SCOMM

139:6

HOUSE COMMITTEE REPC Γ

(7)
Date Referred to Committee: February 22, 2005 **FURTHER REFERRALS: State Affairs**

Date of Committee Action: 3-17-05

The HOUSE SPECIAL COMMITTEE ON MILITARY AND VETERANS' AFFAIRS considered:

HB 167

HOUSE BILL NO. 167 **DEATH CERTIFICATE FOR DECEASED VETERAN**

"An Act relating to providing a death certificate for a deceased veteran without cost."

Recommends it be replaced with [ ] HCS *or* [X] CS for HB 167 ( )
For Senate Bills with new title: [ ] Technical Title [ ] New Title: HCR [X] Same Title [ ] New Title

[ ] attach amendments
[ ] add new referral to _____Committee
[ ] Letter of Intent_____Committee

List of Abbrev for Depts.:
ADM
CED
COR
CRT
EED
DEC
DFG
GOV
HSS
LEG
LAW
LWF
MVA
DNR
DPS
REV
DOT
UA

NEW **FISCAL NOTES** *Assigned by Chief Clerk's Office				
List by Dept(s):	***FN#**	**Fiscal**	**Indet.**	**Zero**
DHSS-DPH		X		
MVA				X

PREVIOUS **FISCAL NOTES**				
List by Dept(s):	**FN#**	**Fiscal**	**Indet.**	**Zero**

Signing with recommendations	**Printed Last Name**	**DP**	**DNP**	**NR**	**AM**
	Thomas	V			
	Fiorentino	–			
	CISSNA	V			
	ELKINS	V			
Chair:	LYNN	X			
Chair:					

Alaska State Legislature

Chair
Military and Veterans Affairs Committee

Member
Labor and Commerce Committee
State Affairs Committee
Econ Dev, Int'l Trade & Tourism
Education Committee
Joint Armed Services Committee

Finance Subcommittees
Labor and Workforce Development
Community and Economic Development
Military and Veterans' Affairs

A Communication From
REPRESENTATIVE BOB LYNN
Chairman
House Military and Veterans' Affairs Committee

Session:
Alaska State Capitol
Juneau, AK 99801-1182

Phone: (907) 465-4931
Fax: (907) 465-4316
Toll Free: (800) 870-4391

Interim:
716 W. 4th Ave., #350
Anchorage, AK 99501-2133

Phone: (907) 269-0205
Fax: (907) 269-0207
Representative_Bob_Lynn@legis.state.ak.us

HB 167

Sponsor Statement

HB 167 provides a death certificate without cost to a surviving spouse, next of kin, or other relative of a deceased veteran. The bill is modeled after Arizona statute, which provides the death certificate for purpose of obtaining Veteran's or Social Security Benefits.

CERTIFICATION OF VITAL RECORDS

STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS

CERTIFICATE OF DEATH

DEATH NO. D 102-

1. NAME OF DECEASED: AKA A. FIRST SEYMOUR B. MIDDLE C. LAST EPSTEIN / SIMON EPSTEIN	2. SEX: MALE	3. DATE OF DEATH: MONTH JANUARY DAY 31 YEAR 2004					
4A. RACE (e.g., white, black, American Indian, (specify tribe) etc.): WHITE	B. WAS DECEDENT OF HISPANIC ORIGIN (SPECIFY YES OR NO): NO	C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): YES				
6. PLACE OF DEATH: A. COUNTY: YAVAPAI	B. TOWN OR CITY: PRESCOTT VALLEY	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): PRESCOTT VALLEY SAMARITAN CENTER	D. ☐ DOA ☐ OP EMER XX IN PATIENT				
7. DATE OF BIRTH: MONTH NOVEMBER DAY 7 YEAR 1920	8A. AGE (YEARS LAST BIRTHDAY): 83	B. IF UNDER 1 YEAR MOS DAYS	C. IF UNDER 1 DAY HRS MIN	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED	10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
11. STATE AND CITY OF BIRTH (If not in USA, name country): ILLINOIS CHICAGO	12. CITIZEN OF WHAT COUNTRY? SPECIFY: U.S.A.	13. SOCIAL SECURITY NO.: 322 14 1666	14A. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): SHEET METAL WORKER	B. KIND OF BUSINESS OR INDUSTRY: SHEET METAL			
15. USUAL RESIDENCE: A. STATE: ARIZONA	B. COUNTY: YAVAPAI	C. TOWN OR CITY: PRESCOTT VALLEY	D. ZIP CODE: 86314	16. HOW LONG IN ARIZONA? 28 YEARS	17. EDUCATION HIGHEST GRADE COMPLETED		
15E. STREET ADDRESS OF R.F.D.: 3380 NORTH WINDSONG	INSIDE CITY LIMITS? (SPECIFY Yes or No): 15F. YES	ON RESERVATION (SPECIFY Yes or No): 15G. NO	18. PREVIOUS STATE OF RESIDENCE: CALIFORNIA	ELEMENTARY-SECONDARY (0-12): A.	COLLEGE (1-4 or 5 +): B. 2		
19. FATHER'S NAME: A. FIRST MAX B. MIDDLE C. LAST EPSTEIN	20. MOTHER'S MAIDEN NAME: A. FIRST ANNIE B. MIDDLE C. LAST RABKIN						
21. INFORMANT'S SIGNATURE: Kellie Molyneux ▶ KAYLA EPSTEIN	RELATIONSHIP TO DECEASED: 22. RELATIVE	ADDRESS: STREET NO. 23. 4801 KENAI AVENUE	CITY AND STATE: ANCHORAGE, ALASKA	ZIP CODE: 99508			
BURIAL, CREMATION, REMOVAL, OTHER (Specify): 24. REMOVAL/BURIAL	DATE: 25. FEBRUARY 6, 2004	CEMETERY OR CREMATORY - NAME/LOCATION: 26. NATIONAL MEMORIAL CEMETERY OF ARIZONA PHOENIX, ARIZONA	EMBALMER'S SIGNATURE: 27A. ▶	CERT NO. B			
FUNERAL HOME: NAME / STREET ADDRESS / CITY AND STATE: 28. ARIZONA WAKELIN BRADSHAW, 8480 EAST VALLEY ROAD, PRESCOTT VALLEY, AZ 86314	FUNERAL DIRECTOR (SIGNATURE): ▶ GARY [illegible]	CERT NO. B. 0939					
To be completed by CERTIFYING PHYSICIAN ONLY: TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 30. SIGNATURE AND TITLE ▶ Sam W. Downing MD	To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY: [illegible]						
DATE SIGNED (Mo., Day, Year): 31. FEBRUARY 2, 2004	HOUR OF DEATH: 32. 0635	DATE SIGNED (Mo., Day, Year):	HOUR OF DEATH: 36.				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print): 33.	PRONOUNCED DEAD (Hour): 38. AT						
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL [illegible] (Type or Print): 39. SAM W. DOWNING, MD, 215 NORTH MCCOR[illegible]	AUTHORIZED FOR [illegible] (SPECIFY): 40.	MEDICAL EXAMINER'S SIGNATURE: 41.					
DATE REGISTERED: 42. 2/5/04	REG. FILE NO.: 43. 171	REGISTRAR'S SIGNATURE: 44.	REG. DISTRICT: 45. 135	DATE REC'D. IN STATE OFFICE: 46.			

47. PART I — DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH)	[illegible]	WEEKS
SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST	[illegible]	
[illegible]	[illegible]	

PART II — Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

AUTOPSY (Specify Yes or No): 49. NO	WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): 50. NO

MANNER OF DEATH: CAUSES / SUICIDE / HOMICIDE / UNDETERMINED	DATE OF INJURY: MO. DAY YR. HOUR: 53. M	INJURY AT WORK? (Specify Yes or No): 54.	DESCRIBE HOW INJURY OCCURRED: 55.
51.	52. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY: 56.	WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE: 57.	

58. SUPPLEMENTAL ENTRY: MORTUARY CORRECTED BOXES 1 & 14A. 2-5-2004 gf

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA
COUNTY OF YAVAPAI } ss

DATE ISSUED FEB 06 2004

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Issued under the authority of A.R.S. 36-341, and by direction of:

Marcia M. Jacobson
MARCIA MORAN JACOBSON
YAVAPAI COUNTY REGISTRAR
YAVAPAI COUNTY HEALTH DEPARTMENT

152164

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.

YAVAPAI COUNTY 1863 ARIZONA

39-122. Free searches for and copies of public records to be used in claims against United States; liability for noncompliance

A. No state, county or city, or any officer or board thereof shall demand or receive a fee or compensation for issuing certified copies of public records or for making search for them, when they are to be used in connection with a claim for a pension, allotment, allowance, compensation, insurance or other benefits which is to be presented to the United States or a bureau or department thereof.

B. Notaries public shall not charge for an acknowledgment to a document which is to be so filed or presented.

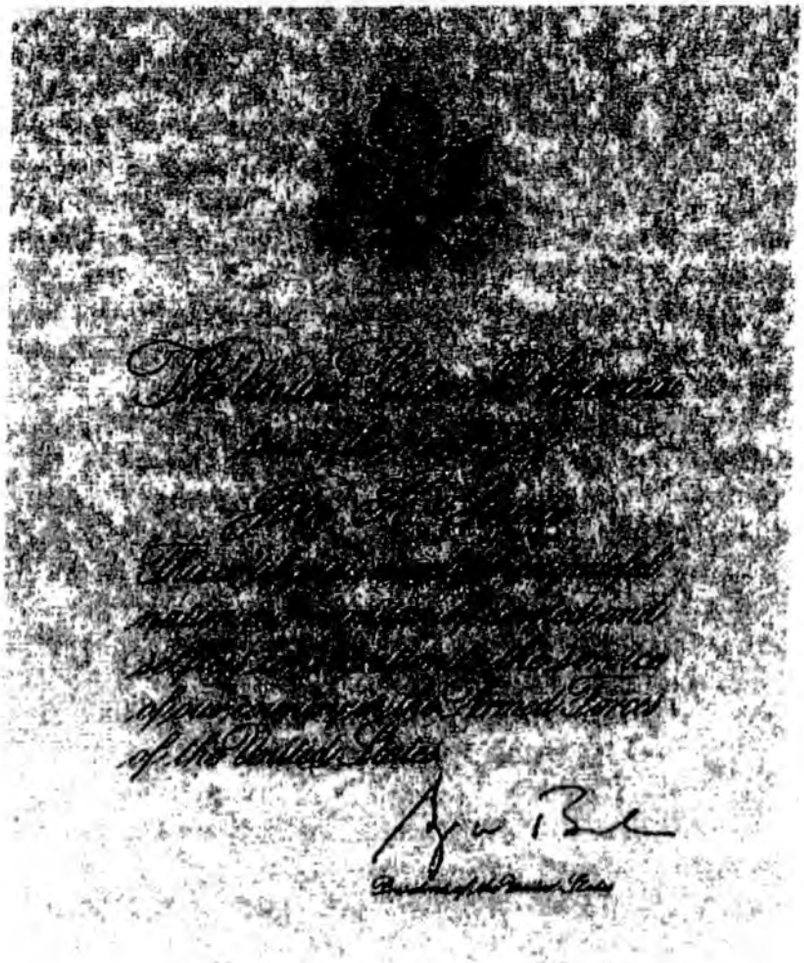
C. The services specified in subsections A and B shall be rendered on request of an official of the United States, a claimant, his guardian or attorney. For each failure or refusal so to do, the officer so failing shall be liable on his official bond.

Arizona Revised Statutes

Burial & Memorial Benefits

Veterans Benefits & Services

Presidential Memorial Certificates



A Presidential Memorial Certificate (PMC) is an engraved paper certificate, signed by the current President, to honor the memory of honorably discharged deceased veterans.

History

This program was initiated in March 1962 by President John F. Kennedy and has been continued by all subsequent Presidents. Statutory authority for the program is Section 112, Title 38, of the United States Code.

Administration

The Department of Veterans Affairs (VA) administers the PMC program by preparing the certificates which bear the President's signature expressing the country's grateful recognition of the veteran's service in the United States Armed Forces.

Eligibility

Eligible recipients include the deceased veteran's next of kin and loved ones. More than one certificate may be provided.

Application

Eligible recipients, or someone acting on their behalf, may apply for a PMC in person at any VA regional office or by U.S. mail only. Requests cannot be sent via email. There is no form to use when requesting a PMC. Please be sure to enclose a copy of the veteran's discharge and death certificate. Please submit copies only, as we cannot return original documents. We are presently receiving mail at our Washington, D.C. address, however mail delivery is considerably slower than normal.

If you would like to request a Presidential Memorial Certificate, or if you requested one more than eight (8) weeks ago and have not received it yet, we ask that you either:

1. Fax your request and all supporting documents (copy of discharge and death certificate) to: **(202) 565-8054,** or

2. Mail your request and all supporting documents using either the U.S. Postal Service or a commercial mail service, such as one of the overnight or express mail delivery services, to:

Presidential Memorial Certificates (402E12)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420-0001

If you have any questions about a certificate you have received, a request you have already sent in, or about the program in general, you may call **(202) 565-4964.** Or you may email us at:

PMC@mail.va.gov

PLEASE NOTE: The above telephone number and email address are for questions about the Presidential Memorial Certificate Program only. We do not accept e-mail requests. All requests must be in writing.

Veteran Service Officers and Funeral Homes - Please contact us at (202) 565-4259 or (202) 501-2004 for information about submitting requests.

We do not administer other VA programs or have access to other VA records. For assistance with other VA benefits or records please use the "Contact the VA" link below. Or call your Regional office at:

1-800-827-1000

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS

CERTIFICATE OF DEATH

DEATH NO. D 102-

NAME OF DECEASED: AKA	A. FIRST: SEYMOUR	B. MIDDLE	C. LAST: EPSTEIN	SEX	DATE OF DEATH: MONTH	DAY	YEAR
1. SIMON	EPSTEIN			2. MALE	3. JANUARY	31	2004

RACE (e.g., white, black, American Indian, (specify tribe) etc.) SPECIFY: 4A. WHITE	WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO) 4B. NO	IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. 4C	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5. YES

PLACE OF DEATH: A. COUNTY 6. YAVAPAI	B. TOWN OR CITY: PRESCOTT VALLEY	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): PRESCOTT VALLEY SAMARITAN CENTER	D. ☐ DOA ☐ OP EMER XX IN PATIENT

DATE OF BIRTH: MONTH DAY YEAR 7. NOVEMBER 7 1920	AGE (YEARS LAST BIRTHDAY) 8A. 83	IF UNDER 1 YEAR MOS. DAYS 8B.	IF UNDER 1 DAY HRS. MIN 8C.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. WIDOWED	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10.

STATE AND CITY OF BIRTH (If not in USA, name country) 11. ILLINOIS CHICAGO	CITIZEN OF WHAT COUNTRY? SPECIFY 12. U.S.A.	SOCIAL SECURITY NO. 13. 322 14 1666	USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. SHEET METAL WORKER	KIND OF BUSINESS OR INDUSTRY 14B. SHEET METAL	

USUAL RESIDENCE: A. STATE 15. ARIZONA	B. COUNTY YAVAPAI	C. TOWN OR CITY PRESCOTT VALLEY	D. ZIP CODE 86314	HOW LONG IN ARIZONA? 16. 28 YEARS	EDUCATION HIGHEST GRADE COMPLETED 17.

STREET ADDRESS OF R.F.D. 15E. 3380 NORTH WINDSONG	INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F. YES	ON RESERVATION (SPECIFY Yes or No) 15G. NO	PREVIOUS STATE OF RESIDENCE 18. CALIFORNIA	ELEMENTARY-SECONDARY (0-12) A.	COLLEGE (1-4 or 5+) B. 2

FATHER'S NAME: A. FIRST	B. MIDDLE	C. LAST	MOTHER'S MAIDEN NAME: A. FIRST	B. MIDDLE	C. LAST		
19. MAX		EPSTEIN	20. ANNIE		RABKIN		

INFORMANT'S SIGNATURE: Kelsie Malynicz	RELATIONSHIP TO DECEASED	ADDRESS: STREET NO.	CITY AND STATE	ZIP CODE	
21. ▶ KAYLA EPSTEIN	22. RELATIVE	23. 4801 KENAI AVENUE	ANCHORAGE, ALASKA	99508	

BURIAL, CREMATION, REMOVAL, OTHER (Specify)	DATE	CEMETERY OR CREMATORY - NAME/LOCATION	EMBALMER'S SIGNATURE	CERT. NO.
24. REMOVAL/BURIAL	25. FEBRUARY 6, 2004	26. NATIONAL MEMORIAL CEMETERY OF ARIZONA PHOENIX, ARIZONA	27A. ▶ NOT EMBALMED	B.

FUNERAL HOME: NAME	STREET ADDRESS	CITY AND STATE	FUNERAL DIRECTOR'S SIGNATURE (OR AUTHORIZED AGENT)	CERT. NO.
28. ARIZONA WAKELIN BRADSHAW	8480 EAST VALLEY ROAD,	PRESCOTT VALLEY, AZ 86314	29A. ▶ GARY L. CRAWFORD, SR.	B. 0939

To be completed by CERTIFYING PHYSICIAN ONLY

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

30. SIGNATURE ▶ AND TITLE: Sam W. Downing MD

31. DATE SIGNED (Mo., Day, Year): FEBRUARY 2, 2004

32. HOUR OF DEATH: 0635

33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY

ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED

34. SIGNATURE AND TITLE

35. DATE SIGNED (Mo., Day, Year)

36. HOUR OF DEATH

37. PRONOUNCED DEAD (Mo., Day, Year)

38. PRONOUNCED DEAD (Hour) AT

39. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print): SAM W. DOWNING, MD, 215 NORTH MCCORMICK, PRESCOTT, AZ 86301

40. AUTHORIZED FOR INFORMATION (SPECIFY) ☐ Yes ☒ No

41. MEDICAL EXAMINER'S SIGNATURE

42. DATE REGISTERED: 2/5/04	43. REG. FILE NO: 171	REGISTRAR'S SIGNATURE: Marcia M. Jacobson	45. REG. DISTRICT: 135	DATE REC'D IN STATE OFFICE 46.	

47. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST

PART I

A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) ENTER ONLY ONE CAUSE ON EACH LINE): Aspiration pneumonitis — WEEKS

B. DUE TO OR AS A CONSEQUENCE OF: Cerebrovascular accident

C. DUE TO OR AS A CONSEQUENCE OF:

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

	AUTOPSY (Specify Yes or No) 49. NO	WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. NO

MANNER OF DEATH: ☐ NATURAL ☐ ACCIDENT ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ UNDETERMINED 51.	DATE OF INJURY: MO. 52.	DAY	YR	HOUR 53.	INJURY AT WORK? (Specify Yes or No) 54.	DESCRIBE HOW INJURY OCCURRED 55.

PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 56.	WHERE LOCATED?	STREET ADDRESS	CITY OR TOWN	STATE
	57.			

SUPPLEMENTARY ENTRIES: 58. MORTUARY CORRECTED BOXES 1 & 14A. 2-5-2004 SF

FOR PRINTING USE ONLY

Pursuant to A.R.S. 39-122. A copy may be issued free of charge for the purpose of applying for and obtaining Veteran's Administration Benefits and shall not be valid for any other purpose.

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA
COUNTY OF YAVAPAI } ss

DATE ISSUED FEB 06 2004

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Issued under the authority of A.R.S. 36-341, and by direction of:

Marcia M. Jacobson

MARCIA MORAN JACOBSON
YAVAPAI COUNTY REGISTRAR
YAVAPAI COUNTY HEALTH DEPARTMENT

152164

YAVAPAI COUNTY 1865 ARIZONA

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.

Sec. 112. - Presidential memorial certificate program

(a)

At the request of the President the Secretary may conduct a program for honoring the memory of deceased veterans, discharged under honorable conditions, by preparing and sending to eligible recipients a certificate bearing the signature of the President and expressing the country's grateful recognition of the veteran's service in the Armed Forces. The award of a certificate to one eligible recipient will not preclude authorization of another certificate if a request is received from some other eligible recipient.

(b)

For the purpose of this **section** an "eligible recipient" means the next of kin, a relative or friend upon request, or an authorized service representative acting on behalf of such relative or friend