

# VERS Vital Event Registration System Training

Coroners

Montana Vital Records



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# 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)



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# 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](mailto:info@funeralhome.com)
- Call 406-444-9500 if you have any issues requesting access.



# Logging In



MONTANA.GOV  
OFFICIAL STATE WEBSITE

Sign In

Username

Password

Keep me signed in

**Sign in**

[Forgot password?](#)

OR

→ [Sign in with Employee Sig...](#)

[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.



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# Coroner User Role



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# Dashboard

Menu panel: Click Death to expand the death menu.

System Administrator  
RETZ FUNERAL HOME AND CREMATORIALS-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

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Bookmarks

No Bookmarks marked yet!!!

News

There is no news for System Administrator

Missing Demographic Info (6) Unassigned Medical Certifier (1) Missing Medical certification (4) Declined Record (2) Missing State Approval (5)

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	

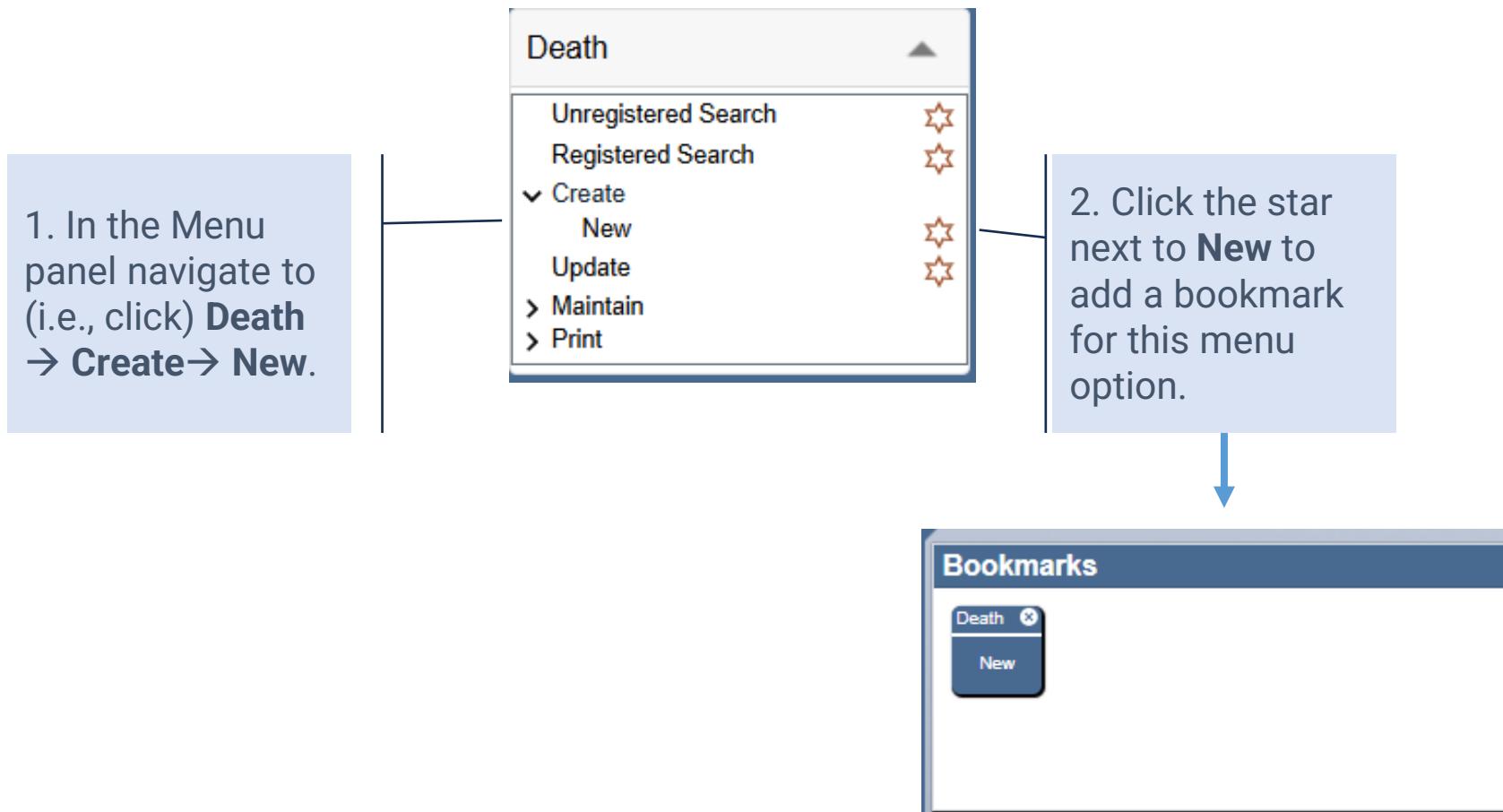
1 to 6 of 6

Rows per page: 25



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# Dashboard: Menu Panel and Bookmarks



# 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

sm

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.



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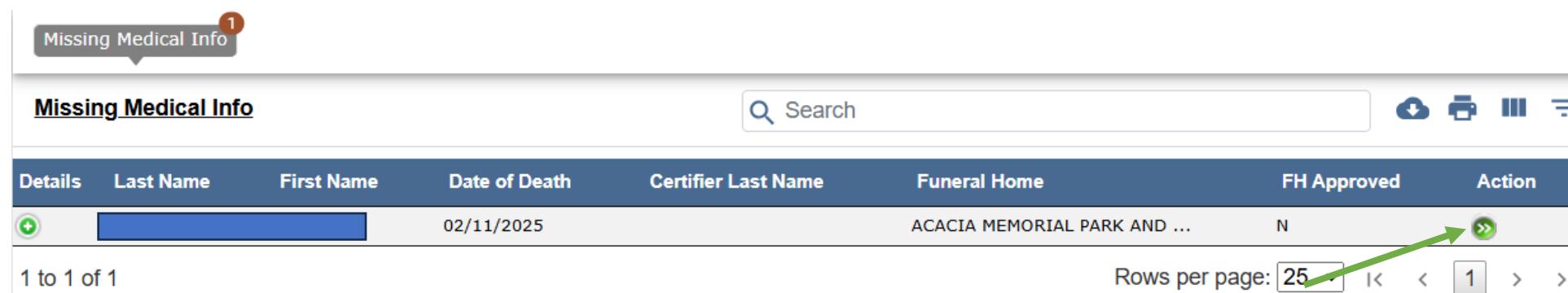
# Entering Cause and Manner of Death Information & Record Flow



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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	

- 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.



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# 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	<input type="text"/>
First name	<input type="text"/>
Middle name	<input type="text"/>
Last name	<input type="text"/>
Suffix	Select
Certifier's email	<input type="text"/>
ME/coroner's email	<input type="text"/>
Signed by	<input type="text"/>
46. Certifier's Address	
MC location name	BEAVERHEAD COUNTY CORONER
Number and street	210 WEST BROADWAY
Apartment number	<input type="text"/>
Country	UNITED STATES
State/province	MONTANA
Cities	Select
City or town	DILLON
Zip code	99169
MC location email	<input type="text"/>
ME/coroner location email	<input type="text"/>
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 Select

Title

Medical license number

49. Date Certified

Date signed by certifier - MMDDYYYY

24.-28. Pronouncement Information

Title Select

Check to copy certifier info to pronouncer info

Coroners Select

Physicians Select

First name

Middle name

Last name

Suffix Select

License number

Date pronounced death

Time pronounced dead

Time indicator Select

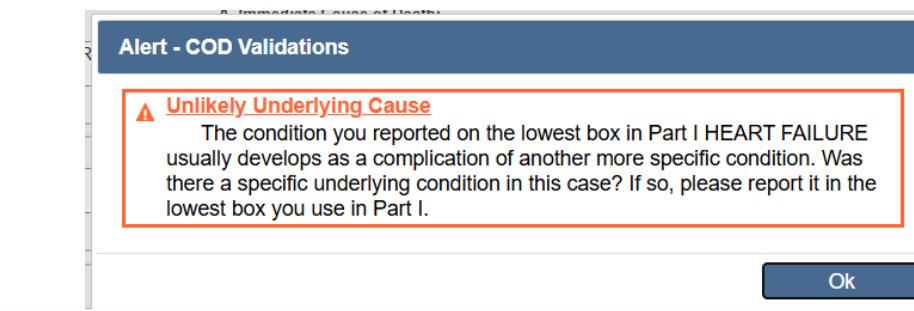
31. ME/Coroner Contacted?

Was ME/coroner informed? Select



# 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.



**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)

HEART FAILURE 13 / 120

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

B. Due To or as a Consequence Of:  
  0 / 120

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

C. Due To or as a Consequence Of:  
  0 / 120

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

D. Due To or as a Consequence Of:  
  0 / 120

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

**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  Number Approx. interval: onset to death

0 / 120

**B. Due To or as a Consequence Of:**

Unit  Number Approx. interval: onset to death

0 / 120

**C. Due To or as a Consequence Of:**

Unit  Number Approx. interval: onset to death

0 / 120

**D. Due To or as a Consequence Of:**

Unit  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.

<b>33-34. Autopsy</b>  Was an autopsy performed? <input type="button" value="Select"/>  Were autopsy findings available to complete the cause of death? <input type="button" value="Select"/>	<b>36. Pregnant at the Time of Death?</b>  <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="button" value="Select"/>  <input checked="" type="checkbox"/> confirm the option selected above is based on the best available information at this time.
<b>35. Tobacco Use</b>  Did tobacco use contribute to death? <input type="button" value="Select"/>	<b>37. Manner of Death</b>  Manner of death <input type="button" value="Select"/>



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# Tab 9 Sections – Left side

<b>38. Injury - Date</b>
Date of injury (mm/dd/yyyy) <input type="text"/>
Modifier <input type="button" value="Select"/>
<b>39. Injury - Time</b>
Time of injury <input type="button" value=""/>
Time indicator <input type="button" value="Military"/>
Time modifier <input type="button" value="Select"/>
<b>40. Injury - Place</b>
Place of injury (e.g. decedent's home, construction site, restaurant, wooded area) <input type="button" value=""/>
<b>41. Injury - Work</b>
Injury at work? <input type="button" value="Select"/>

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.



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# 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: Select

State/Province: Select

County: Select

City list: Select

City or town: [Text input]

Street and number: [Text input]

Apartment number: [Text input]

Zip code: [Text input]

**43. Injury - How**

Describe how injury occurred: [Text input]  
0 / 90

**44. Transportation Accident**

Was this a transportation injury?: Select

If transportation accident: Select

Specify other: [Text input]

# 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:  Skip this print option:

ART form:  Skip this print option:

Death Certificate Proof Copy:  Skip this print option:

[Print](#)

Other Options

Following options are available:

[Return to Record](#)

[Main Menu](#) [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:  Skip this print option:

ART form:  Skip this print option:

**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.



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.



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# Case Assignment Tab

# 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.



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# 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



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# 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: Select

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

Assigned facility: BEAVERHEAD CORONER - DILLON

Type/select facility's name or city: Select

Assigned certifier: NEWLORD ROBIN BEAVERHEAD CORONER

Type/select certifier's name or facility: Select

**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: BEAVERHEAD CORONER

Select ME/coroner office: 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.



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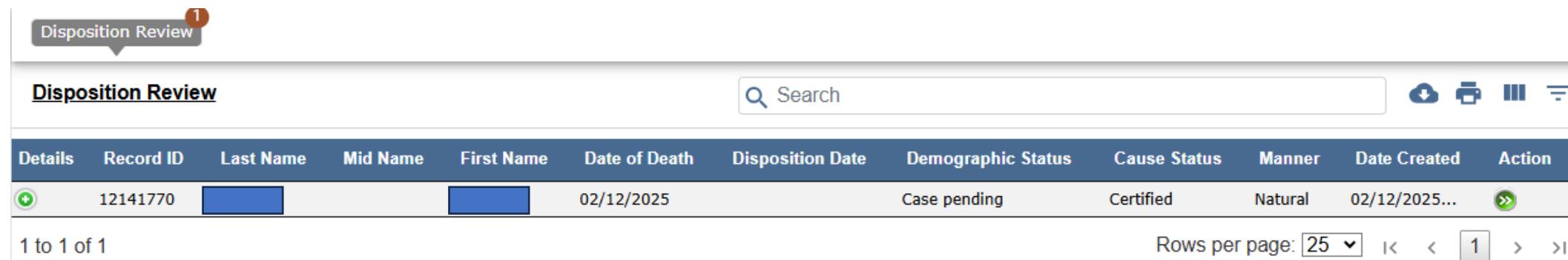
# Disposition Approval ART Form



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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 software interface titled "Disposition Review". At the top, there is a navigation bar with a "Disposition Review" button containing a red notification badge with the number "1". Below the navigation bar is a search bar with a magnifying glass icon and the word "Search". To the right of the search bar are icons for download, print, and filter. The main area 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 row of data is visible, representing a case with the following details: Record ID 12141770, Last Name (redacted), Mid Name (redacted), First Name (redacted), Date of Death 02/12/2025, Disposition Date (empty), Demographic Status Case pending, Cause Status Certified, Manner Natural, Date Created 02/12/2025..., and Action (double arrow icon). At the bottom of the table, it says "1 to 1 of 1". To the right, there are buttons for "Rows per page" (set to 25), navigation arrows, and a page number "1".

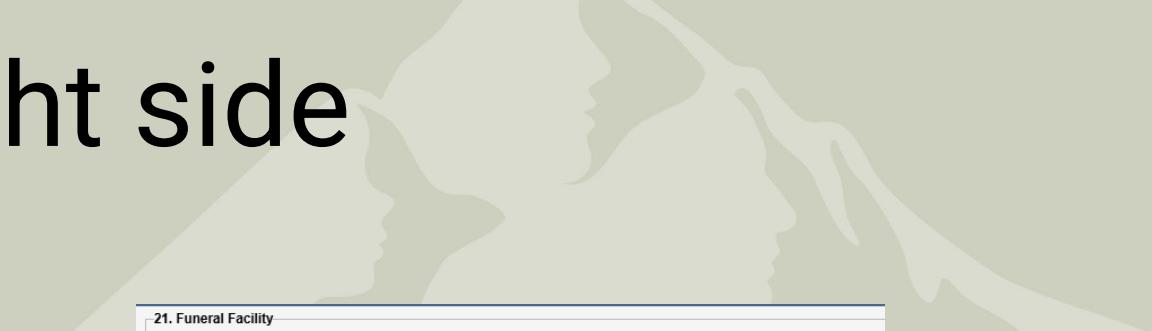
Details	Record ID	Last Name	Mid Name	First Name	Date of Death	Disposition Date	Demographic Status	Cause Status	Manner	Date Created	Action
 12141770					02/12/2025		Case pending	Certified	Natural	02/12/2025...	

- 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)	
<input type="checkbox"/> Disposition approval needed	
<b>Approve Disposition</b>	
<input type="checkbox"/> Check to grant disposition approval	
Coroner approver list	Select
Approver	
Date Disposition Approved	
<b>Deny Disposition</b>	
<input type="checkbox"/> Check to deny disposition approval and claim case	

# Granting/Denying Approval

## Tab 5 Informant/Disposition/Funeral Home

### Grant Disposition

**Approve Disposition**

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**

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.



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# Disposition Approval Denied: Take Case

**Edit Information**

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



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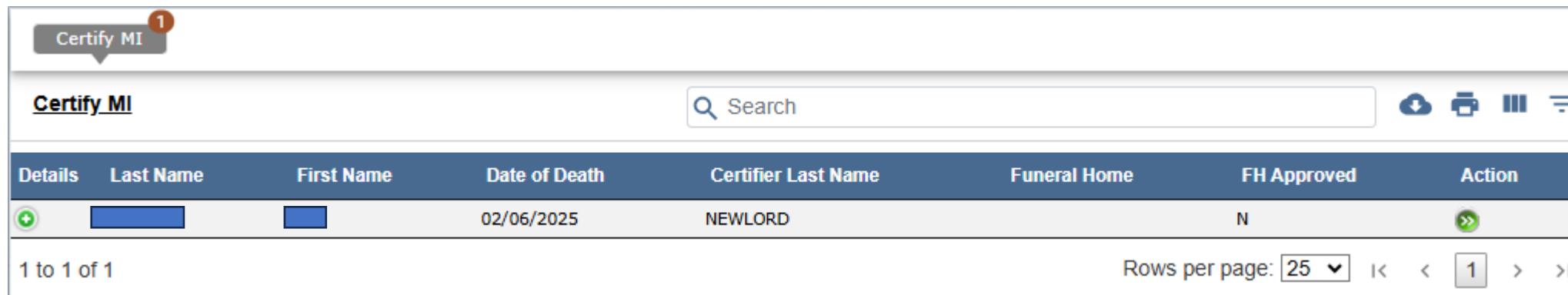
# Certify and Approve Record



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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.



The screenshot shows a web-based application for managing death certification records. At the top, a button labeled "Certify MI" has a red badge with the number "1" indicating a new record. Below this is a search bar with a magnifying glass icon and the word "Search". To the right of the search bar are icons for download, print, and filter. The main area is a table with the following columns: Details, Last Name, First Name, Date of Death, Certifier Last Name, Funeral Home, FH Approved, and Action. The table contains one row of data: a green plus sign icon, a redacted last name, a redacted first name, "02/06/2025" as the Date of Death, "NEWLORD" as the Certifier Last Name, an empty Funeral Home field, "N" in the FH Approved field, and a green double arrow icon in the Action field. At the bottom left, it says "1 to 1 of 1". At the bottom right, there is a "Rows per page" dropdown set to "25", and navigation buttons for "1", "2", "3", "4", and "5".

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



# Certification Workflow (Certifying Coroner)

**Successful Transaction**  
Your transaction has been saved successfully.

**Record Details**

Decedent's First Name	<input type="text" value="BH"/>
Decedent's Last Name	<input type="text" value="COUNTY"/>
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:   
Skip this print option:

ART form:   
Skip this print option:

Death Certificate Proof Copy:   
Skip this print option:

**Print**

**Other Options**  
Following options are available:

**PRESS TO CERTIFY**

**Return to Record**

**Main Menu** **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.

**Continue** **Cancel**

**Successful Transaction**  
Your transaction has been saved successfully.

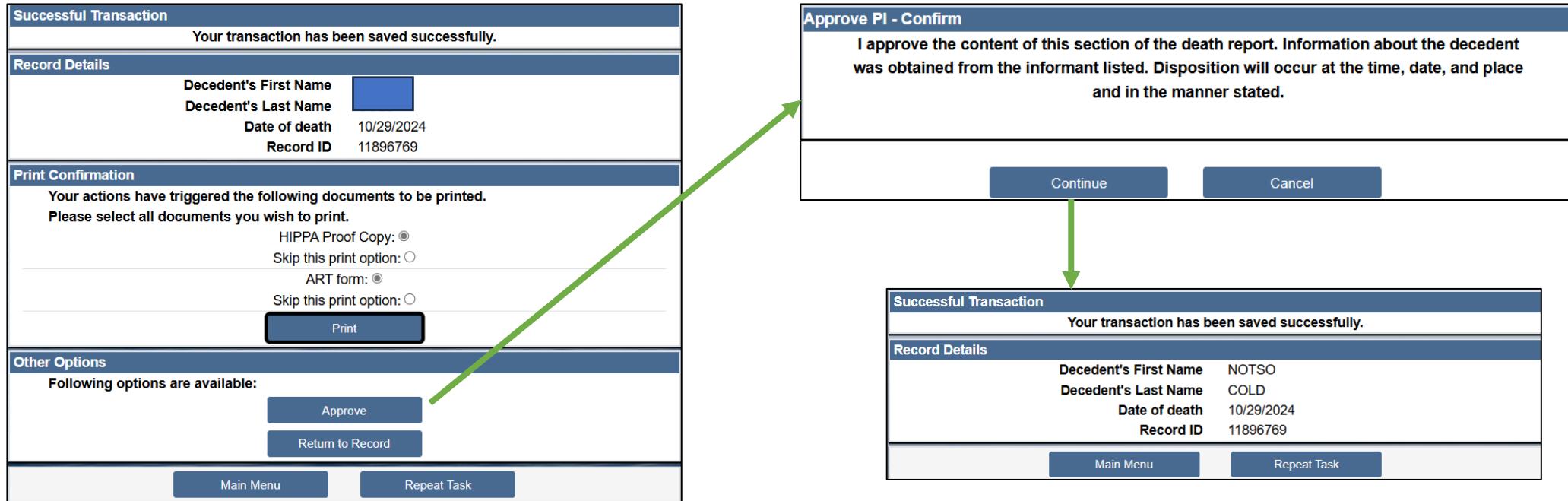
**Record Details**

Decedent's First Name	BH
Decedent's Last Name	COUNTY
Date of death	02/06/2025
Record ID	12051769

**Main Menu** **Repeat Task**



# Approval Workflow (Certifying Coroner)



Reminder: Approved records are sent for State review.



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# State Record Review



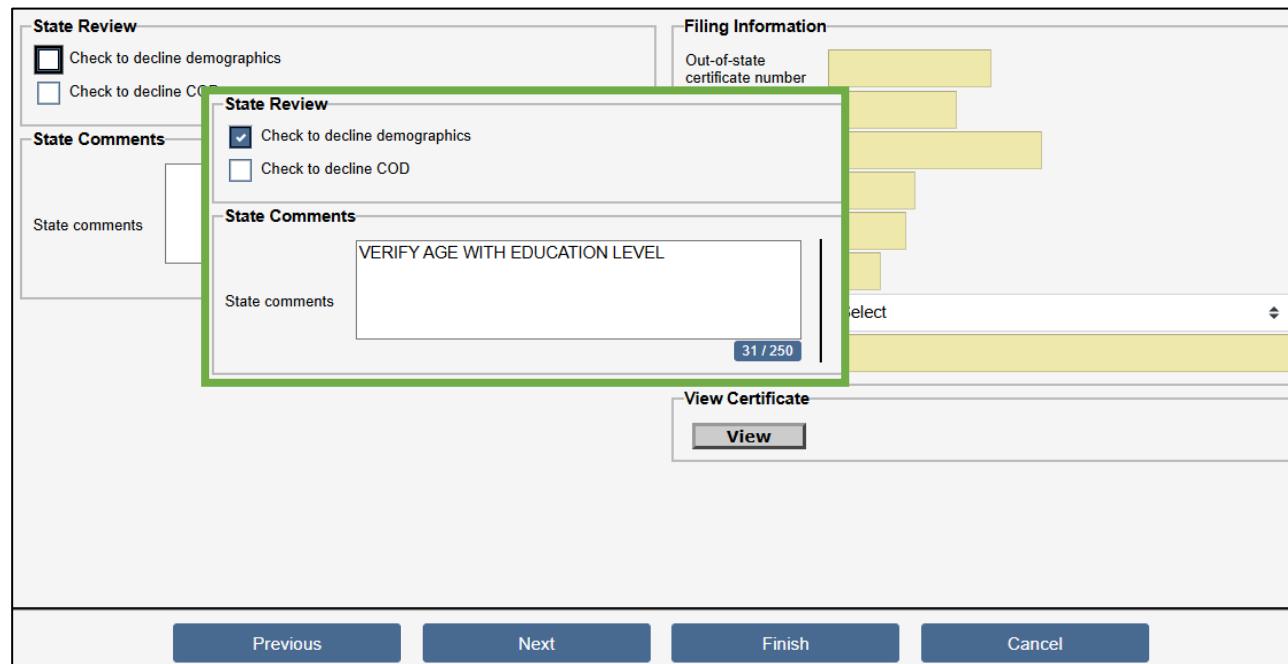
Once the record is sent to the State by the funeral home, the State reviews the record. The state can send back the record for corrections before it is filed allowing for less online amendments.



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# State Reviews Record

The record is registered when the state approves it.



The screenshot shows a software interface for reviewing a record. At the top left is a 'State Review' section with two checkboxes: 'Check to decline demographics' (unchecked) and 'Check to decline COD' (unchecked). Below this is a 'State Comments' section with a text input field labeled 'State comments'. A green box highlights the 'State Review' and 'State Comments' sections. To the right is a 'Filing Information' section with a field for 'Out-of-state certificate number'. Below these are several yellow progress bars of varying lengths. At the bottom is a 'View Certificate' button with a 'View' button next to it. At the very bottom are four 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

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.



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# Un-Certifying Declined Cause Records

**Edit Information**

Un-certify and edit Medical Information **EDIT MI**

Un-sign and edit Personal Information **EDIT PI**

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.



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# 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



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# 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

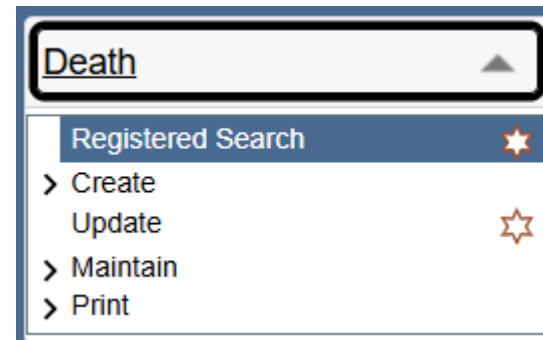
- Click the name of the form (e.g., Certificate Copy) you want to print from the Print submenu.
- Use the Search page to find the record you want to print on the form.
- Generate the document.



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# 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



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



# 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

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.



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# 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	<a href="#">Remove</a>
Time of death (TOD_4_FD)	01:01	01:15	<a href="#">Remove</a>

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

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

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.

Click Remove if you made a change in error.

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



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# Successful Transaction Page.

Successful Transaction	
Your transaction has been saved successfully.	
Record Details	
Decedent's First Name	[REDACTED]
Decedent's Last Name	[REDACTED]
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"/>	
<a href="#">Print</a>	
<a href="#">Main Menu</a>	<a href="#">Repeat Task</a>



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# Questions