

VERS Vital Event Registration System

Training

Funeral Home Professionals

February 2025



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. Funeral Home 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 medical certifier.
- OVR can still add facilities if needed (cemeteries, crematories, etc.)



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.

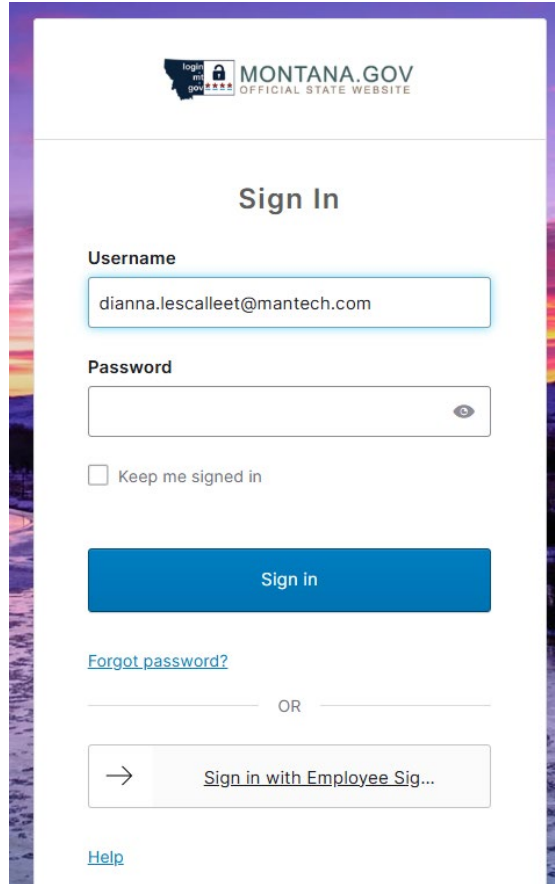


Funeral Home User Role



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Logging In



The screenshot shows the 'Sign In' page on the Montana.gov website. At the top, there is a logo for 'MONTANA.GOV OFFICIAL STATE WEBSITE' with a small 'login' icon. Below the logo, the text 'Sign In' is centered. The form includes a 'Username' field with the email 'dianna.lescalleet@mantech.com' entered, and a 'Password' field which is currently empty. There is a checkbox labeled 'Keep me signed in' which is unchecked. A blue 'Sign in' button is positioned below the password field. Below the button, there is a link for 'Forgot password?'. A horizontal line with 'OR' in the center separates the standard login fields from an alternative login method. Below this line, there is a button with a right-pointing arrow and the text 'Sign in with Employee Sig...'. At the bottom left of the form, there is a 'Help' link.

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.



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 Info⁶

Unassigned Medical Certifier¹

Missing Medical certification⁴

Declined Record²

Missing State Approval⁵

Missing Demographic Info

Search

Download

Print

Columns

Filter

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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1

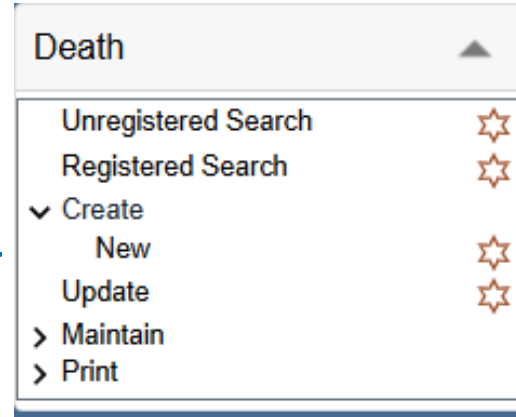
<

>

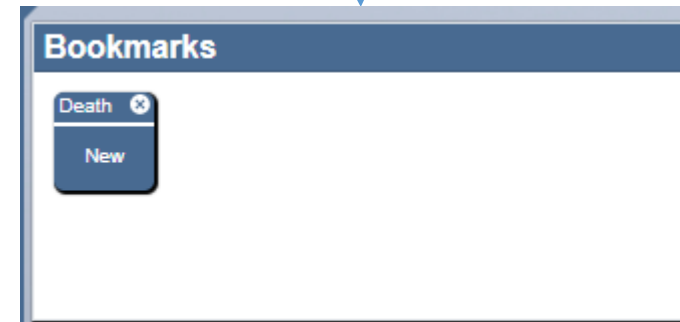


Dashboard: Menu Panel and Bookmarks

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.

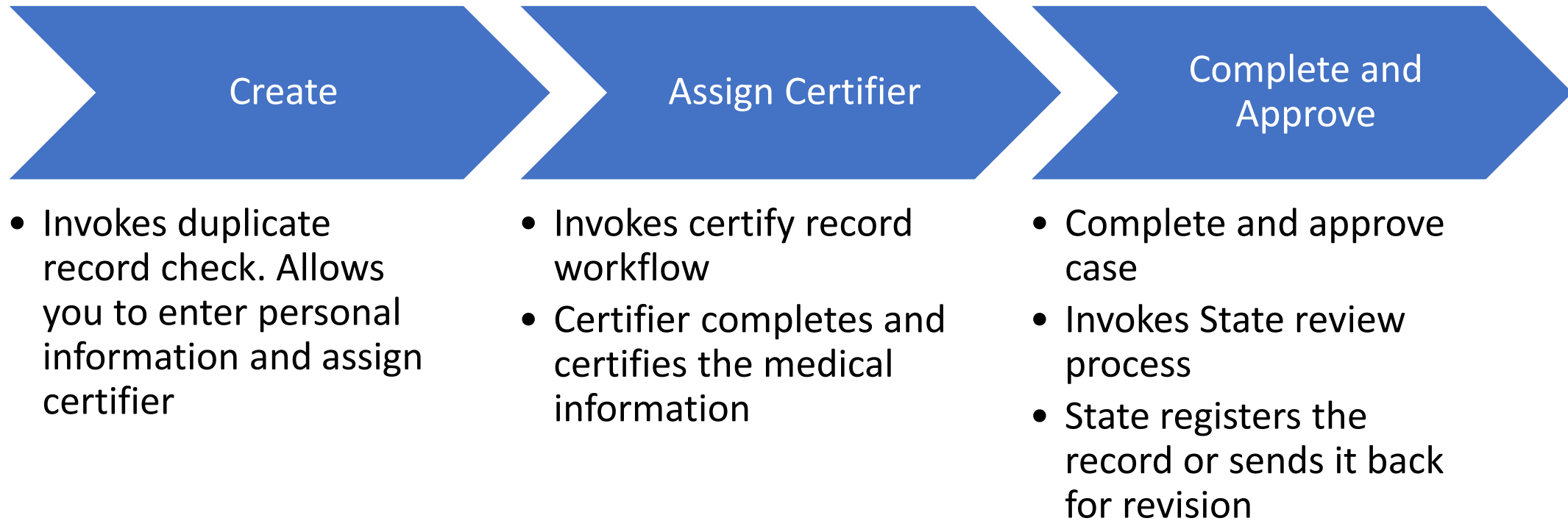


Record Workflow



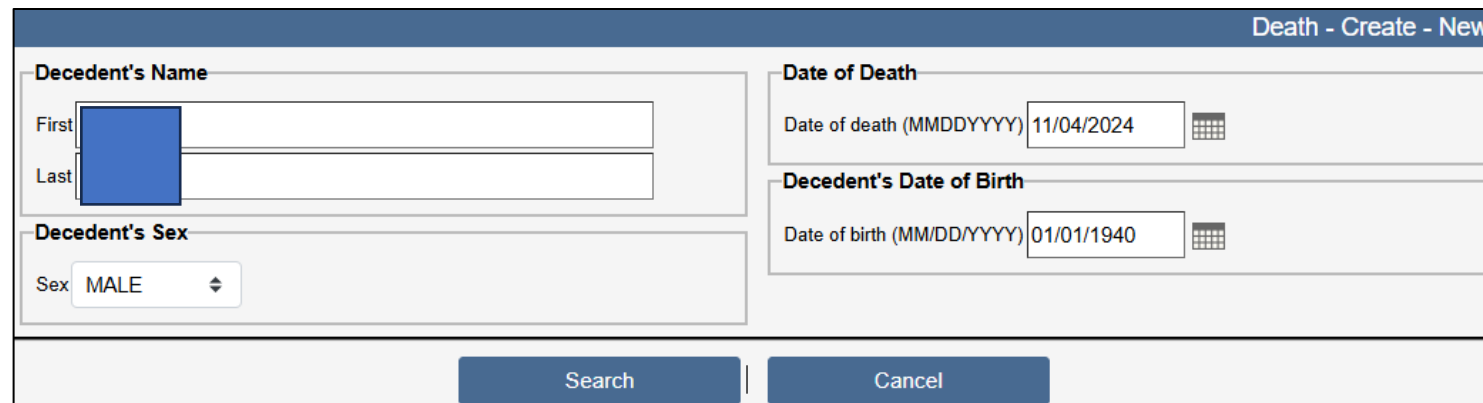
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Workflow



Creating Cases

1. Navigate to Death→Create→New or use your New Bookmark.
2. Enter the requested information.
3. Click the Search button.



The screenshot shows a web form titled "Death - Create - New". It is divided into several sections for data entry:

- Decedent's Name:** Contains two input fields, "First" and "Last", each preceded by a blue square icon.
- Decedent's Sex:** A dropdown menu labeled "Sex" with "MALE" selected.
- Date of Death:** A date input field labeled "Date of death (MMDDYYYY)" with the value "11/04/2024" and a calendar icon.
- Decedent's Date of Birth:** A date input field labeled "Date of birth (MM/DD/YYYY)" with the value "01/01/1940" and a calendar icon.

At the bottom of the form are two buttons: "Search" and "Cancel".



Tab 1: Demographic Information

Edit Information

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

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

☐ ME/coroner acting as funeral home

1. Decedent's Legal Name

First

Middle

Last

Suffix

Does decedent have AKAs?

☐ Prefer parent/parent

2. Decedent's Sex

Sex

3. Decedent's Social Security Number

SSN

Reason not available

Verification status

4. - 5. Decedent's Date of Birth and Age

Date of birth (MMDDYYYY)

Age measure

Age on last birthday - years

Age if under 1 year - months

Age if under 1 year - days

Age if under 1 day - hours

Age if under 1 day - minutes

- In the decedent's legal name section:
 - If the decedent has any AKA/alias, select YES to does decedent have akas? In this case, the decedent akas page opens when you click next so that you can enter the AKA/alias.
 - Check the prefer parent/parent checkbox if the informant wants parent/parent to be used when printing the certificate instead of mother/father.
- In the decedent's social security number section:
 - If you are not able to obtain the SSN, select the reason it is not available.
- In the decedent's date of birth and age section:
 - Select an age measure after you enter the date of birth. If the age measure is anything other than years, you will have to enter more information.
 - If the age measure is years, the age will be auto-calculated.
- When the first name, last name, sex, date of birth and social security number info is entered, this information will be sent for SSN verification when you save the record.



Tab 1: Demographic Information 2

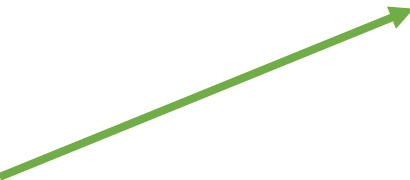
- Date modifier and time indicator are automatically set when you create a record. You can change these as needed.
- In the place of death section:
 - After you select the place of death and county, the other fields open for data entry.
 - Your selection of place of death determines whether the hospital list becomes enabled.
 - When you select from the hospital list, the name and address are populated for you.
 - If the facility is not listed in the drop down, select *hospital not in list* and enter the name and address manually.
 - Changing the place of death may remove the place of death name and address information previously entered.
 - If you select check if residence is the same as place of death, you will not be able to enter the place of death address. Instead, you will enter/modify the residence address on tab 3. This address will be copied for you to the place of death address fields.
 - If you check the check if death occur on a reservation checkbox, you can then select the reservation.

The screenshot shows a web form for demographic information. The top section is titled '29. - 30. Actual or Presumed Date and Time of Death'. It contains fields for 'Date of death (MMDDYYYY)' with a calendar icon, 'Date modifier' (dropdown menu), 'Time of death' (text input), 'Time indicator' (dropdown menu), and 'Time modifier' (dropdown menu). The bottom section is titled '14-17. Place of Death'. It contains fields for 'Place of death' (dropdown menu), 'Other - specify' (text input), 'Country' (dropdown menu), 'State' (dropdown menu), 'County' (dropdown menu), 'Hospitals' (dropdown menu), 'Facility name' (text input), 'Street and number' (text input), 'Apartment number' (text input), 'City list' (dropdown menu), 'City or town' (text input), 'Zip code' (text input), and 'Reservation' (dropdown menu). There are also checkboxes for 'Hospital not in list', 'Check if residence is the same as place of death address', and 'Check if death occur on a reservation'.

Tab 1B

Only shown if Tab 1 indicates that the decedent has AKAs.

Your answer to How many AKAs will you be adding determines how many AKA sections become available for data entry.



Number of AKAs being added
How many AKAs will you be adding?

First AKA
First name
Middle name
Last name
Suffix

Second AKA
First name
Middle name
Last name
Suffix

Third AKA
First name
Middle name
Last name
Suffix

Fourth AKA
First name
Middle name
Last name
Suffix

Fifth AKA
First name
Middle name
Last name
Suffix



Tab 2: Case Assignment Page - Left Side

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.

Allows you to transfer a case to another funeral home or assign it to a medical certifier.

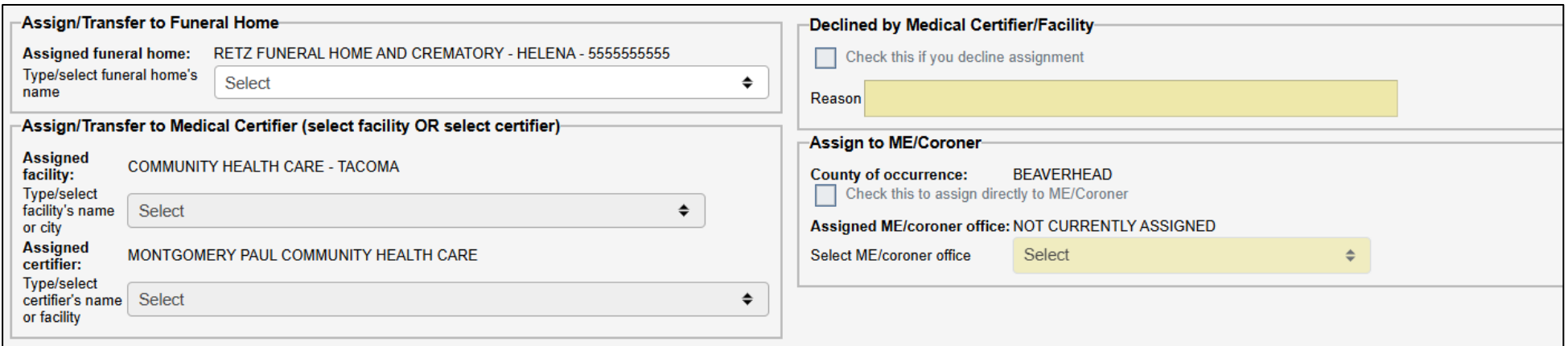
Tab 2: Case Assignment Page – Right Side

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

Declined by Medical Certifier/Facility	
<input type="checkbox"/>	Check this if you decline assignment
Reason	
Assign to ME/Coroner	
County of occurrence:	BEAVERHEAD
<input type="checkbox"/>	Check this to assign directly to ME/Coroner
Assigned ME/coroner office: NOT CURRENTLY ASSIGNED	
Select ME/coroner office	Select

Allows you to see information entered by a certifier who declined to certify a record and allows you to refer a case to an ME/coroner.

Tab 2: Case Assignment Page (showing assignments)



The screenshot displays a web form for case assignment. It is divided into two main columns. The left column contains two sections: 'Assign/Transfer to Funeral Home' and 'Assign/Transfer to Medical Certifier (select facility OR select certifier)'. The right column contains two sections: 'Declined by Medical Certifier/Facility' and 'Assign to ME/Coroner'. Green arrows point to the first three sections.

Assign/Transfer to Funeral Home

Assigned funeral home: RETZ FUNERAL HOME AND CREMATORY - HELENA - 5555555555
Type/select funeral home's name: Select

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

Assigned facility: COMMUNITY HEALTH CARE - TACOMA
Type/select facility's name or city: Select

Assigned certifier: MONTGOMERY PAUL COMMUNITY HEALTH CARE
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: NOT CURRENTLY ASSIGNED
Select ME/coroner office: Select

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

Tab 3: Demographics Continued

6. Birthplace

☐ Unknown place of birth

Country

State/Province

City list

City

7. Decedent's Residence

Complete number and street

Apartment number

Country

State/Province

County

Tribal reservations

Name of reservation

City list

City or town

Zip code

Inside city limits?

8. US Armed Forces

Was decedent ever in US armed forces?

9. Marital Status at Time of Death

Marital status

Verification required

10. Surviving Spouse's Name

☐ Unknown

First

Middle

Last (if wife, last name prior to first marriage)

Suffix

11. Father's Name

☐ Unknown

First

Middle

Last

Suffix

12. Mother's Name

☐ Unknown

First

Middle

Last name before first marriage

Suffix



Tab 4 Sections – Left side

51. Decedent's Education

Highest degree or level of school

Verification required

52. Decedent's Hispanic Origin

☐ No, not Spanish/Hispanic/Latino

☐ Yes, Mexican, Mexican American, Chicano

☐ Yes, Puerto Rican

☐ Yes, Cuban

☐ Yes, other Spanish/Hispanic/Latino (e.g. Spaniard, Salvadoran, Dominican, Colombian)

Hispanic list

.....Specify other Spanish/Hispanic/Latino

☐ Unknown if Spanish/Hispanic/Latino

☐ Not obtainable

☐ Refused

54. Decedent's Occupation

Indicate type of work done during most of working life.
DO NOT USE "RETIRED."

Usual occupation

55. Kind of Business/Industry

Do not enter the name of the business.

Kind of business/industry

- In the Hispanic Origin section:
 - Select (check) all pertinent checkboxes.
 - If you select Yes, other Spanish/Hispanic/Latino, enter additional information in the Specify other textbox.



Tab 4 Sections – Right side

- In the Race section:
 - Select (check) all pertinent checkboxes.
 - Enter additional information in the textboxes as needed.

53. Decedent's Race

Check all that apply

☐ White

☐ Black or African American

☐ American Indian or Alaska Native

Indian tribe list

.....Specify first tribe

Indian tribe list

.....Specify second tribe

☐ Asian

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian

Asian list

.....Specify first other Asian

Asian list

.....Specify second other Asian

☐ Pacific Islander

☐ Native Hawaiian

☐ Guamanian or Chamorro

☐ Samoan

☐ Other Pacific Islander

Pacific Islander list

.....Specify first other Pacific Islander

Pacific Islander list

.....Specify second other Pacific Islander

☐ Other race

Other race list

.....Specify first other race

Other race list

.....Specify second other race

☐ Unknown

☐ Not obtainable

☐ Refused



Tab 5 Sections – Left side

13. Informant's Name/Relationship/Mailing Address

First name

Middle name

Last name

Suffix

Relationship to decedent

If other, specify relationship

☐ Copy decedent's residence address to informant's address

Street and number (or rural route number)

Apartment number

Country

State/Province

City list

City or town

Zip code

18. Method of Disposition

Method of disposition

Other - specify

19-20. Place of Disposition

Cemeteries/Crematories/Entombments

Name of cemetery, crematory or other place

Country

State/Province

County

City list

City or town

☐ Home burial

Address and/or coordinates

- In the informant's name/relationship/mailling address section:
 - If the relationship of the informant to the decedent is not listed, select other, and then enter the unlisted relationship in the other – specify relationship textbox.
 - If the informant shared the same residence as the decedent, select (check) the copy decedent's residence address to informant's address checkbox to avoid re-entering the same information.
- In the method of disposition section your selection of the method determines what fields open in the place of disposition section.
 - If the method is burial, cremation or entombment, you can select the place from the cemeteries/crematories/entombments list or enter the name and address manually.
 - If the method is body not recovered or unknown, you cannot enter name and address information.
- In the place of disposition section, you must enter the address and/or coordinates for home burials when you select the home burial checkbox.



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

Saving Your Record

- Click the Finish button at the bottom of any page.
- If the record does not pass review, a warning page opens.

Click link to return
to the record now.



MTVRVWEB Warning	
The record you are trying to save is UNFINISHED.	
All of the following fields are required for a FINISHED record.	
ATTN: FUNERAL DIRECTOR OR PERSON ACTING AS SUCH - The following information must be entered to complete the personal information. Fix all the following:	
Decedent's Hispanic origin	Field Group Description: Decedent's Hispanic origin must be selected. If Other is checked, enter the specifics.
Decedent's race	Field Group Description: At least one Race is to be selected for Decedent.
Save (as Pending)	

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

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	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="Return to Record"/>	
<input type="button" value="Main Menu"/>	<input type="button" value="Repeat Task"/>



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

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.

Print Proof Copy

Generate Document

Continue

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.



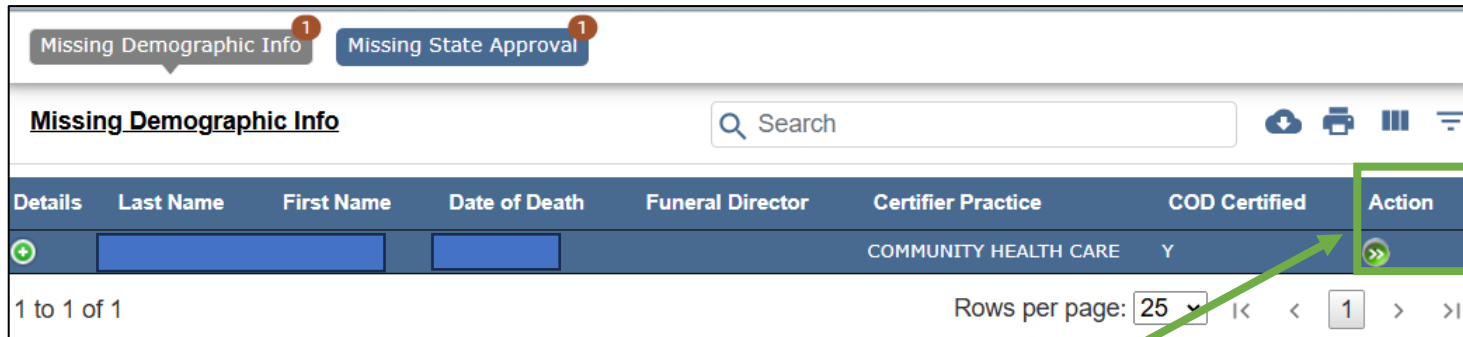
If you do not want to print any listed document, do *not* press the Print button.

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



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Updating Records



Details	Last Name	First Name	Date of Death	Funeral Director	Certifier Practice	COD Certified	Action
					COMMUNITY HEALTH CARE	Y	

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

- Click the double arrow for your record (Action column) on the Missing Demographic Info queue. This can only be done for records that are not registered with the State.
- Update it and save your changes.



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



Complete and Approve a Record

NOTE: Approve Button is the “complete button” meaning you are sending it to the State to be filed.



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Warning Page

If you see this page when you click Finish, it means that the record is still incomplete and/or the certifier has not yet certified the medical information. The record must be complete before you can file it.

MTVRVWEB Warning
The record you are trying to save is UNFINISHED. All of the following fields are required for a FINISHED record.
ATTN: FUNERAL DIRECTOR OR PERSON ACTING AS SUCH - The following information must be entered to complete the personal information. Fix following:
Medical information must be certified Field Group Description: Reminder: The medical information must be certified before this record can be approved.
Save (as Pending)

When all required information is entered and the medical information is certified, you will not see a Warning page but will go directly to the Successful Transaction page.



Successful Transaction: Approval Process

Successful Transaction	
Your transaction has been saved successfully.	
Record Details	
Decedent's First Name	
Decedent's Last Name	
Date of death	
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 ready for State review.



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Ready for Approval

Records ready for the funeral director to review/approve are shown on their Approve queue.

Missing Demographic Info⁶ Unassigned Medical Certifier¹ Missing Medical certification⁴ Approve² Declined Record² Miss¹ >

Approve Search

Details	Last Name	First Name	Date of Death	Funeral Director	Certifier Practice	COD Certified	Action
	<div></div>			JOHN KRAKE	COMMUNITY HEALTH CARE	Y	
				JOHN KRAKE	COMMUNITY HEALTH CARE	Y	

1 to 2 of 2 Rows per page: 25 < > 1 > >|

When the funeral director clicks the Finish button, they will have the option to Approve.
Approved records are sent to the State for a review before filing.

Tab 10 or Declined Queue: Record Review and Filing

State Review	Filing Information
<input type="checkbox"/> Check to decline demographics	Out-of-state certificate number <input type="text"/>
<input type="checkbox"/> Check to decline COD	Date of registration <input type="text"/>
State Comments <div>State comments <input type="text"/></div> <div>0 / 250</div>	State file number <input type="text"/>
	Volume number <input type="text"/>
	Page number <input type="text"/>
	Delayed death <input type="text" value="N"/>
	Local registrar list <input type="text" value="Select"/>
	Local registrar name <input type="text"/>
View Certificate <input type="button" value="View"/>	



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.

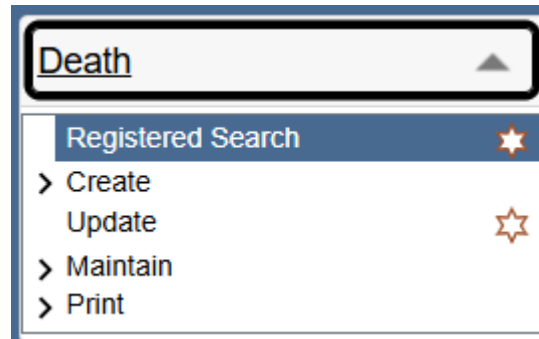
Populated Forms

- 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"/>	



Canceling Records



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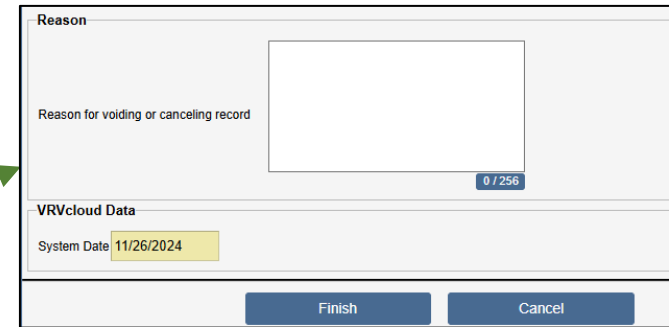
About Canceling Records

- You can cancel a record if
 - The decedent's SSN has not been verified.
 - It is not registered/filed.



How to Cancel Unfiled Records

1. In the Menu panel navigate to (i.e., click) Death → Maintain → Cancel.
2. Use the Search Criteria page to find the record you want to Cancel, view details.
3. Click Continue on the Record Details.
4. Enter your reason for cancelling and click Finish.
5. Click Main Menu or Repeat Task.



A screenshot of a web form titled 'Reason'. It contains a text area labeled 'Reason for voiding or canceling record' with a character count '0 / 256' at the bottom right. Below the text area is a section labeled 'VRVcloud Data' containing a 'System Date' field with the value '11/26/2024'. At the bottom of the form are two buttons: 'Finish' and 'Cancel'.



A screenshot of a confirmation message box. The top bar is blue with the text 'Successful Transaction'. Below it, the message 'Your transaction has been saved successfully.' is displayed. At the bottom, there are two buttons: 'Main Menu' and 'Repeat Task'.

Reminder: You can only cancel records you own and the SSN is not verified and record is not registered.



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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 2

Successful Transaction	
Your transaction has been saved successfully.	
Record Details	
Decedent's First Name	
Decedent's Last Name	
Date of death	
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 checked="" type="radio"/>	
<div>Print</div>	
<div>Main Menu</div>	<div>Repeat Task</div>



Questions?



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