

VERS Vital Event Registration System Training

Coroners

Montana Vital Records



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Introduction



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We will cover:

1. VERS Overview
2. How to obtain access to VERS
3. Coroner User Role Capabilities
4. Questions
5. Demo (if time allows)



VERS Overview

- Replacement system for VSIMS
- Accessed through Okta - you will need an Okta account to request access to VERS.
- Login – you will be provided an online link, but the link changes when you sign in. If you choose to “favorite” or “bookmark” the link, you will have to go to the bookmark, edit it, and paste the link you are sent via email when access is set up.
- VERS does not allow for transcription of cause of death. Cause of death tabs must be completed by the coroner.

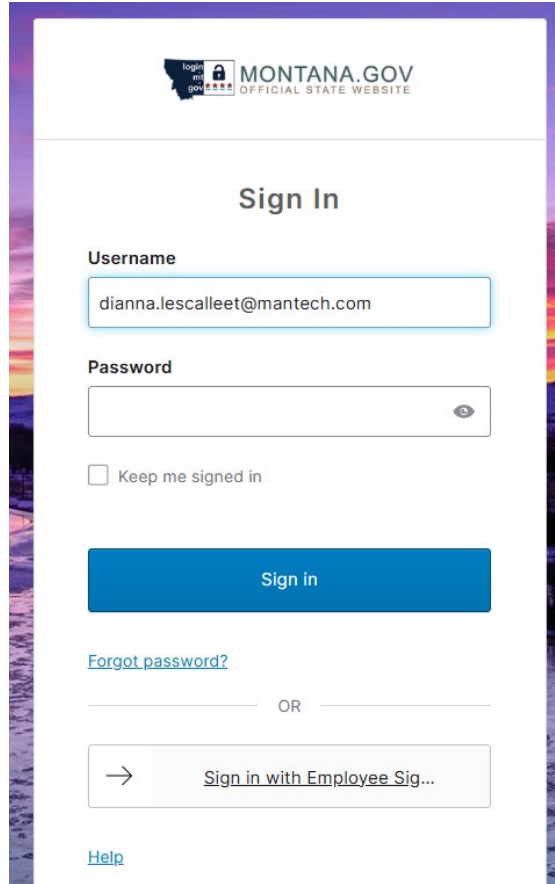


Obtaining Access

- Instructions to come. Type your email address into the chat so these can be sent to you.
- The access process can take several days, so plan ahead.
- No shared email addresses can be used such as info@funeralhome.com
- Call 406-444-9500 if you have any issues requesting access.



Logging In

A screenshot of the Montana.gov official state website login page. The page has a purple header with the Montana logo and 'MONTANA.GOV OFFICIAL STATE WEBSITE'. Below the header, the text 'Sign In' is centered. There are two input fields: 'Username' with the email 'dianna.lescalleet@mantech.com' and 'Password' which is empty. Below the password field is a checkbox labeled 'Keep me signed in'. A blue 'Sign in' button is below the checkbox. Below the button is a link 'Forgot password?'. Below that is a horizontal line with 'OR' in the center. Below the line is a button with a right arrow and the text 'Sign in with Employee Sig...'. At the bottom left is a link 'Help'.

Login with your Okta account you set up. It will direct you to VERS.

If your password expires, contact State IT at 406-444-9500.

If you bookmark the link, make sure you edit the bookmark and paste the link in the edit area because the link changes with each login.



Coroner User Role



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Dashboard

Menu panel: Click Death to expand the death menu.

System Administrator

RETZ FUNERAL HOME AND CREMATORY

RLS-0-2

10/29/2024 10:51 AM

Your last login was at 10/29/2024 10:51 AM

Password expiration date - 2/14/2050

Death

Unregistered Search

Registered Search

▼ Create

New

Update

> Maintain

> Print

Montana Vital Records

Bookmarks

No Bookmarks marked yet!!!

News

There is no news for System Administrator

Missing Demographic Info

Unassigned Medical Certifier

Missing Medical certification

Declined Record

Missing State Approval

Missing Demographic Info

Search

Details

Last Name

First Name

Date of Death

Funeral Director

Certifier Practice

COD Certified

Action

+

07/19/2024

JOHN KRAKE

BEAVERHEAD COUNTY CORONER

Y

»

+

07/26/2024

STAN HARDING

COMMUNITY HEALTH CARE

Y

»

+

08/14/2024

JOHN KRAKE

COMMUNITY HEALTH CARE

Y

»

+

09/23/2024

BEAVERHEAD COUNTY CORONER

N

»

+

10/14/2024

COMMUNITY HEALTH CARE

N

»

+

10/29/2024

JOHN KRAKE

N

»

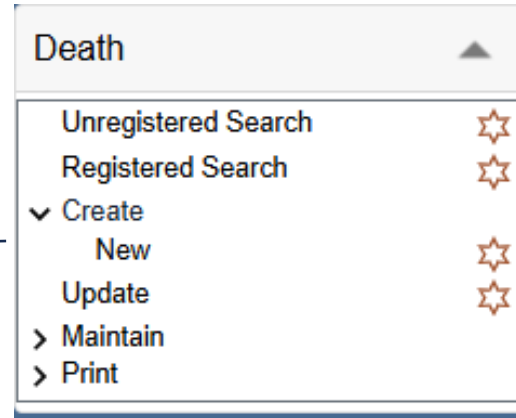
1 to 6 of 6

Rows per page: 25

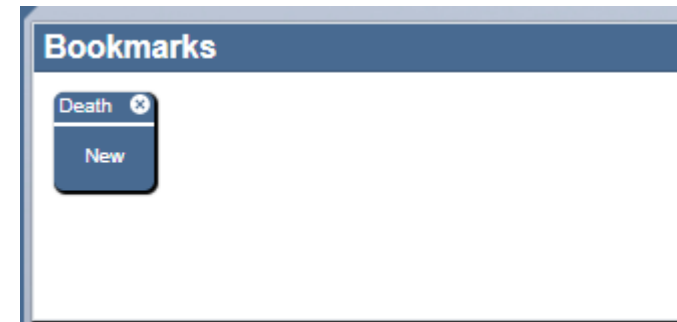
< >

Dashboard: Menu Panel and Bookmarks

1. In the Menu panel navigate to (i.e., click) **Death** → **Create** → **New**.



2. Click the star next to **New** to add a bookmark for this menu option.



Type Ahead List

Assign/Transfer to Medical Certifier (select facility OR select certifier)

Assigned facility: BEAVERHEAD COUNTY CORONER -

Type/select facility's name or city:

Assigned certifier:

Type/select certifier's name or facility:

- CHOWDHURY JASMINE S ERNEST D MADARANG MD FACP
- CHOWDHURY JASMINE S INDIAN TRAIL FAMILY MEDICINE
- SMITH SUSAN KAYE III COMMUNITY HEALTH CARE

Start typing to narrow the list to rows that contain the text you enter. Then select the one you are looking for.



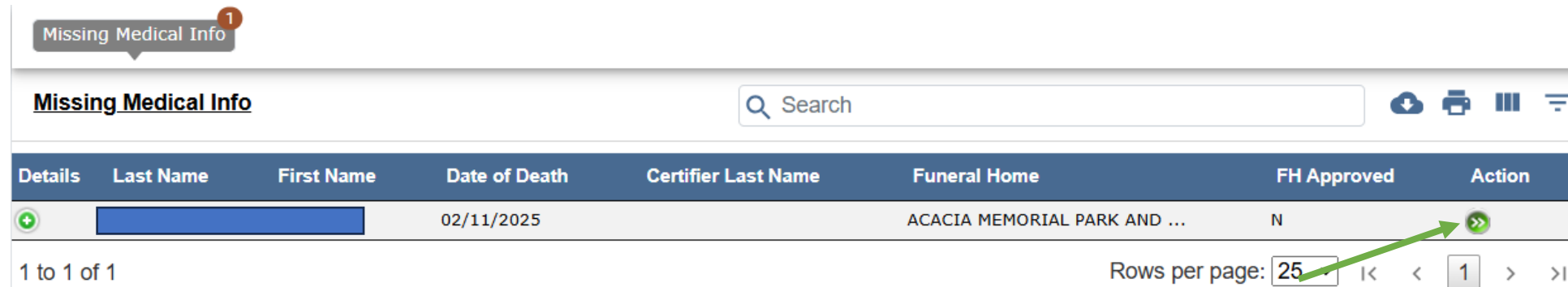
Entering Cause and Manner of Death Information & Record Flow



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Case is Assigned to Your Location

Your record flow begins when you see a case assigned to your location (office or practice) on your Missing Medical Info queue.



Details	Last Name	First Name	Date of Death	Certifier Last Name	Funeral Home	FH Approved	Action
			02/11/2025		ACACIA MEMORIAL PARK AND ...	N	

1 to 1 of 1 Rows per page: 25

- Click the double arrow for your record (Action column) on the Missing Medical Info queue.
- The form for the record you selected opens.



You can also use your Update menu option to find and select a record.



Tab 6 Sections – Left side

45. Person Completing Cause of Death (i.e. Certifier)	
Certifier designation	Medical Examiner/Coroner
Physicians	Select
ME/coroners	Select
ME case number	
First name	
Middle name	
Last name	
Suffix	Select
Certifier's email	
ME/coroner's email	
Signed by	
46. Certifier's Address	
MC location name	BEAVERHEAD COUNTY CORONER
Number and street	210 WEST BROADWAY
Apartment number	
Country	UNITED STATES
State/province	MONTANA
Cities	Select
City or town	DILLON
Zip code	99169
MC location email	
ME/coroner location email	
Phone	5555555555

- In the Person Completing Cause of Death section:
 - Select the Coroner who is certifying cause info. The name, address, and email information is populated when you select a Coroner.
 - The case number is optional.
- Information in the certifier's address section is automatically set based on your logged on location.



Tab 6 Sections – Right side

- The date certified is automatically set when the record is certified.
- In the Pronouncer Information section:
 - If the pronouncer is the certifier, select the checkbox to copy the certifier information to the pronouncer fields.
 - You must enter the pronouncing date and time manually.

47.-48. Certifier's Title and License Number

Title list

Title

Medical license number

49. Date Certified

Date signed by certifier - MMDDYYYY

24.-28. Pronouncement Information

Title

☐ Check to copy certifier info to pronouncer info

Coroners

Physicians

First name

Middle name

Last name

Suffix

License number

Date pronounced death

Time pronounced dead

Time indicator

31. ME/Coroner Contacted?

Was ME/coroner informed?



Tab 7 Sections Entering Cause

- For each cause line entered in Part I:
 - Select the time Unit.
 - The number of the unit is optional
- If there are any other significant conditions, enter them in Part II.
- The system runs cause checks and displays pertinent alerts when you leave this tab.

Alert - COD Validations

⚠ Unlikely Underlying Cause
The condition you reported on the lowest box in Part I HEART FAILURE usually develops as a complication of another more specific condition. Was there a specific underlying condition in this case? If so, please report it in the lowest box you use in Part I.

Ok

32. PART I.

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 etiology. DO NOT ABBREVIATE.

Pending Cause
☐ Check if cause of death is pending

Cause of Death Note: no abbreviations allowed in cause of death

A. Immediate Cause of Death:
(Final disease or condition resulting in death)

	Units	Number	Approx. interval: onset to death
HEART FAILURE	MINUTES	10	10 MINUTES

13 / 120

B. Due To or as a Consequence Of:

	Unit	Number	Approx. interval: onset to death
	Select		

0 / 120

C. Due To or as a Consequence Of:

	Unit	Number	Approx. interval: onset to death
	Select		

0 / 120

D. Due To or as a Consequence Of:

	Unit	Number	Approx. interval: onset to death
	Select		

0 / 120

32. PART II.

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

0 / 240

Tab 7 Sections Pending Cause

- For a pending cause of death, check the box in the Pending Cause section. When you do this:
 - All previously entered cause information is removed from the record.
 - Cause A is set to Pending and Manner is set to Pending Investigation.
 - All fields on Tabs 7, 8 and 9 are disabled.

32. PART I.

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 etiology. DO NOT ABBREVIATE.

Pending Cause

☐ Check if cause of death is pending

Cause of Death Note: no abbreviations allowed in cause of death

A. Immediate Cause of Death:
(Final disease or condition resulting in death)

Units: Select Number: Approx. interval: onset to death

0 / 120

B. Due To or as a Consequence Of:

Unit: Select Number: Approx. interval: onset to death

0 / 120

C. Due To or as a Consequence Of:

Unit: Select Number: Approx. interval: onset to death

0 / 120

D. Due To or as a Consequence Of:

Unit: Select Number: Approx. interval: onset to death

0 / 120

32. PART II.

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

0 / 240

Tab 8 Sections

If the decedent is a female aged 10-54, select the pregnancy status at the time of death.

If the decedent is a female less than 10 or more than 54 years old or a male, pregnancy status is not required unless you check you are reporting a pregnancy for a female outside of the common age (10-54) or for a male. If you select this checkbox, select the pregnancy status, and then check the box to confirm.

33-34. Autopsy Was an autopsy performed? <input type="text" value="Select"/> Were autopsy findings available to complete the cause of death? <input type="text" value="Select"/>	36. Pregnant at the Time of Death? <input type="checkbox"/> Click here to report a pregnancy outside of common age (10-54) or sex (female) values. Select one from list <input type="text" value="Select"/> <input checked="" type="checkbox"/> confirm the option selected above is based on the best available information at this time.
35. Tobacco Use Did tobacco use contribute to death? <input type="text" value="Select"/>	37. Manner of Death Manner of death <input type="text" value="Select"/>



Tab 9 Sections – Left side

38. Injury - Date

Date of injury (mm/dd/yyyy)

Modifier

39. Injury - Time

Time of injury

Time indicator

Time modifier

40. Injury - Place

Place of injury (e.g. decedent's home, construction site, restaurant, wooded area)

41. Injury - Work

Injury at work?

If you need to enter injury information, begin by entering the date of injury. When you do this, you will be able to enter additional injury information.



Tab 9 Sections – Right side

- If you entered the date of injury, you will be able to enter additional injury information in these sections.
- If the location of injury is the same as the place of death, check the same as place of death box. The system will then copy the place of death address info to the location of injury section.
- In the transportation accident section:
 - If you select yes , select the role of the decedent in the accident.
 - If you select other, specify the other role.

42. Location of Injury

☐ Same as place of death

Country

State/Province

County

City list

City or town

Street and number

Apartment number

Zip code

43. Injury - How

Describe how injury occurred

0 / 90

44. Transportation Accident

Was this a transportation injury?

If transportation accident

Specify other

Saving Your Work



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Saving Your Record

- Click the Finish button at the bottom of any page.
- VERS runs specified checks on the record.
- If the record does not pass the checks, a warning page opens.

Click link to return
to that tab.

ATTN: MEDICAL CERTIFIER - The following information must be entered to complete the medical information section. Fix all the following:

[Was an autopsy performed?](#)
Field Group Description: Autopsy must be answered

[Tobacco use](#)
Field Group Description: Did tobacco use contribute to death must be answered.

[Manner of death](#)
Field Group Description: Manner of death must be selected.

Save (as Pending)

Click Save as Pending
to save the unfinished
record.

- When you click Save as Pending at the bottom of the list, you will see the Successful Transaction page.



Scroll down or press Shift + Tab to go to the bottom of the list.



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Successful Transaction Page

Successful Transaction	
Your transaction has been saved successfully.	
Record Details	
Decedent's First Name	<input type="text"/>
Decedent's Last Name	<input type="text"/>
Date of death	12/24/2024
Record ID	11976769
Print Confirmation	
Your actions have triggered the following documents to be printed. Please select all documents you wish to print.	
HIPPA Proof Copy:	<input checked="" type="radio"/>
Skip this print option:	<input type="radio"/>
ART form:	<input checked="" type="radio"/>
Skip this print option:	<input type="radio"/>
Death Certificate Proof Copy:	<input checked="" type="radio"/>
Skip this print option:	<input type="radio"/>
<input type="button" value="Print"/>	
Other Options	
Following options are available:	
<input type="button" value="Return to Record"/>	
<input type="button" value="Main Menu"/> <input type="button" value="Repeat Task"/>	

Takes you back to
your record

Begins the process of printing
the selected document.

Takes you back to the Dashboard.



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Printing from Successful Transaction Page

Print Confirmation

Your actions have triggered the following documents to be printed.
Please select all documents you wish to print.

HIPPA Proof Copy:	<input checked="" type="radio"/>
Skip this print option:	<input type="radio"/>
ART form:	<input checked="" type="radio"/>
Skip this print option:	<input type="radio"/>

Print

Print Proof Copy

Generate Document

Continue

1. The default is to print each document. If you do not want to print all listed documents, select the corresponding Skip this print option.

2. Click Print.

3. Click Generate Document.

4. The generated document is shown in a new tab in your browser or in Adobe Acrobat where you can view and print the document.



If you do not want to print any listed document, do *not* press the Print button.

You can also print the document from your [Print menu](#).



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Updating Records

Missing Medical Info							
Details	Last Name	First Name	Date of Death	Certifier Last Name	Funeral Home	FH Approved	Action
+			08/16/2024	MITCHELL	RETZ FUNERAL HOME AND CRE...	Y	>>
+			09/23/2024		RETZ FUNERAL HOME AND CRE...	N	>>
+			12/24/2024	MITCHELL		N	>>

1 to 3 of 3 Rows per page: 25 1 > >|

- Click the double arrow for your record (Action column) on the Missing Medical Info queue.
- Update it and save your changes.



You can also use your Update menu option to find and select a record.

Case Assignment Tab



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Case Assignment Page - Left Side

Allows you to assign a case to a funeral home or transfer it to another physician office.

Assign/Transfer to Funeral Home
Assigned funeral home: ACACIA MEMORIAL PARK AND FUNERAL HOME - SEATTLE - (804)587-4587
Type/select funeral home's name or city

Assign/Transfer to Medical Certifier (select facility OR select certifier)
Assigned facility:
Type/select facility's name or city
Assigned certifier:
Type/select certifier's name or facility

Begin by typing in these special type-ahead list boxes. As you type, the list narrows to show entries that contain the text that you type. Click the Finish button.



Case Assignment Page – Right Side

Allows you to decline a record that was assigned to you or assign it to ME/coroner office at the county of death.

Check the checkbox to decline assignment and then enter the reason you are declining. Save the record.

Check the checkbox to assign a case to the ME/coroner for the county where the death occurred

Declined by Medical Certifier/Facility
☐ Check this if you decline assignment
Reason

Assign to ME/Coroner
County of occurrence: BEAVERHEAD
☐ Check this to assign directly to ME/Coroner
Assigned ME/coroner office: NOT CURRENTLY ASSIGNED
Select ME/coroner office



Case Assignment Page (showing assignments)

Assign/Transfer to Funeral Home Assigned funeral home: ACACIA MEMORIAL PARK AND FUNERAL HOME - SEATTLE - (804)587-4587 Type/select funeral home's name or city <input type="text" value="Select"/>	Declined by Medical Certifier/Facility <input type="checkbox"/> Check this if you decline assignment Reason <input type="text"/>
Assign/Transfer to Medical Certifier (select facility OR select certifier) Assigned facility: BEAVERHEAD CORONER - DILLON Type/select facility's name or city <input type="text" value="Select"/> Assigned certifier: NEWLORD ROBIN BEAVERHEAD CORONER Type/select certifier's name or facility <input type="text" value="Select"/>	Assign to ME/Coroner County of occurrence: BEAVERHEAD <input type="checkbox"/> Check this to assign directly to ME/Coroner Assigned ME/coroner office: BEAVERHEAD CORONER Select ME/coroner office <input type="text" value="Select"/>

This shows how the Case Assignment page might look when you have assigned a case to a funeral home. Note that it shows the currently assigned owners of both the personal information and the medical information.



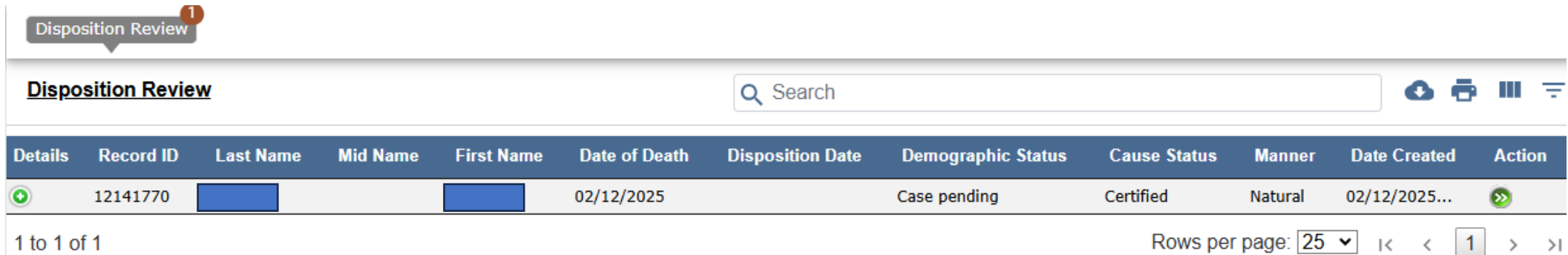
Disposition Approval ART Form



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Disposition Review

- When a funeral home indicates that disposition approval is needed, the case is added to your Disposition Review workload.



The screenshot shows a web application interface for "Disposition Review". At the top, there is a notification badge with the number "1" and a "Disposition Review" label. Below this is a header bar with the title "Disposition Review", a search bar, and icons for download, print, and list. The main content is a table with the following columns: Details, Record ID, Last Name, Mid Name, First Name, Date of Death, Disposition Date, Demographic Status, Cause Status, Manner, Date Created, and Action. A single record is displayed with Record ID 12141770, Last Name [redacted], First Name [redacted], Date of Death 02/12/2025, Demographic Status Case pending, Cause Status Certified, Manner Natural, and Date Created 02/12/2025... The Action column contains a green double arrow icon. At the bottom, there is a pagination bar showing "1 to 1 of 1" and "Rows per page: 25" with navigation controls.

Details	Record ID	Last Name	Mid Name	First Name	Date of Death	Disposition Date	Demographic Status	Cause Status	Manner	Date Created	Action
	12141770	[redacted]		[redacted]	02/12/2025		Case pending	Certified	Natural	02/12/2025...	

1 to 1 of 1 Rows per page: 25 < 1 >

- Click the double arrow to begin the review process.

Tab 5 Sections – Right side

- In the Funeral Licensee or Other Person in Charge of Disposition section, only those funeral directors associated with your facility are listed.
- Once a record is certified, you can send the ART Form by checking the Disposition approval needed in the Date of Disposition section.

21. Funeral Facility

Funeral home list: ACACIA MEMORIAL PARK AND FUNERAL HOME - SEATTLE

Name: ACACIA MEMORIAL PARK AND FUNERAL HOME

Street and number: 14951 BOTHELL WAY NE

Apartment number:

Country: UNITED STATES

State/Province: WASHINGTON

City list: SEATTLE

City or town: SEATTLE

Zip code: 98155

Email (facility):

22-23. Funeral Licensee or Other Person in Charge of Disposition

Funeral Directors: Select

First name:

Middle name:

Last name:

Suffix: Select

Email (funeral director):

Montana license number:

Signature name:

32. Date of Disposition

Disposition date (MMDDYYYY):

☐ Disposition approval needed

Approve Disposition

☐ Check to grant disposition approval

Coroner approver list: Select

Approver:

Date Disposition Approved:

Deny Disposition

☐ Check to deny disposition approval and claim case

Granting/Denying Approval

Tab 5 Informant/Disposition/Funeral Home

Grant Disposition

Approve Disposition	
<input checked="" type="checkbox"/>	Check to grant disposition approval
Coroner approver list	COBLE BRYAN
Approver	BRYAN COBLE
Date Disposition Approved	02/12/2025

1. Check the grant disposition approval checkbox.
 2. Select the approving coroner.
- The approver name and date disposition approved are set for you. Click Finish and save the record. The case is no longer on your queue.

Deny Disposition

Deny Disposition	
<input type="checkbox"/>	Check to deny disposition approval and claim case

1. Check the deny disposition approval and take case checkbox. You are directed to go to tab 1 to take over the case.
2. Go to Tab 1 to take over the case.

The record stays on your queue until you take the case.



Disposition Approval Denied: Take Case

Edit Information

<input type="checkbox"/> Un-certify and edit Medical Information	EDIT MI
<input type="checkbox"/> Un-sign and edit Personal Information	EDIT PI
<input checked="" type="checkbox"/> Take case and edit	EDIT MI
<input type="checkbox"/> ME/coroner acting as funeral home	

1. Check the take case and edit MI checkbox.
2. Click the Edit MI button. Update the medical information.
3. Click Finish to begin the certify MI workflow.



Certify and Approve Record







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Coroner's Certify MI Queue

Records ready for certification are shown on the Certify MI queue. Certifying coroners can begin the certification workflow from this queue by clicking the double arrow for a record.

Certify MI ¹

Certify MI



Details	Last Name	First Name	Date of Death	Certifier Last Name	Funeral Home	FH Approved	Action
			02/06/2025	NEWLORD		N	

1 to 1 of 1

Rows per page:

25

 |< < 1 > >|



Certification Workflow (Certifying Coroner)

Successful Transaction	
Your transaction has been saved successfully.	
Record Details	
Decedent's First Name	
Decedent's Last Name	
Date of death	02/06/2025
Record ID	12051769
Print Confirmation	
Your actions have triggered the following documents to be printed. Please select all documents you wish to print.	
HIPPA Proof Copy: <input checked="" type="radio"/>	
Skip this print option: <input type="radio"/>	
ART form: <input checked="" type="radio"/>	
Skip this print option: <input type="radio"/>	
Death Certificate Proof Copy: <input checked="" type="radio"/>	
Skip this print option: <input type="radio"/>	
<input type="button" value="Print"/>	
Other Options	
Following options are available:	
<input type="button" value="PRESS TO CERTIFY"/>	
<input type="button" value="Return to Record"/>	
<input type="button" value="Main Menu"/>	<input type="button" value="Repeat Task"/>

Certify Record - Confirm	
I approve the content of this section of the death report. On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.	
<hr/>	
<input type="button" value="Continue"/>	<input type="button" value="Cancel"/>

Successful Transaction	
Your transaction has been saved successfully.	
Record Details	
Decedent's First Name	BH
Decedent's Last Name	COUNTY
Date of death	02/06/2025
Record ID	12051769
<input type="button" value="Main Menu"/>	<input type="button" value="Repeat Task"/>



Approval Workflow (Certifying Coroner)

Successful Transaction	
Your transaction has been saved successfully.	
Record Details	
Decedent's First Name	
Decedent's Last Name	
Date of death	10/29/2024
Record ID	11896769
Print Confirmation	
Your actions have triggered the following documents to be printed. Please select all documents you wish to print.	
HIPPA Proof Copy: <input checked="" type="radio"/>	
Skip this print option: <input type="radio"/>	
ART form: <input checked="" type="radio"/>	
Skip this print option: <input type="radio"/>	
<input type="button" value="Print"/>	
Other Options	
Following options are available:	
<input type="button" value="Approve"/>	
<input type="button" value="Return to Record"/>	
<input type="button" value="Main Menu"/> <input type="button" value="Repeat Task"/>	

Approve PI - Confirm
I approve the content of this section of the death report. Information about the decedent was obtained from the informant listed. Disposition will occur at the time, date, and place and in the manner stated.
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>

Successful Transaction	
Your transaction has been saved successfully.	
Record Details	
Decedent's First Name	NOTSO
Decedent's Last Name	COLD
Date of death	10/29/2024
Record ID	11896769
<input type="button" value="Main Menu"/> <input type="button" value="Repeat Task"/>	

Reminder: Approved records are sent for State review.



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State Record Review

Once the record is sent to the State by the funeral home, the State reviews the record. The state can send back the record for corrections before it is filed allowing for less online amendments.



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State Reviews Record

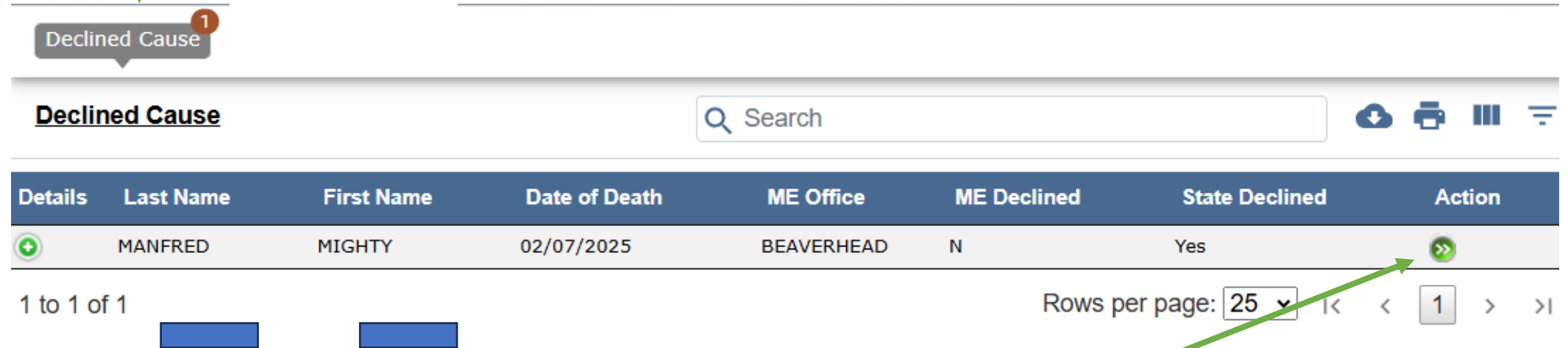
The record is registered when the state approves it.

The screenshot displays a web application interface for reviewing records. A modal window titled "State Review" is open, featuring a green border. Inside the modal, there are two sections: "State Review" with checkboxes for "Check to decline demographics" (checked) and "Check to decline COD" (unchecked), and "State Comments" with a text area containing "VERIFY AGE WITH EDUCATION LEVEL" and a "State comments" label. A "31 / 250" character count is visible. The background interface includes a "Filing Information" section with a label "Out-of-state certificate number" and a list of yellow bars. At the bottom, there are navigation buttons: "Previous", "Next", "Finish", and "Cancel".





- If the state determines that the record needs some revision, they will reject the demographic and/or COD information and may enter the reason on this tab.
- If the COD is rejected, you will see the record on your Declined Cause queue for further action.
- If the demographic information is rejected, you will see the record on your Declined Record queue for further action.



Working with Declined Cause Records

Your records where the state rejected the medical information are placed on your Declined Cause Queue.







Declined Cause 1

Declined Cause    

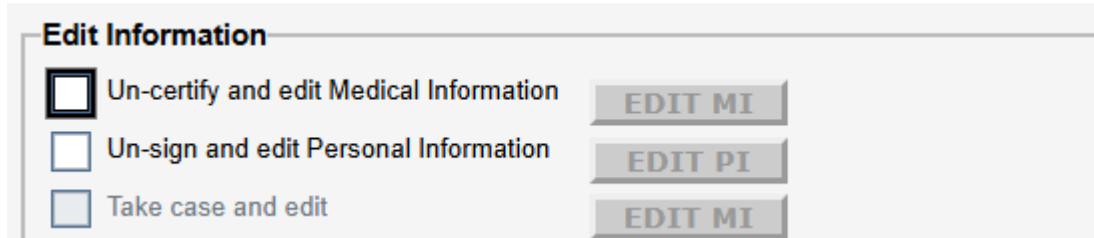
Details	Last Name	First Name	Date of Death	ME Office	ME Declined	State Declined	Action
	MANFRED	MIGHTY	02/07/2025	BEAVERHEAD	N	Yes	

1 to 1 of 1

Rows per page:    

Begin by clicking the double arrow to open the record.

Un-Certifying Declined Cause Records



Edit Information

<input checked="" type="checkbox"/> Un-certify and edit Medical Information	EDIT MI
<input type="checkbox"/> Un-sign and edit Personal Information	EDIT PI
<input type="checkbox"/> Take case and edit	EDIT MI

1. Click Un-certify checkbox.
2. Click the Edit MI button. Cause of death fields open so you can modify them.
3. Update and save the record.
4. Certify the revised record.



You can read comments concerning why the record was rejected on Tab 10 State.



Finding and Printing Records

View, Update, and Print



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What You Can Print

- Blank Forms:
 - Full Certificate: Full certificate for manual data collection
 - HIPPA: Top portion of certificate for manual data collection
- Populated Forms:
 - ART Form: Authorization for Removal, Transportation and Final Disposition
 - HIPPA Proof Copy: Top portion of certificate
 - Certificate Copy: Full certificate



How to Print

Blank Forms

- Click blank forms option from the Print submenu.
- Select the one you want to print.
- Generate the document.

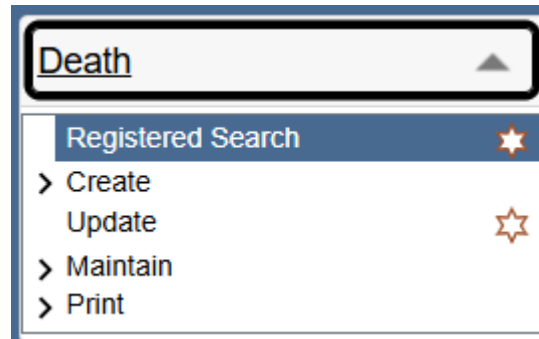
Populated Forms

- Click the name of the form (e.g., Certificate Copy) you want to print from the Print submenu.
- Use the Search page to find the record you want to print on the form.
- Generate the document.



How to Find Records – Registered Search

- On the menu panel select Death
→ Registered Search
- The Search criteria page opens
- Fill in information to allow the system to locate the record



Search Criteria Page

- Search criteria must be entered.
- For date of death:
 - You can enter an exact date of death.
 - Specify a date range.
 - Enter the year.
 - Select the month and enter the year.
- Click Search after entering your criteria.

Death - Registered Search

Record Identifiers State file number <input type="text"/> Death record number <input type="text"/>	Decedent's Sex Sex: <input type="text" value="Select"/>
Decedent's Name First <input type="text"/> Middle <input type="text"/> Last <input type="text"/> <input type="checkbox"/> Soundex on last name	Decedent's Social Security Number SSN <input type="text"/>
Date of Death Date of death (mm/dd/yyyy) <input type="text"/> <input type="text"/> From <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/>	Date of Birth Date of birth <input type="text"/> <input type="text"/>
Month and Year of Death Month: <input type="text" value="Select"/> Year: <input type="text"/>	Location of Death Country of death: <input type="text" value="UNITED STATES"/> States: <input type="text" value="MONTANA"/> County: <input type="text" value="Select"/> City list: <input type="text" value="Select"/> City: <input type="text"/>
Spouse's Name First <input type="text"/> Middle <input type="text"/> Last <input type="text"/>	



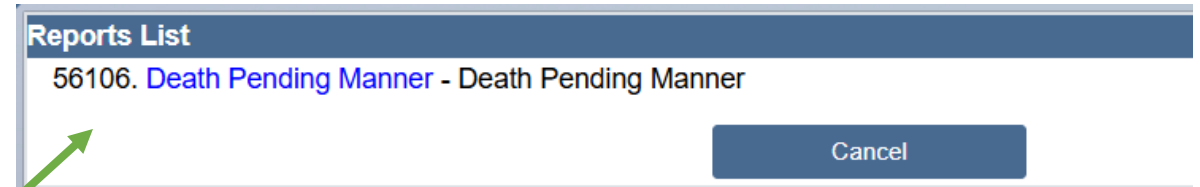
How to Print the Death Pending Manner Report

1. From the Main menu go to Death → Print → Reports.

2. Click Death Pending Manner.

3. Enter the Year of death and then Click Continue.


4. Click Generate Document.



Reports List

56106. [Death Pending Manner](#) - Death Pending Manner

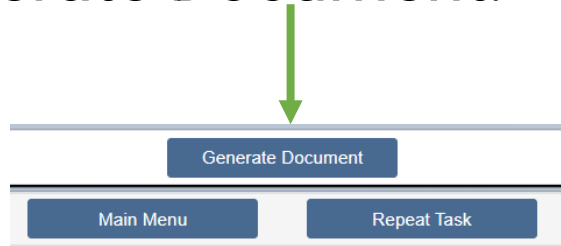
Cancel



Parameters

Year

Continue Cancel



Generate Document

Main Menu Repeat Task

The generated document is downloaded. Open the download to view and print the report.

Amending Registered Records



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How to Create and Submit an Amendment

1. Navigate to Death → Modify → Submit Amendment.
2. Use the search page to find the record.
3. Click the double arrows on the search results page.
4. Click Continue on the Record Details page to open the form.
5. Make your changes.
6. Click Finish to go to the Record Modify Confirm page.

NOTE: cannot create another amendment if an amendment for the record is already in process.



Record Modify Confirm Page

Record Modify - Confirm

Please confirm that the following changes are correct

Field (DB Name)	Original Value	Changed Value	Remove Change
(AMEND_HISTORY)		02/13/2025 -- AMENDED BY FUNERAL HOME	Remove
Time of death (TOD_4_FD)	01:01	01:15	Remove

Some system columns will be changed. [Show system columns](#)

[Make Another Change](#) [Continue](#) [Cancel Full Transaction](#)

Click Remove if you made a change in error.

If you missed modifying a value, click Make Another Change to return to the record.

If the listed changes are correct, click Continue. The Successful Transaction page opens.

If needed, you can cancel your changes by clicking Cancel Full Transaction.



Successful Transaction Page.

Successful Transaction	
Your transaction has been saved successfully.	
Record Details	
Decedent's First Name	<input type="text"/>
Decedent's Last Name	<input type="text"/>
Date of death	02/13/2025
Record ID	12151770
State file number	202501-000020
Print Confirmation	
Your actions have triggered the following documents to be printed. Please select all documents you wish to print.	
Death Certificate Proof Copy: <input type="radio"/>	
<input type="button" value="Print"/>	
<input type="button" value="Main Menu"/>	<input type="button" value="Repeat Task"/>



Questions



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