall be provided such copy with such Social Security numbers removed or redacted, or with the "administrative purposes" section omitted.□□

(d) The registrar of vital statistics of the town in which the death occurred or the registrar of vital statistics of the town of residence of the decedent upon request of a person other than the immediate family member, informant, funeral director, licensed embalmer, attorneys-at-law, conservator, genealogist or physician for a death record shall issue a certification of death registration for those occurring less than one hundred years ago which shall contain the name, sex, date of death and town of death.

[(c)](e) For deaths occurring after December 31, 2001, the Social Security number, occupation, business or industry, race, Hispanic origin if applicable, and educational level of the deceased person, if known, shall be recorded in the "administrative purposes" section of the death certificate. All parties specified on the certificate, including the informant, licensed funeral director, licensed embalmer, conservator, surviving spouse, physician and town clerk, shall have access to the Social Security numbers of the decedent as well as other information contained in the "administrative purposes" section specified on the original death certificate for the purpose of processing the certificate. For any death occurring after July 1, 1997, only the surviving spouse, next of kin or state and federal agencies authorized by federal law may receive a certified copy of a death certificate with the decedent's Social Security number or the complete "administrative purposes" section included on the certificate. Any researcher requesting a death certificate for a death occurring after July 1, 1997, may obtain the information included in the "administrative purposes" section of such certificate, except that the decedent's Social Security number shall be redacted.□□

[(d)](f) The registrar of vital statistics of any town or city in this state that has access to an electronic vital records system, as authorized by the department, may use such system to issue certified copies of birth, death, fetal death or marriage certificates that are electronically filed in such system.□

Sec. 7-74. Fees for certification of birth registration and certified copy of vital statistics certificate.

(a) The fee for a certification of birth registration, short form, shall be fifteen dollars. The fee for a certified copy of a certificate of birth, long form, shall be twenty dollars, except that the fee for such certifications and copies when issued by the department shall be thirty dollars.□□

(b) The fee for a certified copy of a certificate of marriage or death shall be twenty dollars. The fee for a certification of marriage registration and certification of death registration shall be fifteen dollars. Such fees shall not be required of the department.□

Unshaded Area to be completed by Funeral Director or Embalmer.

Boxes 36-40 to be completed for funeral pronouncements.

| | | | | | | | | | | | |
|--|--|--|------------------------|--|---|---|--|--|---|--|--|
| 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) | | | | 2. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female | | 3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spec. Month) | | 4. ACTUAL OR PRESUMED TIME OF DEATH <input type="checkbox"/> A <input type="checkbox"/> P | | | |
| 5. AGE LAST BIRTHDAY | | 6. UNDER 1 YEAR Mo. Days | | 7. DATE OF BIRTH (MM/DD/YYYY) | | 8. BIRTHPLACE (City, State or Foreign Country) | | | | | |
| 9. RESIDENCE (State) | | | 10. RESIDENCE (County) | | | 11. RESIDENCE (City or Town) | | 12. RESIDENCE (Street and No.) | | 13. APT. NO. | |
| 14. ZIP CODE | | 15. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 10. MARITAL STATUS AT TIME OF DEATH: <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | | 17. SURVIVING SPOUSE'S NAME (Give full name prior to first marriage) | | | | | |
| 18. FATHER'S NAME (First, Middle, Last) | | | | 19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) | | | | | | | |
| 20. INFORMANT'S NAME | | | | 21. INFORMANT'S RELATIONSHIP TO DECEDENT | | 22. MAILING ADDRESS (Street and Number, City, State, Zip Code) | | | | | |
| 23. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival | | | | 24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Occasion's Home <input type="checkbox"/> Other (specify) | | | | 25. FACILITY NAME (If not institution, give street & number) | | | |
| 26. CITY OR TOWN OF DEATH | | | ZIP CODE | | 27. COUNTY OF DEATH | | 28. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (specify) | | 32. WAS BODY EMBALMED? If Yes, Name of Embalmer <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 29. DISPOSITION (Name of cemetery, crematory, other place) | | | | 30. LOCATION (city/town, state) | | | | 31. DATE (MM/DD/YYYY) | | 35. LICENSE NUMBER C SIGNEE IN BOX 34 | |
| 33. FUNERAL FACILITY - Name and Address (street, town, state, zip) | | | | | | 34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER | | | 35. LICENSE NUMBER C SIGNEE IN BOX 34 | | |
| 36. DATE PRONOUNCED DEAD (MM/DD/YYYY) | | | 37. TIME PRONOUNCED | | 38. PRONOUNCER'S NAME AND DEGREE OR TITLE (Print) | | 39. PRONOUNCER'S SIGNATURE | | 40. DATE SIGNED | | |
| 41. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | 42. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 43. WERE THE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| CAUSE OF DEATH | | | | | | | | | | APPROXIMATE INTERVAL ONSET TO DEATH | |
| 44. PART I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the history. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. | | | | | | | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | | | | (a) Due to (or as a consequence of): | | | | | | | |
| Sequentially list conditions, if any, leading to the cause listed on line (a). Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | | | | (b) Due to (or as a consequence of): | | | | | | | |
| | | | | (c) Due to (or as a consequence of): | | | | | | | |
| | | | | (d) Due to (or as a consequence of): | | | | | | | |
| 45. PART II. Enter other significant conditions contributory to death but not resulting in the underlying cause given in PART I. | | | | | | 46. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | | 47. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 48. CERTIFIER (Check only one box) <input type="checkbox"/> Certifying practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying Practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated. | | | | | | | | | | | |
| 49. NAME - CERTIFIER | | | | 50. MAILING - CERTIFIER | | | | 51. NAME - REGISTRAR | | 52. MAILING - REGISTRAR | |
| THIS CERTIFICATE WAS RECEIVED FOR RECORD ON: | | | | BY | | | | REGISTRAR | | | |
| 53. DECEDENT'S USUAL OCCUPATION | | | | 54. KIND OF BUSINESS/INDUSTRY | | | | 55. SOCIAL SECURITY NUMBER | | | |
| 50. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 0 th grade or less <input type="checkbox"/> 1 st - 4 th grade, no diploma <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> Unknown <input type="checkbox"/> Not available | | | | 51. DECEDENT 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) | | | | 52. DECEDENT'S RACE <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> American Indian or Alaska Native (Name of the group or groups) <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) | | | |

ADMINISTRATIVE PURPOSES

Type or print clearly
with permanent black ink.
Complete every item.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Vital Records Section – Hartford, Connecticut 06134

STATE FILE NO _____

LICENSE AND CERTIFICATE OF MARRIAGE: Town of _____

GROOM/ SPOUSE

BRIDE/ SPOUSE

| | | | | | | |
|--|--------------------------------|---|------------------------------|--|--------------------------------|-----|
| NAME (First) (Middle) (Last) | | | NAME (First) (Middle) (Last) | | | |
| 1. | | | 22. | | | |
| SEX | DATE OF BIRTH (Mo., Day, Year) | AGE | SEX | DATE OF BIRTH (Mo., Day, Year) | AGE | |
| 2. | 3. | 4. | 23. | 24. | 25. | |
| BIRTHPLACE (State or Foreign Country) | | EDUCATION (No. Yrs. Completed) | | BIRTHPLACE (State or Foreign Country) | | |
| 5. | | GRADES 1-8 | GRADES 9-12 | COLLEGE (1-5+) | EDUCATION (No. Yrs. Completed) | |
| 6. | | 7. | 8. | 26. | | 27. |
| 7. | | 8. | | 27. | | 28. |
| 8. | | 8. | | 28. | | 29. |
| RESIDENCE (No. and Street) | | | RESIDENCE (No. and Street) | | | |
| 9. | | | 30. | | | |
| CITY OR TOWN | COUNTY | STATE | CITY OR TOWN | COUNTY | STATE | |
| 10. | 11. | 12. | 31. | 32. | 33. | |
| RACE | | SUPERVISION OR CONTROL BY GUARDIAN OR | | RACE | | |
| 13. | | 14. CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO | | 34. | | |
| 13. | | 14. CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO | | 35. CONSERVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| FATHER'S NAME | | | FATHER'S NAME | | | |
| 15. | | | 36. | | | |
| MOTHER'S MAIDEN NAME | | | MOTHER'S MAIDEN NAME | | | |
| 16. | | | 37. | | | |
| FATHER'S BIRTHPLACE (State or Foreign Country) | | MOTHER'S BIRTHPLACE (State or Foreign Country) | | FATHER'S BIRTHPLACE (State or Foreign Country) | | |
| 17. | | 18. | | 38. | | |
| 17. | | 18. | | 39. | | |
| NO. OF THIS MARRIAGE | NO. OF CIVIL UNIONS | 21a. IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION | | NO. OF THIS MARRIAGE | NO. OF CIVIL UNIONS | |
| 19. | 20. | 21a. IF PREVIOUSLY IN MARRIAGE OR CIVIL UNION, LAST RELATIONSHIP WAS 1. <input type="checkbox"/> MARRIAGE 2. <input type="checkbox"/> CIVIL UNION | | 40. | 41. | |
| 21b. LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT | | 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER | | 42b. LAST RELATIONSHIP ENDED BY: 1. <input type="checkbox"/> DEATH 2. <input type="checkbox"/> DISSOLUTION 3. <input type="checkbox"/> ANNULMENT | | |
| 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER | | 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER | | 4. <input type="checkbox"/> PREVIOUS CIVIL UNION DID NOT END. MARRYING CIVIL UNION PARTNER | | |

We, the above named in this marriage license sincerely affirm and declare that the statements herein made are true.

E

| | | | | | |
|----------------------------|--|------------------------|--|--------------------------------|--|
| SIGNATURE OF GROOM/ SPOUSE | | SIGNATURE OF REGISTRAR | | THIS DAY OF (Month, Day, Year) | |
| 43. | | 44. | | 45. | |
| SIGNATURE OF BRIDE/ SPOUSE | | SIGNATURE OF REGISTRAR | | THIS DAY OF (Month, Day, Year) | |
| 46. | | 47. | | 48. | |

of

| | | | | | |
|---|--|--|--|--|--------------------------------|
| This license certifies that the above-named persons have complied with the laws of Connecticut relating to a marriage license, and any person authorized to celebrate a marriage may join the above-named in marriage in the town of: | | | THIS LICENSE MUST BE USED ON OR BEFORE DATE (Month, Day, Year) | | |
| 49. | | | 50. | | |
| ISSUING OFFICIAL (Signature) | | | TITLE | | DATE ISSUED (Month, Day, Year) |
| 51. | | | 52. | | 53. |

OR

| | | | | | |
|--|--|---|-----|-----------------------------|--|
| I HEREBY CERTIFY THAT | | | AND | | |
| 54. | | | 55. | | |
| THE ABOVE NAMED PARTIES WERE LEGALLY JOINED IN MARRIAGE BY ME IN THE TOWN OF | | IN THE COUNTY OF | | THIS DAY (Month, Day, Year) | |
| 56. | | 57. | | 58. | |
| SIGNATURE OF PERSON PERFORMING CEREMONY | | PERSON PERFORMING CEREMONY (Please Print) | | OFFICIAL CAPACITY | |
| 59. | | 60. | | 61. | |
| 60. | | 61. | | 62. | |

AR

| | | | | | |
|--|--|--|----------------|--|--|
| THIS CERTIFICATE RECEIVED FOR RECORD ON Date: (Month, Day, Year) | | | BY (Signature) | | |
| 63. | | | 64. | | |

ATIVE

| | | | | | |
|------------------------------------|--|--|------------------------------------|--|--|
| SOCIAL SECURITY # OF GROOM/ SPOUSE | | | SOCIAL SECURITY # OF BRIDE/ SPOUSE | | |
| 65. | | | 66. | | |

From: "Cindy Simon" <nanadaisy@embarqmail.com>

Sent: Sunday, February 10, 2013 4:48 PM

To: "Debbie Aurelia" <debbie.aurelia@newtown-ct.gov>, "Debbie Aurelia" <claag83@yahoo.com>

Subject:

As the former Town Clerk of Newtown. I feel compelled to share my thought in supporting House Bill 5421. I served as Newtown's Town Vlerk for 20 years with 5 yrs prior as Assistant Town Clerk, totalling 25 years of Town Clerk experience.

During those 25 years, on more than one occasion there were cases of fraudulent use of Newtown's Vital Statistics. Early on I learned that a death certificate of a child or "stillborn death/birth" was used to establish a new identity. The information on the death certificate was more than enough to complete an application to obtain a certified copy of a birth certificate, enabling the applicant to then establish a new identity.

I can not conceive of any legitimate purpose for anyone other than immediate family to obtain copies of and the information contained on Birth, Marriage and Death certificates. Most often it is, simply put, someone "just being nosy". Most recently is the tragedy of Newtown and the news media trying to obtain death certificate copies of the victims. That information is serving no positive purpose except to enhance their news reporting. Can any one of you think of one reason why you would need to know their exact cause of death or where they are buried. I think not!!

We have to sign "privacy law" papers when we go to a doctor thus ensuring our medical records are kept private. As the Registrar and Assistant Registrar of Vital Statistics in Newtown for 25 years, I took my custodial duties very seriously. Identity theft alone is a serious problem in this country and that in itself should be more than enough of a reason to secure these records. and... with the most recent event of 12/14/12 in Newtown, please ask yourselves if it is truly fair to these 26 families to have every detail on the death certificate available to the world. Would you want this for your family??

Thank you.

Cynthia Simon
3589 NE 107h St Rd
Anthony, FL 32617