

Iowa Department of Public Health Bureau of Health Statistics

2018 Iowa County Recorder Refresher Training

Presenters:

Melissa Bird, Deputy State Registrar and Bureau Chief of Bureau of Health Statistics

Sandra Lyles, Field Representative, Bureau of Health Statistics

Sam Nichols, Field Representative, Bureau of Health Statistics



House Keeping

- This is the one meeting where it is ok to answer phone calls, but please continue the call outside of the class room.
- Restrooms
- Vending machines
- We will be taking small stretch breaks throughout the day.
- In case of fire or emergency, evacuate the building using emergency procedures.
- In case of tornado, seek shelter in the men's and women's restrooms.
- In case of a medical emergency, call 911.
- Lunch

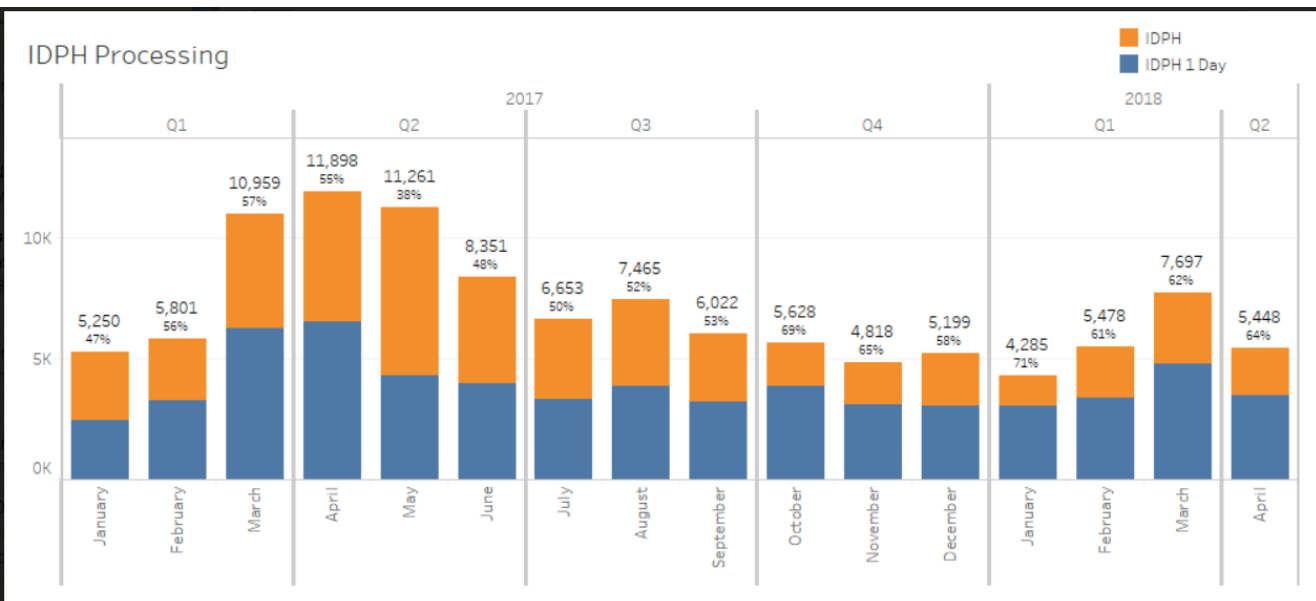
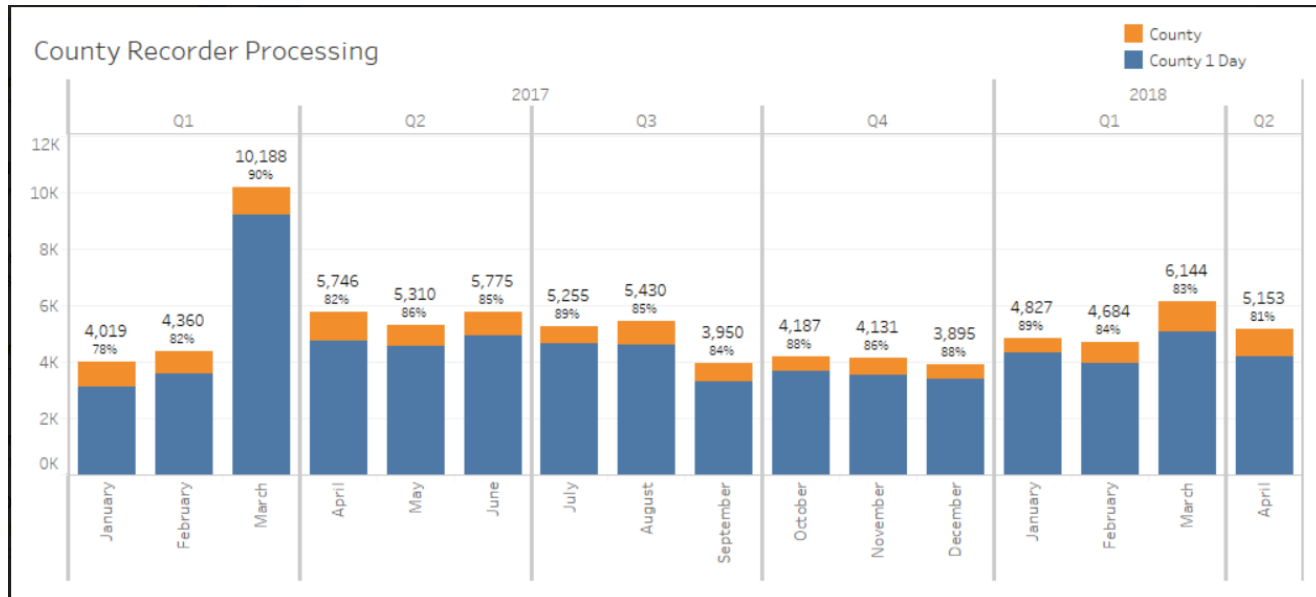


AGENDA

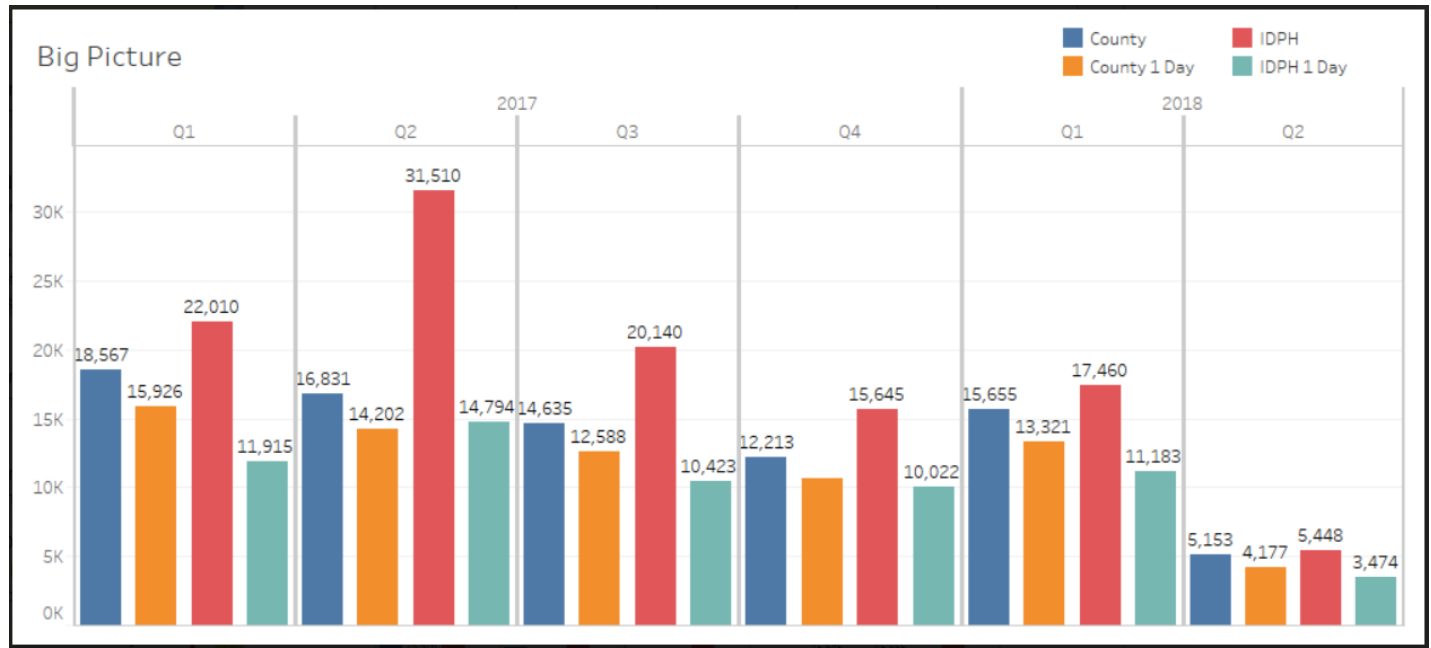
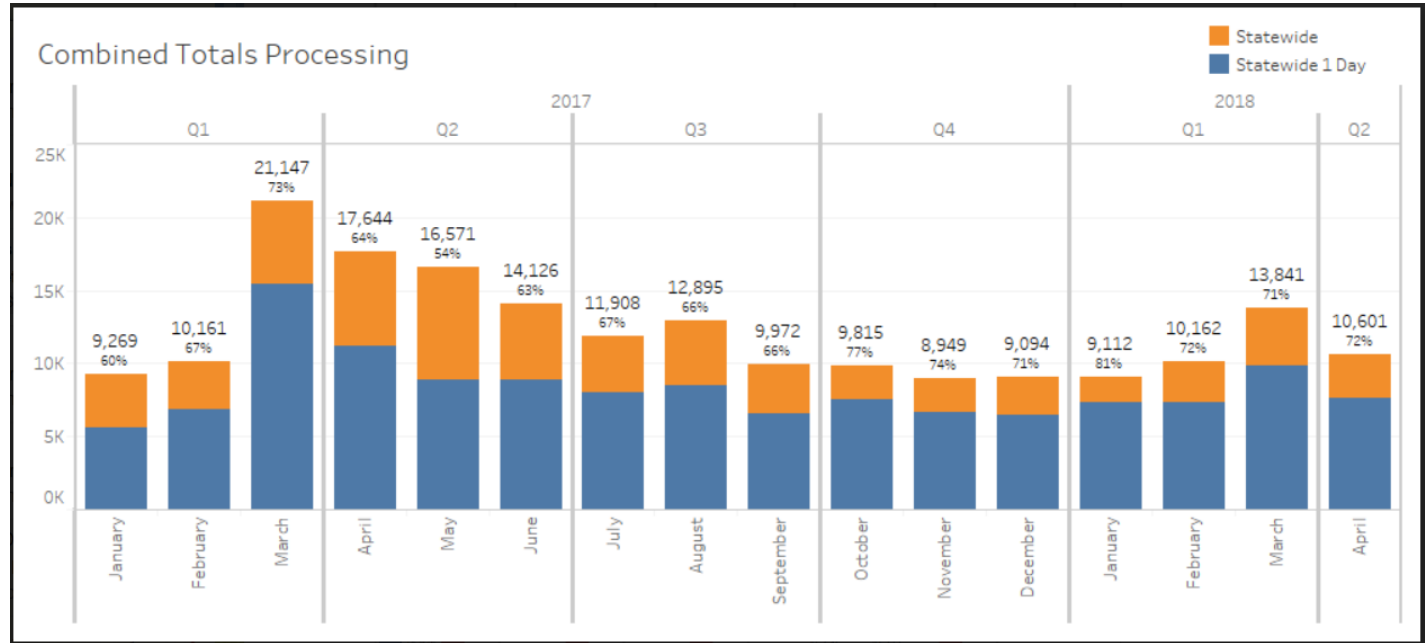
- | | | | |
|-----------------|--|----------------|--|
| 9:00 AM | Introductions | 1:00 PM | Iowa Vital Events System – Continued
ACH Review |
| 9:15 AM | Statistics and Trends for 2017 and Current | | Transmittal
Verification |
| 9:30 AM | Working with Vital Records
Your responsibilities
How much help is too much help - give it to the experts
Entitlement
Iowa Administrative Code, Chapter 22...certified vs. plain paper
Resources | 1:45 PM | Site Visits |
| 10:30 AM | Iowa Vital Events System (IVES)
CAS Review
Work Queues
Exchanges
Forward to State
Sealing & Birth Death Match
Manage IVES Inventory | 2:00 PM | Fraud |
| | | 2:30 PM | Break |
| | | 2:45 PM | Marriage Application/Return |
| | | 3:45 PM | Re-cap & Closing |
| 11:30 AM | Lunch | 4:00 PM | Adjourn |



Statistics & Trends



Statistics & Trends



Working with Vital Records

Group Activity



Working with Vital Records

Group Activity

Scenario #1

- You are presented with an application for a certified copy of a birth record.
 - The applicant is saying he is the father of the child.
 - He has presented paperwork from the court that shows he is the permanent guardian of the child, however, when you look at the birth record in IVES his name is not listed as the father on the child's record.

Working with Vital Records

Group Activity

Scenario #2

- You are presented with an application for a certified copy of a birth record.
 - The applicant is stating they are the spouse of the decedent.
 - She does not have the same last name of the decedent, and states that they were common law married.

Working with Vital Records

Group Activity

Scenario #3

- You receive an application for a certified copy of a death record.
 - The applicant is stating they are a step-child of the decedent.

Working with Vital Records

Group Activity

Scenario #4

- You receive an application for a certified copy of a death record.
 - The applicant is stating they are husband, however, after accepting the application, and reviewing the record, the marital status is divorced.

Working with Vital Records

Group Activity

Scenario #5

- You receive an application for a certified copy of a death record via mail.
 - The purpose is foreclosure of the decedent's property, and the bank who is foreclosing is requesting the certified copy.

Working with Vital Records

Group Activity

Scenario #6

- You receive an application for a certified copy of a birth record.
 - The individual does not have a valid government issued photo ID.

Working with Vital Records

Group Activity

Scenario #7

- You receive an application for a certified copy of a birth record.
 - The parent is applying, and you accept the application appropriately.
 - After reviewing IVES, you note a flag on the record 'Termination of Parental Rights'.
 - The flagged parent is the applicant.

Working with Vital Records

Group Activity

Scenario #8

- You receive an application for a certified copy of a birth record for the wallet exchange.
 - The applicant is the paternal grandmother, and she has the wallet card to exchange for the long form.
 - You accept the application, and after reviewing the record, there is no father listed on the birth record.

Working with Vital Records

What are your responsibilities...
Let's Review!

- Iowa Code 144
- Administrative Rules IAC 641-95

Working with Vital Records

How much help is too much help

Give It To The Experts!

Chapter 22 Review

Public Inspection vs. Entitlement

Entitlement to Vital Records in Iowa

Resources

- Vital Records Portal

<https://idph.iowa.gov/health-statistics/vital-records/crportal>

- www.legis.state.gov

- www.idph.iowa.gov

- Help Menu

Working with Vital Records

Internal Resources

Bureau of Health Statistics - Vital Records	Contact Name	Phone Number	Email
General Customer Line	Vital Records Staff	(515) 281-4944	<i>Not Available</i>
Bureau Chief	Melissa Bird	(515) 281-6762	Melissa.Bird@idph.iowa.gov
Administrative Assistant: Manage Daily Operations and Escalations; Order Safety paper	Stephanie Buckner-Griffith	(515) 281-7221	Stephanie.Buckner@idph.iowa.gov
Management Analyst: Supports IVES, and is the Liaison for Netsmart. Handles inquires for Help Desk, VR statistics and annual reports	Josh Jungling	(515) 281-4945	Josh.Jungling@idph.iowa.gov
IVES Help Desk: IVES Technical Support (Do Not Provide to Customers and Do No Use For Customer Service)	Mike Gaskill Vacant	(866) 309-0831	IVESHelpDesk@idph.iowa.gov
Service Area	Contact Name	Phone Number	Email
Adoptions: Foreign & domestic, legal change of name and sex reassignments.	Jeri Southwick	(515) 281-6263	Jeri.Southwick@idph.iowa.gov
Amendments: Amendments for records over 1 year old: birth, death and marriage.	Cindy Gleason	(515) 242-6759	Cynthia.Gleason@idph.iowa.gov
Verifications & Delays: County record verifications and delayed records.	Cindy Gleason	(515) 242-6759	Cynthia.Gleason@idph.iowa.gov
Birth: Home births, corrections to birth certificates under 1 year old , summary fee reports, any questions pertaining to new birth registration.	Travis Moyer Abby Gwysin	(515) 281-3266 (515) 242-6332	Travis.Moyer@idph.iowa.gov Abby.Gwysin@idph.iowa.gov
Court Orders and judgement requests.	Lisa Tate	(515) 281-5133	Lisa.Tate@idph.iowa.gov
Death Corrections: corrections to records in the first year .	Michele Houston	(515) 281-5153	Michele.Houston@idph.iowa.gov
Death Registration: Disinterment, burial transit permits, home burials	Michele Houston	(515) 281-5153	Michele.Houston@idph.iowa.gov
County of Divorce Revelations: files and tracks dissolutions	Lainda Drake	(515) 281-4507	Lainda.Drake@idph.iowa.gov
Marriage Corrections & Review: Corrections to marriages in the first year . Reviews marriage returns. Weekly Transmittals	Lainda Drake	(515) 281-4507	Lainda.Drake@idph.iowa.gov
Request for Records: State Agencies/Other: Military, social security and DHS etc. handles all requests for certificates and verifications.	Lainda Drake	(515) 281-4507	Lainda.Drake@idph.iowa.gov
Paternity: Processing affidavits, recessions, etc.	Sonia Hocking	(515) 281-6687	Sonia.Hocking@idph.iowa.gov
Field Rep: Liaison to external partners and counties. Handles inquires and training, etc.	Sam Nichols	(515) 281-5002	Sammui.Nichols@idph.iowa.gov
Field Rep: Liaison to external partners and counties. Handles inquires and training, etc.	Sandra Lyles	(515) 725-2963	Sandra.Lyles@idph.iowa.gov
Fraud & Security	Melissa Bird	(515) 281-6762	Melissa.Bird@idph.iowa.gov
Additional Resources	Contact Name	Phone Number	Email
VitalChek: Online Call Center for customers to Order Vital Records Hours 6am-7pm	Call Center Agent	(866) 809-0290	<i>Not Available</i>
ACH Adjustments	Help Desk	(866) 309-0831	ACH@idph.iowa.gov

CAS Review

Work Queue

- Work Queues are pending records and requests.
- It is important that users check these work queues through out the day.

Work Queue	Tools	Batch	Blank Forms
Refresh Work Queue Count			
CAS Requests Pending (24)			
CAS Requests Returns (1)			
M App Pending (0)			
M Pending Marriage Return (2)			
Messages (1)			

CAS Review

Exchanges

- Counties can ONLY exchange what the county service.
- V.A. - One copy is allowed to be printed per event. If a copy needs to be exchanged, the service type would no longer be V.A. Purposes but Certified Copy. The Fee Type would need to be changed to Exchange. Once the certificate has been printed, then it needs to be stamped for V.A. purposes.

Service Type	Fee Type	Copies	Status
V.A. Purposes	No Fee	1	COMPLETED

Service Type	Fee Type	Copies	Status
Certified Copy	Exchange	1	PENDING

CAS Review

Exchanges (continue)

Wallet – The initial wallet exchange you choose Wallet Exchange as your Purpose of Request and Choose Wallet Exchange as the Service Type with the Fee Type as No Fee. The applicant must have the wallet card for you to process the exchange. If the applicant wish to keep the wallet they will need to apply through the state.

Customers are allowed one wallet exchange. If a mistake occurred during printing, you will need to process it like a regular exchange.

Service Type	Fee Type	Copies	Status
Wallet Exchange	No Fee	1	COMPLETED

Service Type	Fee Type	Copies	Status
Certified Copy	Exchange	1	PENDING



To State

- **Frequently Asked Questions**

- When to use Forward to State?
- What kind of documentation do I need to attach?
- Why do I need two services?
- Where do I scan and save the image? How do I know the image got attached?
- Are these requests expedited?
- How do I track my request?
- No fetal deaths – Why?



HOW TO PROCESS TO STATE



**How-To- Training Webinar
Located in the “Help Menu”**



Group Activity



Seal a Record

How many different way's to seal a record?



Birth/Death Match

How do you mark your birth record?





Managing Inventory

- Ensure all safety paper is in a secure location
- Void & Restock paper (process)
- Damage paper (process)
- Tracking paper (Document Tracking)
- Logging paper – Weekly Transmittal
- Ordering paper (process)



Managing Inventory

Inventory Definitions

DAMAGED – safety paper that have been spoiled which can no longer be issued or used. The paper must be marked DAMAGED (i.e. paper got jammed in the printer, wrong record was printed on the safety paper, torn paper, image is not readable, etc.).

VOID - The ONLY time you will use VOID is to restock the paper (i.e. inventory shows paper was USED but it didn't get printed).

RESTOCK – Placing the paper back into inventory to be used.

USE – paper has been used to complete a service.

Available in Stock

Item	Part Desc	Quantity	Start	End	StockID
State Certified Paper		1	2004234	2004234	977335
State Certified Paper		1	2004895	2004895	977996
State Certified Paper		1	2004896	2004896	977997
State Certified Paper		1	2004897	2004897	977998
State Certified Paper		1	2004898	2004898	977999
State Certified Paper		1	2004899	2004899	978000
State Certified Paper		1	2004900	2004900	978001
State Certified Paper		1	2004901	2004901	978002
State Certified Paper		1	2004902	2004902	978003
State Certified Paper		1	2004903	2004903	978004
State Certified Paper		1	2004904	2004904	978005
State Certified Paper		1	2004905	2004905	978006



Refresh Stock View

Paper Sheet

Find The Stock Number

Transaction Details

Item	Part Desc	Date	Transaction	Quantity	Start	End	Ship To	Notes
State Certified Paper		5/16/2016	USE	1	2004873	2004873		Non-IVES Certificate(
State Certified Paper		5/16/2016	VOID	1	2004874	2004874		Notice of Record Sea
State Certified Paper		5/16/2016	RESTOCK	1	2004874	2004874		
State Certified Paper		5/16/2016	USE	1	2004874	2004874		Non-IVES Certificate(
State Certified Paper		5/16/2016	USE	1	2004875	2004875		Non-IVES Certificate(
State Certified Paper		5/16/2016	USE	1	2004876	2004876		Non-IVES Certificate(
State Certified Paper		5/16/2016	USE	1	2004877	2004877		Non-IVES Certificate(
State Certified Paper		5/16/2016	DAMAGED	1	2004455	2004455		
State Certified Paper		5/16/2016	USE	1	2004878	2004878		Non-IVES Certificate(
State Certified Paper		5/16/2016	USE	1	2004879	2004879		Non-IVES Certificate(
State Certified Paper		5/16/2016	USE	1	2004880	2004880		Non-IVES Certificate(

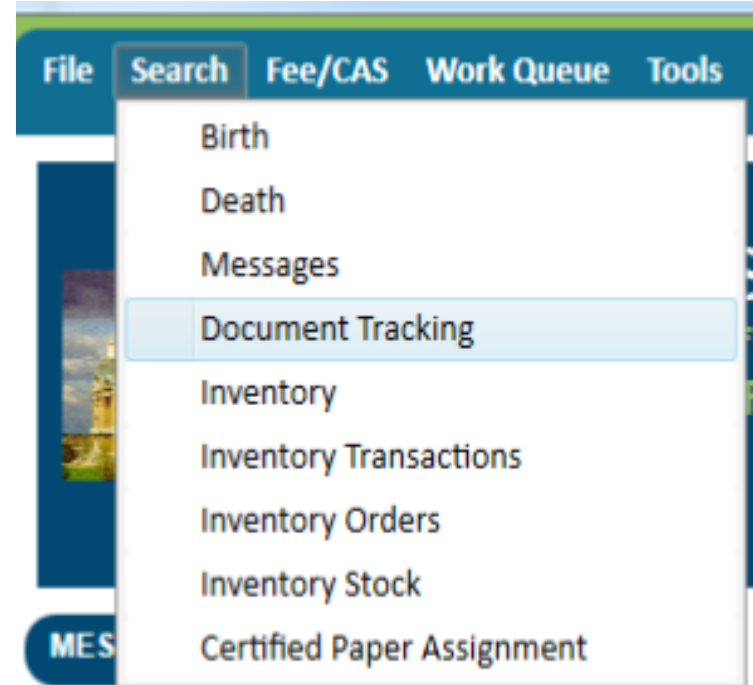


Managing Inventory

Document Tracking

Users can monitor what safety paper goes with the application or who processed the application by using Document Tracking.

Document Tracking can be found in the Search menu or under the Actions menu when you have your application open.



Search Criteria		Results									
State File Number	System field	Event Year	Document Name Printed	Date Printed	Type Paper	Begin Document Num (press F1)	End Document Num	Printed By	Printer Name	Event	Ev
		2016	Non-IVES Certificate(s)	1/26/2016		1921001	1921001	Brooks, Janice Kay	NONE	REQUEST	33

Managing Inventory

Supply Ordering Process

- The online supply order form is located on the county recorder vital records portal page, under the **Forms – Internal Use** header. It is pdf field-fillable document can be sent electronically, no more faxing.
- The online form are used for items that must be ordered and shipped from the Vital Records office (includes: State Certified paper, County Certified paper. Special Registration paper and the Large pre-addressed postage paid mailer). All the remaining forms/documents should be printed, as needed, from the vital records portal page.
- Supply orders will be processed once a month. All orders must be received by the close of business on the 15th of each month.
- Orders will be processed and shipped on the 16th (or next business day).
- An invoice is sent with the county safety paper request.
- County Recorder pays invoice.
- Confirmation email sent to the recorder.

Iowa Vital Event System (IVES)

ACH Review

ACH SCHEDULE

ACH runs completed services (with a status of COMPLETED or RECORD NOT FOUND) from **Tuesday through Monday**.

County Recorders have all day Tuesday and Wednesday until 3:00pm to VOID a service from the ACH week. A void is the only type of adjustment that can be done on the prior week's services.

If the status of a service is changed to anything other than VOID, it will be reflected on the new ACH week.

The State Vital Records staff has from 3:30 to 5:00pm on Wednesday to enter manual adjustments to the ACH file for any previous ACH pull that have been verified to be incorrect.

Overnight Wednesday the file is transmitted to the bank and the pull should reflect Thursday's date (when the withdrawal actually takes place).










2018 ACH Periods

Start	End	Start	End	Holidays
01/03/18	01/08/18	07/03/18	07/09/18	01/15/18
* 01/09/18	01/16/18	07/10/18	07/16/18	02/19/18
01/17/18	01/22/18	07/17/18	07/23/18	05/28/18
01/23/18	01/29/18	07/24/18	07/30/18	09/03/18
01/30/18	02/05/18	07/31/18	08/06/18	10/08/18
02/06/18	02/12/18	08/07/18	08/13/18	11/12/18
* 02/13/18	02/20/18	08/14/18	08/20/18	
02/21/18	02/26/18	08/21/18	08/27/18	
02/27/18	03/05/18	* 08/28/18	09/04/18	
03/06/18	03/12/18	09/05/18	09/10/18	
03/13/18	03/19/18	09/11/18	09/17/18	
03/20/18	03/26/18	09/18/18	09/24/18	
03/27/18	04/02/18	09/25/18	10/01/18	
04/03/18	04/09/18	* 10/02/18	10/09/18	
04/10/18	04/16/18	10/10/18	10/15/18	
04/17/18	04/23/18	10/16/18	10/22/18	
04/24/18	04/30/18	10/23/18	10/29/18	
05/01/18	05/07/18	10/30/18	11/05/18	
05/08/18	05/14/18	* 11/06/18	11/13/18	
05/15/18	05/21/18	11/14/18	11/19/18	
* 05/22/18	05/29/18	11/20/18	11/26/18	
05/30/18	06/04/18	11/27/18	12/03/18	
06/05/18	06/11/18	12/04/18	12/10/18	
06/12/18	06/18/18	12/11/18	12/17/18	
06/19/18	06/25/18	12/18/18	12/24/18	
* 06/26/18	07/02/18	* 12/25/18	12/31/18	

* Holiday on Monday

Iowa Vital Events System (IVES)

Reports

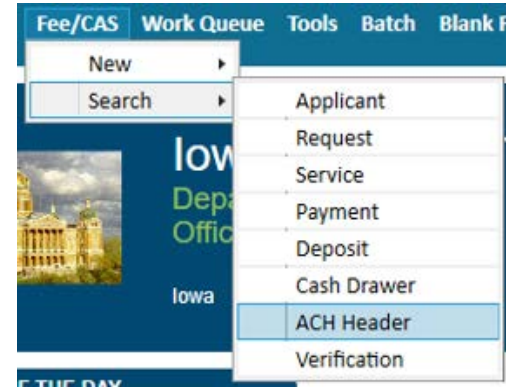
- ▲  Available Reports
 - ▲  AUDIT
 -  Inventory Line Item Report
 - ▲  CORRACCT
 -  ACH Header Print/Export
 -  ACH Weekly Fiscal Rpt
 -  Payment Totals
 -  Service Total - Current
 -  Service Total - Historical

- **Inventory Line Item** – This report allows you to view inventory paper that have been used, voided, damaged, etc.
- **ACH Weekly Fiscal Rpt** – This report shows the number of copies printed, breakdown of the money and the total amount.
- **Payment Totals** – This report is able to view the money collected on the application.
- **Service Totals-Current** – This report will ONLY pick up services for the time frame specified if the service has not been ACH'ed.
- **Service Totals-Historical** – This report picks up all services that have been completed.

Iowa Vital Events System (IVES) Reports

ACH Header

- This report allows you to view details of the ACH week.
- Provides the amount owed to the State.
- Provides an index of all ACH periods. This allows you to review “all” ACH weeks.



A screenshot of the 'ACH Header' report interface. The top bar shows 'ACH County' and 'Flags'. Below is 'County Information' with fields for 'User Location Description' (Warren) and 'User Location Code' (CNTY-091). It also shows 'Begin Date of Service' (02/24/2015), 'End Date of Service' (03/02/2015), 'Deposit Date' (03/05/2015), and 'Stripoff Date' (03/05/2015). The 'Owed To State' is 252.00. A 'Recalculate Total' button is present. Below is 'Detail Information (services)' with a 'Detail Grid' button. The grid contains the following data:

RequestID	First	Last	Completed	Event	Service	FeeType	Copies	Kept by County	ToState	Total	Ac
11052	Dean	Warner	2/24/2015	MARRIAGE	Application	Standard	1	4.00	31.00	35.00	N
11045	Ellen-One	Warner	2/25/2015	BIRTH	Certified Copy	Standard	1	4.00	16.00	20.00	N
11045	Ellen-One	Warner	2/25/2015	BIRTH	Certified Copy	Standard	1	4.00	16.00	20.00	N
11046	Dale	Warner	2/25/2015	DEATH	Certified Copy	Standard	2	8.00	32.00	40.00	N
11046	Dale	Warner	2/25/2015	DEATH	Fact of Death	Standard	1	4.00	16.00	20.00	N
11047	Dean	Warner	2/25/2015	MARRIAGE	Application	Standard	1	4.00	31.00	35.00	N
11048	Deidra	Warner	2/25/2015	MARRIAGE	Application	Standard	1	4.00	31.00	35.00	N
11049	Loretta	Warner	2/25/2015	MARRIAGE	Application	Standard	1	4.00	31.00	35.00	N
11050	Clara	Warner	2/25/2015	BIRTH	Plain Paper Copy	Standard	1	4.00	16.00	20.00	N

Iowa Vital Event Systems Verification System

DEMO

- Guidelines for verification – allow 24 hours
- Question – when I get the verification – when do I update my books

Iowa Vital Event System (IVES) Weekly Transmittal Group Activity



Weekly Transmittal

This form is used to record weekly transmittals and certified papers.

Please make sure you are utilizing the current Transmittal form January 24, 2018. This can be found in the VR portal.

Clear Form	STATE OF IOWA IOWA DEPARTMENT OF PUBLIC HEALTH <i>Bureau of Health Statistics</i>	COUNTY <input type="text"/> WEEK RANGE/YEAR <input type="text"/> <small>Week = Tuesday through the next Monday</small>
Vital Records Weekly Transmittal and Certified Paper Report		
PART 1 TRANSMITTAL LOG		
Marriage <input type="text"/> Sealing Notices <input type="text"/> Other <input type="text"/>	<input type="checkbox"/> Check to indicate that you have sealed your county's birth records and indexes as listed on the posted statewide Weekly County Seal Report. Date Range of Seal Report <input type="text"/> <input type="checkbox"/> Check to indicate that you have updated your county's birth records and indexes as listed on the posted statewide Weekly Birth/Death Match. Date Range of Match Report <input type="text"/>	
PART 2 PAPER: CONTROL NUMBERS USED		
IVES (State) Paper First # this week ¹⁾ <input type="text"/> Last # this week ²⁾ <input type="text"/> Subtotal 1 st Series of #s ³⁾ <input type="text"/> <small>Subtract line ¹⁾ from line ²⁾ and ADD one (1)</small> First available # NEXT week ⁴⁾ <input type="text"/> Complete for second series only if also used a different sequence of numbers this reporting period. First # 2 nd series this week ⁵⁾ <input type="text"/> Last # 2 nd series this week ⁶⁾ <input type="text"/> Subtotal 2 nd Series of #s ⁷⁾ <input type="text"/> <small>Subtract line ⁵⁾ from line ⁶⁾ and ADD one (1)</small> First available # NEXT week ⁸⁾ <input type="text"/> TOTAL SAFETY PAPER USED ⁹⁾ <input type="text"/> <small>Add lines ³⁾ and ⁷⁾</small>	NON-IVES (County) Paper First # this week ¹⁾ <input type="text"/> Last # this week ²⁾ <input type="text"/> Subtotal 1 st Series of #s ³⁾ <input type="text"/> <small>Subtract line ¹⁾ from line ²⁾ and ADD one (1)</small> First available # NEXT week ⁴⁾ <input type="text"/> Complete for second series only if also used a different sequence of numbers this reporting period. First # 2 nd series this week ⁵⁾ <input type="text"/> Last # 2 nd series this week ⁶⁾ <input type="text"/> Subtotal 2 nd Series of #s ⁷⁾ <input type="text"/> <small>Subtract line ⁵⁾ from line ⁶⁾ and ADD one (1)</small> First available # NEXT week ⁸⁾ <input type="text"/> TOTAL SAFETY PAPER USED ⁹⁾ <input type="text"/> <small>Add lines ³⁾ and ⁷⁾</small>	
PART 3 UNACCOUNTED CONTROL NUMBERS		
PART 4 DAMAGED CONTROL NUMBERS		
IVES (State) Paper <input type="text"/> <input type="text"/> <input type="text"/>	Non-IVES (County) Paper <input type="text"/> <input type="text"/> <input type="text"/>	
PART 5 EXCHANGED CONTROL NUMBERS		
IVES (State) Paper <input type="text"/> <input type="text"/> <input type="text"/>	Non-IVES (County) Paper <input type="text"/> <input type="text"/> <input type="text"/>	
Continued on back, if needed		
<small>CFN-588-0039 (January 24, 2017)</small>		

Iowa Vital Event System (IVES)

Weekly Transmittal - Group Activity

Let's Complete a Transmittal

Weekly Activity is as follows:

- Tues - 2 Births - Wallet Exchange (1993) & 1 Death – (1945)
- Wednesday - 3 Marriage Returns (5/2018)
- Thurs - 1 Birth (1977) , 1 Marriage (10/1950)
- Friday – 2 Births - Wallet Exchange (1993-2001)
- Mon – 1 Death (2018)
- Tues - 1 Death (2018)
- How many items are included in the envelope?
- Inventory - Security paper numbers:
 - State Paper: 9999001 ~ County Paper: 8888001

Iowa Vital Event System (IVES)

Weekly Transmittal- Group Activity

Let's Review the Results

Weekly Activity is as follows:

- ❑ Tues - 2 Births - Wallet Exchange (1993) and 1 Death – (1945)
- ❑ Wednesday - 3 Marriage (5/2018)
- ❑ Thurs - 1 Birth (1977), 1 Marriage (10/1950)
- ❑ Friday – 2 Births-Wallet Exchange(1993-2001)
- ❑ Mon – 1 Death (2018)
- ❑ Tues - 1 Death (2018)
- ❑ How many items are included in the envelope?
- ❑ Security paper numbers:

State: 9999001 ~ County Paper: 8888001

Clear Form

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
Bureau of Health Statistics

COUNTY

WEEK RANGE/YEAR 05/08/2018-05/14/2018
Week = Tuesday through the next Monday

Vital Records Weekly Transmittal and Certified Paper Report

PART 1 TRANSMITTAL LOG

Marriage	3	<input checked="" type="checkbox"/>	Check to indicate that you have sealed your county's birth records and indexes as listed on the posted statewide Weekly County Seal Report.
Sealing Notices	0		
Other	0		

Date Range of Seal Report 04/30/2018-05/06/2018

Check to indicate that you have updated your county's birth records and indexes as listed on the posted statewide Weekly Birth/Death Match.

Date Range of Match Report

PART 2 PAPER: CONTROL NUMBERS USED

IVES (State) Paper		NON-IVES (County) Paper	
First # this week	1) 9999001	First # this week	1) 8888001
Last # this week	2) 9999008	Last # this week	2) 8888003
Subtotal 1 st Series of #s	3) 8	Subtotal 1 st Series of #s	3) 3
Subtract line 1 ¹ from line 2 ² and ADD one (1)		Subtract line 1 ¹ from line 2 ² and ADD one (1)	
First available # NEXT week	4) 9999009	First available # NEXT week	4) 8888004
Complete for second series only if also used a different sequence of numbers this reporting period.			
First # 2 nd series this week	5) <input type="text"/>	First # 2 nd series this week	5) <input type="text"/>
Last # 2 nd series this week	6) <input type="text"/>	Last # 2 nd series this week	6) <input type="text"/>
Subtotal 2 nd Series of #s	7) <input type="text"/>	Subtotal 2 nd Series of #s	7) <input type="text"/>
Subtract line 6 ⁶ from line 5 ⁵ and ADD one (1)		Subtract line 6 ⁶ from line 5 ⁵ and ADD one (1)	
First available # NEXT week	8) <input type="text"/>	First available # NEXT week	8) <input type="text"/>
TOTAL SAFETY PAPER USED	9) <input type="text"/>	TOTAL SAFETY PAPER USED	9) <input type="text"/>
Add lines 3 ³ and 7 ⁷		Add lines 3 ³ and 7 ⁷	

PART 3 UNACCOUNTED CONTROL NUMBERS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

PART 4 DAMAGED CONTROL NUMBERS

IVES (State) Paper		Non-IVES (County) Paper	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 5 EXCHANGED CONTROL NUMBERS

IVES (State) Paper		Non-IVES (County) Paper	
4- Wallets	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Continued on back, if needed

Iowa Vital Event System (IVES)

Weekly Transmittal

Reporting to State - Transmittal Process

- Transmittal logs must be sent within one week of the completed ACH period.
- Week Range should match the time frame of the ACH period.
- The total number of marriages registered in IVES for the transmittal time period should equal the total number of paper Certificate of Marriage documents mailed each week.
- Transmittal log **MUST** accompany the original Certificate of Marriage(s) documents registered within the same time frame of the ACH week.

Iowa Vital Event System (IVES) Weekly Transmittal

Transmittal Process (continued)

- Do NOT send original Certificate of Marriage documents without a transmittal log.
- Transmittal logs may be emailed/faxed **ONLY** if **NO** original Certificate of Marriage document(s) were registered in IVES during the time frame of the ACH and no original documents are being mailed.
- Email/fax transmittal logs (when there are no certificate of marriage documents) to linda.drake@idph.iowa.gov. Do not email to the ACH email address.



Site Visits

Iowa Department of Public Health - Bureau of Health Statistics		
County Recorder Site Visit		
Site Visit Checklist		
County		
Date of Visit		
Representative from County Recorder Office		
Vital Records Reviewer	Sandra Lyles/Sam Nichols	
Yes/No	Security Paper Site Checklist	COMMENTS
	Security paper is stored in a secure/locked area away from customer access.	
	Does the office have a system in place to track their current stock of security paper? Is there a Log to track County and State paper	
	Destruction of Damaged/Exchanged security paper meets security guidelines.	
	Weekly Transmittals:	
	Submitted timely	
	DAMAGED paper is reflected in the inventory listing	
	EXCHANGES are posted to the weekly transmittal and destroyed	
	IVES - County/State Inventory Store	
	Check for Out dated/Old versions of Security Paper	
Yes/No	Fee/CAS	COMMENT S
	All applications are entered into CAS	
	All information on the paper application matches what was entered in IVES	
	All sections of the CAS Application are completed correctly:	
	*Application Status Tab	
	*Applicant Information Tab	
	*Request Tab	
	*Service Tab	
	*Payment	
	Application tied to security paper (document tracking)	
	Entitlement information is documented and meets Iowa Code	
	Notarization on applications meets Iowa Code	
	Are applications logged manually	
	Daily/Monthly Audit: Does the CR utilize the Service Total Report to balance.	
	Are Applications Scanned (IVES or other)	

Site Visits

Iowa Department of Public Health - Bureau of Health Statistics		
County Recorder Site Visit		
Site Visit Checklist		
Yes/No	Seal Reports	COMMENTS
	County records are updated to reflect Sealed and/or Sealed and Replaced Status?	
	Method of Sealing & Replacing Records: All of the below or as identified	
	*Cover the sealed record	
	* Index is purged of all Sealed records	
	*Remove Image from Microfilm or image repository	
	*Confidential records properly sealed: i.e., adoptions, out-of-wedlock before 7-1-95	
Yes/No	Birth/Death Match	COMMENTS
	County records are updated to reflect death status on birth records?	
	Method of marking the records: All of the below or as identified	
	*Marked record Deceased with DOD or	
	*creating an index for microfilm or image repository	
Yes/No	Marriage Module	COMMENTS
	How is the marriage packet distributed?	
	<u>Return Process</u>	
	* Reviewing Certificate of Marriage	
	* Entering the Filed Date	
	* Printing the No Fee Certificate	
	Observations	COMMENTS

Fraud

BUSTED



Marriage Processing Application

Accepting an Application for Marriage

- Ensure all required fields on the paper application have been completed.
 - This includes “last name prior to any marriage”.
- An ‘X’ should appear in fields that are not required and information is not provided.
- There should be no scribbles, parentheses, symbols, or white out.
 - “Full legal name change adopted through marriage” must be clear and legible.

VOID 6-month Marriage Application

- The 6-month benchmark for IVES marriage applications (where the applicants failed to retrieve their License to Marry) has passed.
- Email your field representative, Sam Nichols or Sandra Lyles.
- Subject line: Void 6-Month Marriage Application Body: Indicate Party A & B and county license number

Marriage Processing

Return Marriage - Group Activity



CERTIFICATE OF MARRIAGE REVIEW



It's your turn to be the Reviewer...
Let's review some Certificates of Marriage



RULES:

- I will Flash a Certificate of Marriage – you decide whether it meets the guidelines or should it be Rejected!
- You each have two sheets (**Red** & **Green**)
- You will Flash **GREEN** for “Pass” or
- **RED** to “Reject”.

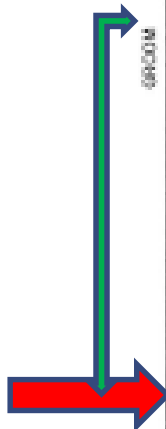
CERTIFICATE OF MARRIAGE REVIEW

BRIDE	PARTY A - NAME BEFORE MARRIAGE			LAST NAME PRIOR TO ANY MARRIAGE	
	FIRST	MIDDLE	LAST	SUFFIX, if any	
	1a Megan	Reeka	Moritz		1b Moritz
	PARTY A - NAME AFTER MARRIAGE				
	FIRST	MIDDLE	LAST	SUFFIX, if any	
1c Megan	Reeka	Stumpf			
	RESIDENCE - STATE (If not in U.S., foreign country)	RESIDENCE - COUNTY	RESIDENCE - CITY, TOWN, OR LOCATION		
2a Iowa	2b		2c		
	STATE OF BIRTH (If not in U.S.A., name of foreign country)		DATE OF BIRTH (Month, Day, Year)	GENDER	
3 Iowa			4a 03/23/1994	4b Female	
PARENT - NAME PRIOR TO ANY MARRIAGE			PARENT - NAME PRIOR TO ANY MARRIAGE		
5 * - Rick Moritz			6 * - Sheppie Singer		
GROOM	PARTY B - NAME BEFORE MARRIAGE			LAST NAME PRIOR TO ANY MARRIAGE	
	FIRST	MIDDLE	LAST	SUFFIX, if any	
	7a Matthew	William	Stumpf		7b Stumpf
	PARTY B - NAME AFTER MARRIAGE				
	FIRST	MIDDLE	LAST	SUFFIX, if any	
7c Matthew	William	Stumpf			
	RESIDENCE - STATE (If not in U.S., foreign country)	RESIDENCE - COUNTY	RESIDENCE - CITY, TOWN, OR LOCATION		
8a Iowa	8b		8c		
	STATE OF BIRTH (If not in U.S.A., name of foreign country)		DATE OF BIRTH (Month, Day, Year)	GENDER	
9 Iowa			10a 06/28/1994	10b Male	
PARENT - NAME PRIOR TO ANY MARRIAGE			PARENT - NAME PRIOR TO ANY MARRIAGE		
11 * - Kurt Stumpf			12 * - Julie Nicola		
13a Megan Stumpf		13b Megan Stumpf		13c 8-5-17	
PARTY B SIGNATURE (Name after marriage)		PARTY B - FIRST NAME (Name after marriage)		DATE SIGNED (Month, Day, Year)	
14a		14b Matt Stumpf		14c 8-5-17	
WITNESS SIGNATURE		WITNESS A - FIRST NAME		DATE SIGNED (Month, Day, Year)	
15a Sadie Heurty		15b Sadie Heurty		15c 8-5-17	
WITNESS B SIGNATURE		WITNESS B - FIRST NAME		DATE SIGNED (Month, Day, Year)	
16a Teddie Harvly		16b Teddie Harvly		16c 8-5-17	
OFFICIANT SIGNATURE		OFFICIANT - FIRST NAME		DATE SIGNED (Month, Day, Year)	
17a Fr. Patrick M. Palmer		17b Fr. Patrick M. Palmer		17c 8-5-17	
DATE OF MARRIAGE CEREMONY	PLACE OF MARRIAGE - COUNTY		CITY, TOWN, OR LOCATION		
18a August 5, 2017	18b		18c		
COUNTY REGISTRAR - SIGNATURE				DATE FILED (Month, Day, Year)	
19a				19b	

* - represents data that was not collected or was unavailable at the time the marriage was reported

CERTIFICATE OF MARRIAGE REVIEW

PARTY A - NAME BEFORE MARRIAGE FIRST MIDDLE LAST SUFFIX, if any		LAST NAME PRIOR TO ANY MARRIAGE	
1a Amber Jo Schroeder		1a Schroeder	
PARTY A - NAME AFTER MARRIAGE FIRST MIDDLE LAST SUFFIX, if any		LAST NAME PRIOR TO ANY MARRIAGE	
1c Amber Jo Schmitt		1a Schroeder	
RESIDENCE - STATE (if not in U.S., foreign country)	RESIDENCE - COUNTY	RESIDENCE - CITY, TOWN, OR LOCATION	
2a Iowa	2b [REDACTED]	2c [REDACTED]	
STATE OF BIRTH (if not in U.S., name of foreign country)		DATE OF BIRTH (Month, Day, Year)	GENDER
3 Iowa		4a 02/18/1998	4a Female
MOTHER - NAME PRIOR TO ANY MARRIAGE		FATHER - NAME PRIOR TO ANY MARRIAGE	
5 Wendy Beck [REDACTED]		6 Scott Schroeder	
PARTY B - NAME BEFORE MARRIAGE FIRST MIDDLE LAST SUFFIX, if any		LAST NAME PRIOR TO ANY MARRIAGE	
7a Wesley Wayne Schmitt		7a Schmitt	
PARTY B - NAME AFTER MARRIAGE FIRST MIDDLE LAST SUFFIX, if any		LAST NAME PRIOR TO ANY MARRIAGE	
7c Wesley Wayne Schmitt		7a Schmitt	
RESIDENCE - STATE (if not in U.S., foreign country)	RESIDENCE - COUNTY	RESIDENCE - CITY, TOWN, OR LOCATION	
8a Iowa	8b [REDACTED]	8c [REDACTED]	
STATE OF BIRTH (if not in U.S., name of foreign country)		DATE OF BIRTH (Month, Day, Year)	GENDER
9 Iowa		10a 03/11/1996	10a Male
MOTHER - NAME PRIOR TO ANY MARRIAGE		FATHER - NAME PRIOR TO ANY MARRIAGE	
11 Angie Gallup		12 Melvin D Schmitt	
PARTY A SIGNATURE (Name after marriage)	PARTY A - PRINT NAME (Name after marriage)	DATE SIGNED (Month, Day, Year)	
13a Amber Schmitt	13a Amber Schmitt	13a May 13, 2017	
PARTY B SIGNATURE (Name after marriage)	PARTY B - PRINT NAME (Name after marriage)	DATE SIGNED (Month, Day, Year)	
14a Wes Schmitt	14a Wes Schmitt	14a May 13, 2017	
WITNESS A SIGNATURE	WITNESS A - PRINT NAME	DATE SIGNED (Month, Day, Year)	
15a Melvin Schmitt	15a Melvin Schmitt	15a May 13, 2017	
WITNESS B SIGNATURE	WITNESS B - PRINT NAME	DATE SIGNED (Month, Day, Year)	
16a Jami L Kuhse	16a Jami L Kuhse	16a May 13, 2017	
OFFICANT SIGNATURE	OFFICANT - PRINT NAME	DATE SIGNED (Month, Day, Year)	
17a Justin Vorwald	17a Justin Vorwald	17a May 13, 2017	
DATE OF MARRIAGE CEREMONY	PLACE OF MARRIAGE - COUNTY	CITY, TOWN, OR LOCALITY	
18a May 13, 2017	18a [REDACTED]	18c [REDACTED]	
COUNTY REGISTRAR - SIGNATURE		DATE FILED (Month, Day, Year)	
19a [REDACTED]		19b [REDACTED]	



* If space #5-022 (192) was not collected or was unavailable at the time the marriage was reported

CERTIFICATE OF MARRIAGE REVIEW

GROOM	PARTY A - NAME BEFORE MARRIAGE			LAST NAME PRIOR TO <u>ANY</u> MARRIAGE
	FIRST	MIDDLE	LAST	SUFFIX, if any
	1a CALEB	RAY	ROSONKE	
	PARTY A - NAME AFTER MARRIAGE			LAST NAME PRIOR TO <u>ANY</u> MARRIAGE
	FIRST	MIDDLE	LAST	SUFFIX, if any
	1c CALEB	RAY	ROSONKE	
	RESIDENCE - STATE <small>(If not in U.S., foreign country)</small>	RESIDENCE - COUNTY	RESIDENCE - CITY, TOWN, OR LOCATION	
	2a Iowa			
	STATE OF BIRTH <small>(If not in U.S.A., name of foreign country)</small>	DATE OF BIRTH (Month, Day, Year)	GENDER	
	3 Iowa	4a 03/11/1992	4b Male	
FATHER - NAME PRIOR TO ANY MARRIAGE		MOTHER - NAME PRIOR TO ANY MARRIAGE		
5 THOMAS FRANCIS ROSONKE		6 PAULA ELLEN DOCKENDORF		
BRIDE	PARTY B - NAME BEFORE MARRIAGE			LAST NAME PRIOR TO <u>ANY</u> MARRIAGE
	FIRST	MIDDLE	LAST	SUFFIX, if any
	7a SARAH	IRENE	WULLNER	
	PARTY B - NAME AFTER MARRIAGE			LAST NAME PRIOR TO <u>ANY</u> MARRIAGE
	FIRST	MIDDLE	LAST	SUFFIX, if any
	7c SARAH	IRENE	ROSONKE	
	RESIDENCE - STATE <small>(If not in U.S., foreign country)</small>	RESIDENCE - COUNTY	RESIDENCE - CITY, TOWN, OR LOCATION	
	8a Iowa			
	STATE OF BIRTH <small>(If not in U.S.A., name of foreign country)</small>	DATE OF BIRTH (Month, Day, Year)	GENDER	
	9 Iowa	10a 06/04/1993	10b Female	
FATHER - NAME PRIOR TO ANY MARRIAGE		MOTHER - NAME PRIOR TO ANY MARRIAGE		
11 BRIAN WILLIAM WULLNER		12 DENISE MARIE HANSON		
PARTY A SIGNATURE <small>(Name after marriage)</small>		PARTY A - PRINT NAME <small>(Name after marriage)</small>	DATE SIGNED (Month, Day, Year)	
13a <i>Sarah Rosonke</i>		13b SARAH ROSONKE	13c 5/13/14	
PARTY B SIGNATURE <small>(Name after marriage)</small>		PARTY B - PRINT NAME <small>(Name after marriage)</small>	DATE SIGNED (Month, Day, Year)	
14a <i>Caleb</i>		14b CALEB RAY ROSONKE	14c 5/13/14	
WITNESS A SIGNATURE		WITNESS A - PRINT NAME	DATE SIGNED (Month, Day, Year)	
15a <i>Mitch Rosonke</i>		15b Mitch Rosonke	15c 5/13/14	
WITNESS B SIGNATURE		WITNESS B - PRINT NAME	DATE SIGNED (Month, Day, Year)	
16a <i>Shelby Brink</i>		16b Shelby Brink	16c 5/13/14	
OFFICIANT SIGNATURE		OFFICIANT - PRINT NAME	DATE SIGNED (Month, Day, Year)	
17a <i>Rev. Lynn G. Groe</i>		17b Rev. Lynn G. Groe	17c 5/13/14	
DATE OF MARRIAGE CEREMONY	PLACE OF MARRIAGE - COUNTY	CITY, TOWN, OR LOCATION		
18a May 13, 2014	11	11		

CERTIFICATE OF MARRIAGE REVIEW

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF MARRIAGE
Marriage Ceremony Performed in the State of Iowa

License
County : _____
Number : I-00048621

114-

<input type="checkbox"/> Spouse <input type="checkbox"/> Guest <input checked="" type="checkbox"/> Bride <input type="checkbox"/> Groom	PARTY A - NAME BEFORE MARRIAGE FIRST MIDDLE LAST SUFFIX, if any 1a. JEREMY LEE PEACOCK		LAST NAME PRIOR TO ALL MARRIAGE 1b. PEACOCK	
	PARTY A - NAME AFTER MARRIAGE FIRST MIDDLE LAST SUFFIX, if any 1c. JEREMY LEE PEACOCK			
	RESIDENCE - STATE 2a. IOWA	RESIDENCE - COUNTY 2b. [REDACTED]	RESIDENCE - CITY, TOWN, OR LOCATION 2c. [REDACTED]	
	STATE OF BIRTH (IF NOT IN IOWA OR NEARBY COUNTRY) 3. LOUISIANA	DATE OF BIRTH (MONTH DAY YEAR) 4a. May 16, 1979	GENDER 4b. Male	
FATHER - CURRENT NAME 11. JERRY RAYMOND PEACOCK JR		MOTHER - NAME PRIOR TO ALL MARRIAGE 12. EVA MAE SPECK		
<input type="checkbox"/> Spouse <input type="checkbox"/> Guest <input checked="" type="checkbox"/> Bride <input type="checkbox"/> Groom	PARTY B - NAME BEFORE MARRIAGE FIRST MIDDLE LAST SUFFIX, if any 1a. WENDY LYNN ANDERSON		LAST NAME PRIOR TO ALL MARRIAGE 1b. ANDERSON	
	PARTY B - NAME AFTER MARRIAGE FIRST MIDDLE LAST SUFFIX, if any 1c. WENDY LYNN PEACOCK			
	RESIDENCE - STATE 2a. IOWA	RESIDENCE - COUNTY 2b. [REDACTED]	RESIDENCE - CITY, TOWN, OR LOCATION 2c. [REDACTED]	
	STATE OF BIRTH (IF NOT IN IOWA OR NEARBY COUNTRY) 3. IOWA	DATE OF BIRTH (MONTH DAY YEAR) 4a. September 02, 1980	GENDER 4b. Female	
FATHER - CURRENT NAME 11. LAWRENCE JAMES ANDERSON		MOTHER - NAME PRIOR TO ALL MARRIAGE 12. LAURIE ANN WOLDON		
SIGNATURE OF PARTY A (AFTER MARRIAGE) 13a. [Signature]		SIGNATURE OF PARTY B (AFTER MARRIAGE) 13b. [Signature]		
DATE OF MARRIAGE (MONTH DAY YEAR) 14a. 7 - 2 - 2016		PLACE OF MARRIAGE - COUNTY 14b. [REDACTED]	CITY, TOWN, OR LOCATION 14c. [REDACTED]	
OFFICIANT - SIGNATURE 15a. [Signature]		OFFICIANT - MAILING ADDRESS (FIRST 30 DAYS IN CITY OR TOWN, IF NEARBY) 15b. PO Box 271 [REDACTED] Monroe, IA 50170		
WITNESS - SIGNATURE 16a. [Signature]		WITNESS - SIGNATURE 16b. [REDACTED]		
COUNTY REGISTER - SIGNATURE 17a. [Signature]		DATE FILED (MONTH DAY YEAR) 17b. JUN 21 2017		

PLEASE PRINT NAMES OF:

OFFICIANT: Dennis P Herman

FIRST WITNESS: [Signature]

SECOND WITNESS: Lonnie Martin

CERTIFICATE OF MARRIAGE REVIEW

PARTY A - NAME BEFORE MARRIAGE FIRST MIDDLE LAST SUFFIX, if any			LAST NAME PRIOR TO ANY MARRIAGE		
1a George Edward Henderson			1a Henderson		
PARTY A - NAME AFTER MARRIAGE FIRST MIDDLE LAST SUFFIX, if any					
1b George Edward Henderson					
RESIDENCE - STATE (If not in U.S., foreign country)		RESIDENCE - COUNTY		RESIDENCE - CITY, TOWN, OR LOCATION	
2a Iowa		2b [REDACTED]		2c [REDACTED]	
STATE OF BIRTH (If not in U.S.A., name of foreign country)			DATE OF BIRTH (Month, Day, Year)		GENDER
3a Iowa			3b 06/21/1948		3c Male
PARENT - NAME PRIOR TO ANY MARRIAGE			PARENT - NAME PRIOR TO ANY MARRIAGE		
4a "..."			4b "..."		
PARTY B - NAME BEFORE MARRIAGE FIRST MIDDLE LAST SUFFIX, if any			LAST NAME PRIOR TO ANY MARRIAGE		
7a Ririe Ajoan			7a Ajoan		
PARTY B - NAME AFTER MARRIAGE FIRST MIDDLE LAST SUFFIX, if any					
7c Ririe Henderson					
RESIDENCE - STATE (If not in U.S., foreign country)		RESIDENCE - COUNTY		RESIDENCE - CITY, TOWN, OR LOCATION	
8a Iowa		8b [REDACTED]		8c [REDACTED]	
STATE OF BIRTH (If not in U.S.A., name of foreign country)			DATE OF BIRTH (Month, Day, Year)		GENDER
9a Indonesia			9b 07/07/1962		9c Female
PARENT - NAME PRIOR TO ANY MARRIAGE			PARENT - NAME PRIOR TO ANY MARRIAGE		
11a "..." George Henderson			11b "..." George Henderson		
PARTY A - PRINT NAME (Name after marriage)			DATE SIGNED (Month, Day, Year)		
12a [Signature]			12a 5-6-17		
PARTY B - PRINT NAME (Name after marriage)			DATE SIGNED (Month, Day, Year)		
12b RIRIE HENDERSON			12b 5-6-17		
WITNESS A - SIGNATURE			WITNESS A - PRINT NAME		
13a [Signature]			13a Breanna Chapin		
DATE SIGNED (Month, Day, Year)			DATE SIGNED (Month, Day, Year)		
13a 5-6-17			13a 5-6-17		
WITNESS B - SIGNATURE			WITNESS B - PRINT NAME		
13b [Signature]			13b Liz Chapin		
DATE SIGNED (Month, Day, Year)			DATE SIGNED (Month, Day, Year)		
13b 5-6-17			13b 5-6-17		
OFFICIAN - SIGNATURE			OFFICIAN - PRINT NAME		
17a [Signature]			17a Robert B. Hanson		
DATE SIGNED (Month, Day, Year)			DATE SIGNED (Month, Day, Year)		
17a 5/6/17			17a 5/6/17		
DATE OF MARRIAGE CEREMONY		PLACE OF MARRIAGE - COUNTY		CITY, TOWN, OR LOCATION	
18a 5/6/17		18b [REDACTED]		18c [REDACTED]	
OFFICIAN - SIGNATURE - (Official Use)			DATE FILED (Month, Day, Year)		
[REDACTED]			[REDACTED]		

CERTIFICATE OF MARRIAGE REVIEW

CAROLINE	PARTY A - NAME BEFORE MARRIAGE			LAST NAME PRIOR TO ANY MARRIAGE
	1a FIRST Michael	MIDDLE H	LAST Yoder	1b Yoder
BRIAN	PARTY A - NAME AFTER MARRIAGE			LAST NAME PRIOR TO ANY MARRIAGE
	1c FIRST Michael	MIDDLE H	LAST Yoder	SUFFIX, if any
RESIDENCE - STATE (If not in U.S., foreign country)		RESIDENCE - COUNTY	RESIDENCE - CITY, TOWN, OR LOCATION	
2a Missouri		2b [REDACTED]	2c [REDACTED]	
STATE OF BIRTH (If not in U.S.A., name of foreign country)			DATE OF BIRTH (Month, Day, Year)	GENDER
3 Pennsylvania			4a 11/04/1994	4b Male
MOTHER - NAME PRIOR TO ANY MARRIAGE			FATHER - NAME PRIOR TO ANY MARRIAGE	
5 Margaret Troyer			6 Harley Yoder	
CAROLINE	PARTY B - NAME BEFORE MARRIAGE			LAST NAME PRIOR TO ANY MARRIAGE
	7a FIRST Rhonda	MIDDLE Jean	LAST Coblentz	7b Coblentz
BRIAN	PARTY B - NAME AFTER MARRIAGE			LAST NAME PRIOR TO ANY MARRIAGE
	7c FIRST Rhonda	MIDDLE Jean	LAST Yoder	SUFFIX, if any
RESIDENCE - STATE (If not in U.S., foreign country)		RESIDENCE - COUNTY	RESIDENCE - CITY, TOWN, OR LOCATION	
8a IOWA		8b [REDACTED]	8c [REDACTED]	
STATE OF BIRTH (If not in U.S.A., name of foreign country)			DATE OF BIRTH (Month, Day, Year)	GENDER
9 Kentucky			10a 02/08/1993	10b Female
MOTHER - NAME PRIOR TO ANY MARRIAGE			FATHER - NAME PRIOR TO ANY MARRIAGE	
11 Sarah Yoder			12 Titus Coblentz	
PARTY A SIGNATURE (Name after marriage)		PARTY A - PRINT NAME (Name after marriage)		DATE SIGNED (Month, Day, Year)
13a [Signature]		13b Michael H. Yoder		13c 5/12/2017
PARTY B SIGNATURE (Name after marriage)		PARTY B - PRINT NAME (Name after marriage)		DATE SIGNED (Month, Day, Year)
14a [Signature]		14b Rhonda Jean Yoder		14c 5/12/2017
WITNESS A SIGNATURE		WITNESS A - PRINT NAME		DATE SIGNED (Month, Day, Year)
15a [Signature]		15b Titus D Coblentz		15c 5/12/2017
WITNESS B SIGNATURE		WITNESS B - PRINT NAME		DATE SIGNED (Month, Day, Year)
16a [Signature]		16b Harley M Yoder		16c 5-12-2017
OFFICIAL SIGNATURE		OFFICIAL - PRINT NAME		DATE SIGNED (Month, Day, Year)
17a [Signature]		17b Mark Miller		17c 5-12-2017
DATE OF MARRIAGE CEREMONY	PLACE OF MARRIAGE - COUNTY	CITY, TOWN, OR LOCATION		
18a 5/12/17	18b [REDACTED]	18c [REDACTED]		
COUNTY REGISTRAR SIGNATURE	DATE FILED (Month, Day, Year)			
19a [Signature]	19b 5-22-2017			


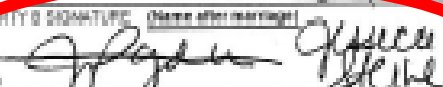



* [REDACTED] represents data that was not collected or was unavailable at the time the marriage was reported

CERTIFICATE OF MARRIAGE REVIEW

BRIDE	PARTY A - NAME BEFORE MARRIAGE			LAST NAME PRIOR TO ANY MARRIAGE		
	1a	FIRST Dorothy	MIDDLE Sakwa	LAST Ochieng	SUFFIX, if any	1a Ochieng
	PARTY A - NAME AFTER MARRIAGE					
	1c	FIRST Dorothy	MIDDLE Sakwa	LAST Rhodes	SUFFIX, if any	
	RESIDENCE - STATE (If not in U.S., foreign country)		RESIDENCE - COUNTY		RESIDENCE - CITY, TOWN, OR LOCATION	
	2a	Iowa	2c		2c	
	STATE OF BIRTH (If not in U.S.A., name of foreign country)			DATE OF BIRTH (Month, Day, Year)		GENDER
	3	Kenya	4a	11/13/1977	4b	Female
	MOTHER - NAME PRIOR TO ANY MARRIAGE			FATHER - NAME PRIOR TO ANY MARRIAGE		
	5 Leunorah Akiso			6 Raphael O Omutare		
GROOM	PARTY B - NAME BEFORE MARRIAGE			LAST NAME PRIOR TO ANY MARRIAGE		
	7a	FIRST Delmar	MIDDLE Jeffery	LAST Rhodes	SUFFIX, if any	7a Rhodes
	PARTY B - NAME AFTER MARRIAGE					
	7c	FIRST Delmar	MIDDLE Jeffery	LAST Rhodes	SUFFIX, if any	
	RESIDENCE - STATE (If not in U.S., foreign country)		RESIDENCE - COUNTY		RESIDENCE - CITY, TOWN, OR LOCATION	
	8a	Iowa	8c		8c	
	STATE OF BIRTH (If not in U.S.A., name of foreign country)			DATE OF BIRTH (Month, Day, Year)		GENDER
	9	Jamaica	10a	01/21/1979	10b	Male
	MOTHER - NAME PRIOR TO ANY MARRIAGE			FATHER - NAME PRIOR TO ANY MARRIAGE		
	11 Jennifer Irving			12 Malachi Rhodes		
PARTY A SIGNATURE (Name after marriage)		PARTY A - PRINT NAME (Name after marriage)		DATE SIGNED (Month, Day, Year)		
13a <i>D. Rhodes</i>		13a DOROTHY RHODES		13a 12/03/2017 3/12/17		
PARTY B SIGNATURE (Name after marriage)		PARTY B - PRINT NAME (Name after marriage)		DATE SIGNED (Month, Day, Year)		
13b <i>D. Rhodes</i>		13b Delmar Rhodes		13b 12/03/2017 3/12/17		
WITNESS A SIGNATURE		WITNESS A - PRINT NAME		DATE SIGNED (Month, Day, Year)		
14a <i>Nafataly Muchachii</i>		14a NAFTALY MUCHACHII		14a 12/03/2017 3/12/17		
WITNESS B SIGNATURE		WITNESS B - PRINT NAME		DATE SIGNED (Month, Day, Year)		
14b <i>Elizabeth Mankia</i>		14b ELIZABETH MANKIA		14b 12/03/2017 3/12/17		
OFFICIANT SIGNATURE		OFFICIANT - PRINT NAME		DATE SIGNED (Month, Day, Year)		
17a <i>[Signature]</i>		17a Joshua Kywe		17a 03/12/2017		
DATE OF MARRIAGE CEREMONY		PLACE OF MARRIAGE - COUNTY		CITY, TOWN, OR LOCATION		
18a 3/12/2017		18a		18a		
COUNTY REGISTRAR - SIGNATURE			DATE FILED (Month, Day, Year)			
19a			19b MAR 13 2017			

* ____ represents data that was not collected or was unavailable at the time the marriage was recorded

CERTIFICATE OF MARRIAGE REVIEW

PARTY A - NAME BEFORE MARRIAGE FIRST MIDDLE LAST SUFFIX, if any		LAST NAME PRIOR TO ANY MARRIAGE	
1a Hans Erik Steine		1b Steine	
PARTY A - NAME AFTER MARRIAGE FIRST MIDDLE LAST SUFFIX, if any			
1c Hans Erik Steine			
RESIDENCE - STATE (if not in U.S., foreign country)	RESIDENCE - CITY, TOWN, OR LOCATION		
2a Iowa	2b [REDACTED]		
STATE OF BIRTH (if not in U.S.A., name of foreign country)	DATE OF BIRTH (month, day, year)	GENDER	
3a Iowa	3b 02/15/1974	3c Male	
FATHER - NAME PRIOR TO ANY MARRIAGE		MOTHER - NAME PRIOR TO ANY MARRIAGE	
4a Mark Charles Steine		4b Roxann Ruth Ellingson	
PARTY B - NAME BEFORE MARRIAGE FIRST MIDDLE LAST SUFFIX, if any		LAST NAME PRIOR TO ANY MARRIAGE	
7a Jessica Lauren Pazour		7b Doty	
PARTY B - NAME AFTER MARRIAGE FIRST MIDDLE LAST SUFFIX, if any			
7c Jessica Lauren Steine			
RESIDENCE - STATE (if not in U.S., foreign country)	RESIDENCE - CITY, TOWN, OR LOCATION		
8a Iowa	8b [REDACTED]		
STATE OF BIRTH (if not in U.S.A., name of foreign country)	DATE OF BIRTH (month, day, year)	GENDER	
9a Texas	9b 01/17/1983	9c Female	
PARENT - NAME PRIOR TO ANY MARRIAGE		PARENT - NAME PRIOR TO ANY MARRIAGE	
11a [REDACTED]		11b [REDACTED]	
PARTY A SIGNATURE (Name after marriage)	PARTY A - PRINT NAME (Name after marriage)	DATE SIGNED (month, day, year)	
12a 	12b Hans Steine	12c 5-20-17	
PARTY B SIGNATURE (Name after marriage)	PARTY B - PRINT NAME (Name after marriage)	DATE SIGNED (month, day, year)	
13a 	13b Jessica Steine	13c 5/20/17	
WITNESS A SIGNATURE	WITNESS A - PRINT NAME	DATE SIGNED (month, day, year)	
14a 	14b Marla Berry	14c 5-20-17	
WITNESS B SIGNATURE	WITNESS B - PRINT NAME	DATE SIGNED (month, day, year)	
15a 	15b Casey McGuire	15c 5/20/17	
OFFICIAL SIGNATURE	OFFICIAL - PRINT NAME	DATE SIGNED (month, day, year)	
16a 	16b David Dechape	16c 5/20/17	
DATE OF MARRIAGE CEREMONY	PLACE OF MARRIAGE CEREMONY	CITY, TOWN, OR LOCATION	
17a 5/20/17	17b [REDACTED]	17c [REDACTED]	
COUNTY REGISTRAR - SIGNATURE		DATE FILED (month, day, year)	
18a [REDACTED]		18b 5/22/17	

* (b) (6) - marital data that was not collected or was unavailable at the time the marriage was reported

CERTIFICATE OF MARRIAGE REVIEW

GROOM	PARTY A - NAME BEFORE MARRIAGE			LAST NAME PRIOR TO ANY MARRIAGE
	1a FIRST Joshua	MIDDLE Robert	LAST Tibbs	1b SUFFIX, if any Tibbs
	PARTY A - NAME AFTER MARRIAGE			SUFFIX, if any
	1c FIRST Joshua	MIDDLE Robert	LAST Tibbs	
RESIDENCE - STATE (if not in U.S., foreign country)		RESIDENCE - COUNTY	RESIDENCE - CITY, TOWN, OR LOCATION	
2a Iowa		2b [REDACTED]	2c [REDACTED]	
STATE OF BIRTH (if not in U.S.A., name of foreign country)		DATE OF BIRTH (Month, Day, Year)	GENDER	
3 Iowa		4a 11/28/1990	4b Male	
FATHER - NAME PRIOR TO ANY MARRIAGE		MOTHER - NAME PRIOR TO ANY MARRIAGE		
5 Robert Bolden Tibbs		6 Christine Elizabeth Birt		
BRIDE	PARTY B - NAME BEFORE MARRIAGE			LAST NAME PRIOR TO ANY MARRIAGE
	7a FIRST Kayla	MIDDLE Elizabeth	LAST McDonald	7b SUFFIX, if any McDonald
	PARTY B - NAME AFTER MARRIAGE			SUFFIX, if any
	7c FIRST Kayla	MIDDLE Elizabeth	LAST Tibbs	
RESIDENCE - STATE (if not in U.S., foreign country)		RESIDENCE - COUNTY	RESIDENCE - CITY, TOWN, OR LOCATION	
8a Iowa		8b [REDACTED]	8c [REDACTED]	
STATE OF BIRTH (if not in U.S.A., name of foreign country)		DATE OF BIRTH (Month, Day, Year)	GENDER	
9 Iowa		10a 05/08/1994	10b Female	
FATHER - NAME PRIOR TO ANY MARRIAGE		MOTHER - NAME PRIOR TO ANY MARRIAGE		
11 Patrick Gary McDonald		12a Kay Hindt		
PARTY A SIGNATURE (Name after marriage)		PARTY A - PRINT NAME (Name after marriage)		DATE SIGNED (Month, Day, Year)
13a <i>Josh Tibbs</i>		13b Joshua Tibbs		13c 5-13-17
PARTY B SIGNATURE (Name after marriage)		PARTY B - PRINT NAME (Name after marriage)		DATE SIGNED (Month, Day, Year)
14a <i>Kayla Tibbs</i>		14b KAYLA TIBBS		14c 5-13-17
WITNESS A SIGNATURE		WITNESS A - PRINT NAME		DATE SIGNED (Month, Day, Year)
15a <i>Andy Lane</i>		15b Andy Lane		15c 5-13-17
WITNESS B SIGNATURE		WITNESS B - PRINT NAME		DATE SIGNED (Month, Day, Year)
16a <i>Kenley Starnes</i>		16b KENLEY STARNES		16c 5-13-17
OFFICANT SIGNATURE		OFFICANT - PRINT NAME		DATE SIGNED (Month, Day, Year)
17a <i>Tammie Jay</i>		17b Tammie Jay		17c 5-13-17
DATE OF MARRIAGE CEREMONY	CITY OF MARRIAGE - COUNTY	CITY, TOWN, OR LOCATION		
18a 5-13-17	18b [REDACTED]	18c [REDACTED]		

CERTIFICATE OF MARRIAGE REVIEW

PARTY A - NAME BEFORE MARRIAGE		LAST NAME PRIOR TO ANY MARRIAGE	
FIRST	MIDDLE	LAST	SUFFIX, if any
1a Holly	Ann	Westrom	
PARTY A - NAME AFTER MARRIAGE		LAST NAME PRIOR TO ANY MARRIAGE	
FIRST	MIDDLE	LAST	SUFFIX, if any
1c Holly	Ann	Brown	
RESIDENCE - STATE (if not in U.S., foreign country)	RESIDENCE - COUNTY	RESIDENCE - CITY, TOWN, OR LOCATION	
2a Iowa	██████████	██████████	
STATE OF BIRTH (if not in U.S.A., name of foreign country)		DATE OF BIRTH (Month, Day, Year)	GENDER
3 Iowa		4a 11/18/1994	4b Female
MOTHER - NAME PRIOR TO ANY MARRIAGE		FATHER - NAME PRIOR TO ANY MARRIAGE	
5 Mariana Devore		6 William Westrom	
PARTY B - NAME BEFORE MARRIAGE		LAST NAME PRIOR TO ANY MARRIAGE	
FIRST	MIDDLE	LAST	SUFFIX, if any
7a Eric	David	Brown	
PARTY B - NAME AFTER MARRIAGE		LAST NAME PRIOR TO ANY MARRIAGE	
FIRST	MIDDLE	LAST	SUFFIX, if any
7c Eric	David	Brown	
RESIDENCE - STATE (if not in U.S., foreign country)	RESIDENCE - COUNTY	RESIDENCE - CITY, TOWN, OR LOCATION	
8a Iowa	██████████	██████████	
STATE OF BIRTH (if not in U.S.A., name of foreign country)		DATE OF BIRTH (Month, Day, Year)	GENDER
9 Iowa		10a 10/10/1992	10b Male
MOTHER - NAME PRIOR TO ANY MARRIAGE		FATHER - NAME PRIOR TO ANY MARRIAGE	
11 Margaret Bries		12 David Brown	
PARTY A SIGNATURE (Name after marriage)		PARTY A - PRINT NAME (Name after marriage)	
13a <i>Holly Brown</i>		13b Holly Westrom Brown	
PARTY B SIGNATURE (Name after marriage)		PARTY B - PRINT NAME (Name after marriage)	
14a <i>Eric</i>		14b Eric Brown	
WITNESS A SIGNATURE		WITNESS A - PRINT NAME	
15a <i>Amanda Westrom</i>		15b Amanda Westrom	
WITNESS B SIGNATURE		WITNESS B - PRINT NAME	
16a <i>Alan Schuman</i>		16b Alan Schuman	
OFFICIAL SIGNATURE		OFFICIAN - PRINT NAME	
17a <i>Rev. Stephen L. Orr</i>		17b Rev. Stephen L. ORR	
DATE OF MARRIAGE CELEBRATION		CITY, TOWN, OR LOCATION	
18a 4-24-17		18b ██████████	

Marriage Processing

Return Marriage

Accepting a Signed Certificate of Marriage Document

- No alterations to fields 1a through 12.
- No cross-outs or scribbles in the signatures of the parties to marry, witnesses or officiant fields 13a, 14a, 15a, 16a or 17a
- No more than a single line cross-out in any other fields (excludes fields 1a through 12)
- No white out on the document.
- No large stains (coffee, beverage, other) on the document.

Marriage Processing

Return Marriage

Accepting a Signed Certificate of Marriage Document (Continued)

- Counties must ensure they are entering the Date of Ceremony (**field 18a**) from the paper Certificate of Marriage into IVES as the Date of Marriage on the Marriage Return tab.
 - Do not use the date from the Date Signed fields 13c, 14c, 15c, 16c or 17c.
- The Date Filed (**field 19b**) on the paper Certificate of Marriage must match the Date Filed in IVES on the Marriage Return tab.
- The Date of Marriage must appear correctly on the back of the paper Certificate of Marriage.

Marriage Processing

Return Marriage

Issuing a certified copy of a Certificate of Marriage after filing

- The free certified copy issued at time of registration **must** be printed from IVES as a data record.
- DO NOT issue certified copies of the original Certificate of Marriage paper document that has the signatures on it.



Questions....

Thank You

Contact Information

Melissa Bird

Deputy State Registrar/Bureau Chief

515-281-6762

melissa.bird@idph.iowa.gov

Sandra Lyles

Field Representative

515-725-2963

sandra.lyles@idph.iowa.gov

Sam Nichols

Field Representative

515-281-5002

sammui.nichols@idph.iowa.gov

IVES Help Desk

866-309-0831

IVESHelpDesk@idph.iowa.gov