

# VERS Vital Event Registration System

## Training

Funeral Home Professionals

February 2025



DEPARTMENT OF  
**PUBLIC HEALTH &**  
**HUMAN SERVICES**



# Introduction



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# 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)



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

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



# Funeral Home User Role



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# 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.



# Dashboard

Menu panel:  
Click Death to  
expand the  
death menu.

System Administrator  
RETZ FUNERAL HOME AND CREMATORIAL  
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 6 Unassigned Medical Certifier 1 Missing Medical certification 4 Declined Record 2 Missing State Approval 5

Missing Demographic Info

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	

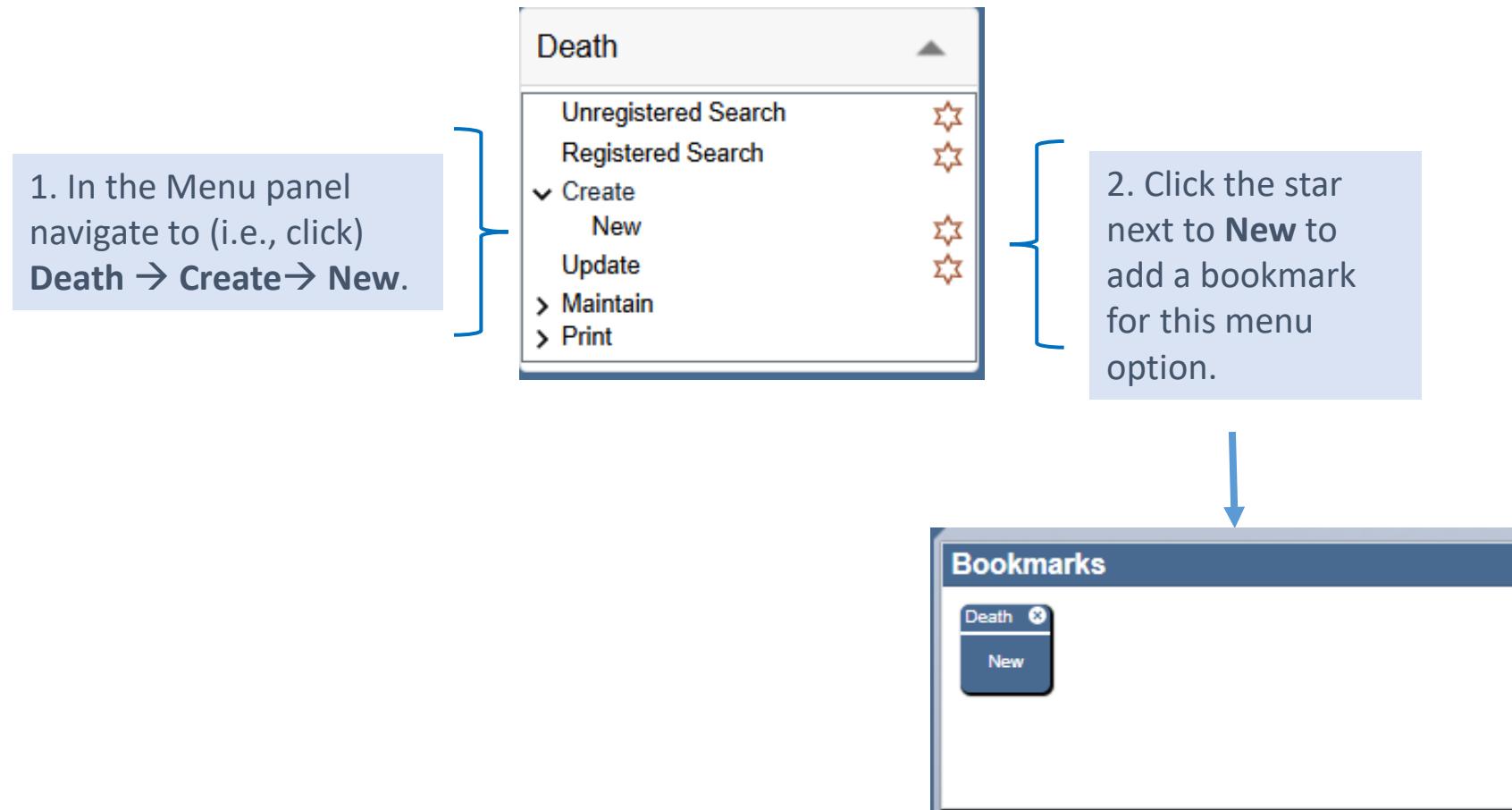
1 to 6 of 6

Rows per page: 25



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# 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.



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Record Workflow

# Workflow



- Invokes duplicate record check. Allows you to enter personal information and assign certifier
- Invokes certify record workflow
- Certifier completes and certifies the medical information
- Complete and approve case
- Invokes State review process
- State registers the record or sends it back for revision



# Creating Cases

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

Death - Create - New

<b>Decedent's Name</b> First <input type="text"/> Last <input type="text"/>	<b>Date of Death</b> Date of death (MMDDYYYY) <input type="text" value="11/04/2024"/> <input type="button" value="Calendar"/>
<b>Decedent's Sex</b> Sex <input type="button" value="MALE"/>	<b>Decedent's Date of Birth</b> Date of birth (MM/DD/YYYY) <input type="text" value="01/01/1940"/> <input type="button" value="Calendar"/>
<input type="button" value="Search"/>   <input type="button" value="Cancel"/>	



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# 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  Select  
Does decedent have AKAs?  Select  
 Prefer parent/parent

**2. Decedent's Sex**

Sex  MALE

**3. Decedent's Social Security Number**

SSN   
Reason not available  Select  
Verification status  Select

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

Date of birth (MMDDYYYY)   
Age measure  Select  
Age on last birthday - years   
Age if under 1 year - months  Select  
Age if under 1 year - days  Select  
Age if under 1 day - hours  Select  
Age if under 1 day - minutes  Select

- 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.

29. - 30. Actual or Presumed Date and Time of Death

Date of death (MMDDYYYY)	10/23/2024	<input type="button" value="Calendar"/>
Date modifier	ACTUAL	<input type="button" value="▼"/>
Time of death		
Time indicator	Military	<input type="button" value="▼"/>
Time modifier	Select	<input type="button" value="▼"/>

14-17. Place of Death

Place of death	Select
Other - specify	
Country	UNITED STATES
State	MONTANA
County	Select
Hospitals	Select
<input type="checkbox"/> Hospital not in list	
<input type="checkbox"/> Check if residence is the same as place of death address	
Facility name	
Street and number	
Apartment number	
City list	Select
City or town	
Zip code	
<input type="checkbox"/> Check if death occur on a reservation	
Reservation	Select



# 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? 2

**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

Previous Next Finish Cancel



# Tab 2: Case Assignment Page - Left Side

<b>Assign/Transfer to Funeral Home</b>	
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"/>
<b>Assign/Transfer to Medical Certifier (select facility OR select certifier)</b>	
Assigned facility:	<input type="text" value="Select"/>
Type/select facility's name or city	<input type="text" value="Select"/>
Assigned certifier:	<input type="text" value="Select"/>
Type/select certifier's name or facility	<input type="text" value="Select"/>

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.



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# 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.

<b>Declined by Medical Certifier/Facility</b>	
<input type="checkbox"/> Check this if you decline assignment	
Reason	<input type="text"/>
<b>Assign to ME/Coroner</b>	
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	<input type="button" value="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.



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Tab 2: Case Assignment Page (showing assignments)



→

→

→

<b>Assign/Transfer to Funeral Home</b> Assigned funeral home: RETZ FUNERAL HOME AND CREMATORY - HELENA - 5555555555 Type/select funeral home's name Select	<b>Declined by Medical Certifier/Facility</b> <input type="checkbox"/> Check this if you decline assignment Reason
<b>Assign/Transfer to Medical Certifier (select facility OR select certifier)</b> Assigned facility: COMMUNITY HEALTH CARE - TACOMA Type/select facility's name or city Select	<b>Assign to ME/Coroner</b> 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
Assigned certifier: MONTGOMERY PAUL COMMUNITY HEALTH CARE Type/select certifier's name or facility 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.



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# 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.



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# 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  Select

Relationship to decedent  Select

If other, specify relationship

Copy decedent's residence address to informant's address

Street and number (or rural route number)

Apartment number

Country  UNITED STATES

State/Province  Select

City list  Select

City or town

Zip code

18. Method of Disposition

Method of disposition  Select

Other - specify

19-20. Place of Disposition

Cemeteries/Crematories/Entombments  Select

Name of cemetery, crematory or other place

Country  Select

State/Province  Select

County  Select

City list  Select

City or town

Home burial

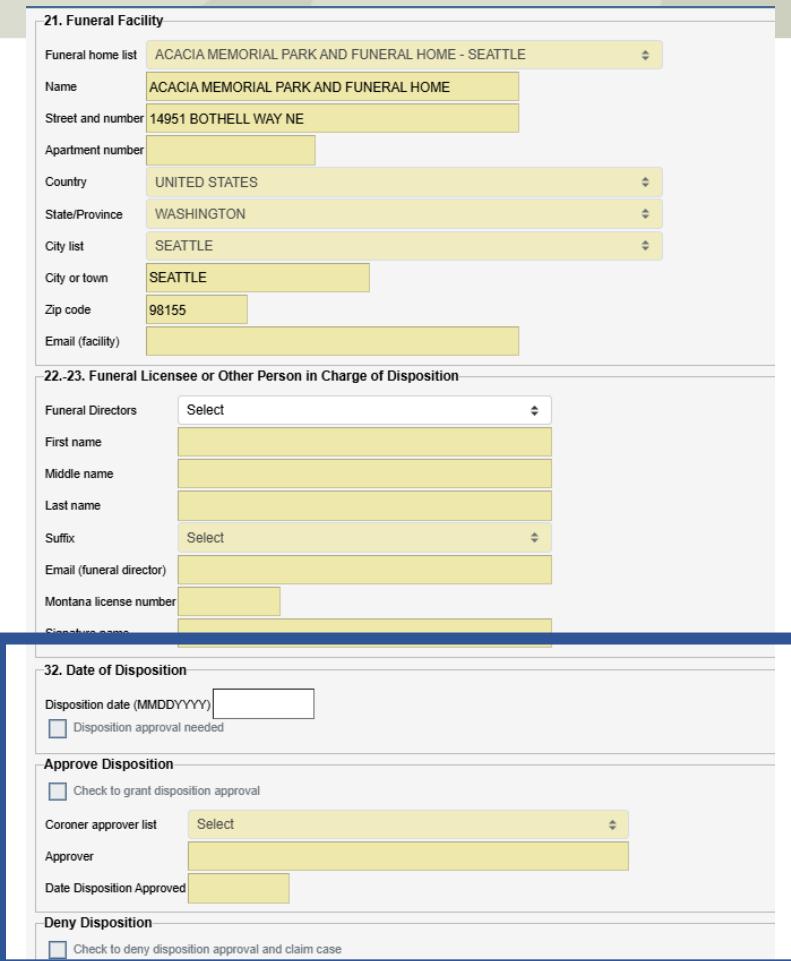
Address and/or coordinates

- In the informant's name/relationship/mailing 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.

MTVRWEB 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

<b>Successful Transaction</b>	
Your transaction has been saved successfully.	
<b>Record Details</b>	
Decedent's First Name	[Redacted]
Decedent's Last Name	[Redacted]
Date of death	10/29/2024
Record ID	11896769
<b>Print Confirmation</b>	
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"/>	
<b>Print</b>	
<b>Other Options</b>	
Following options are available:	
<b>Return to Record</b>	
<b>Main Menu</b>	
<b>Repeat Task</b>	



# 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**

3. Click Generate Document.

**Continue**

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](#).



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Updating Records

Details	Last Name	First Name	Date of Death	Funeral Director	Certifier Practice	COD Certified	Action
<a href="#">+</a>					COMMUNITY HEALTH CARE	Y	

- 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.



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Complete and Approve a Record

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

# 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.



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Successful Transaction: Approval Process

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

**Record Details**

Decedent's First Name	[REDACTED]
Decedent's Last Name	[REDACTED]
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:  Skip this print option:

ART form:  Skip this print option:

**Print**

**Other Options**  
Following options are available:

**Approve** **Return to Record**

**Main Menu** **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.

**Continue** **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

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

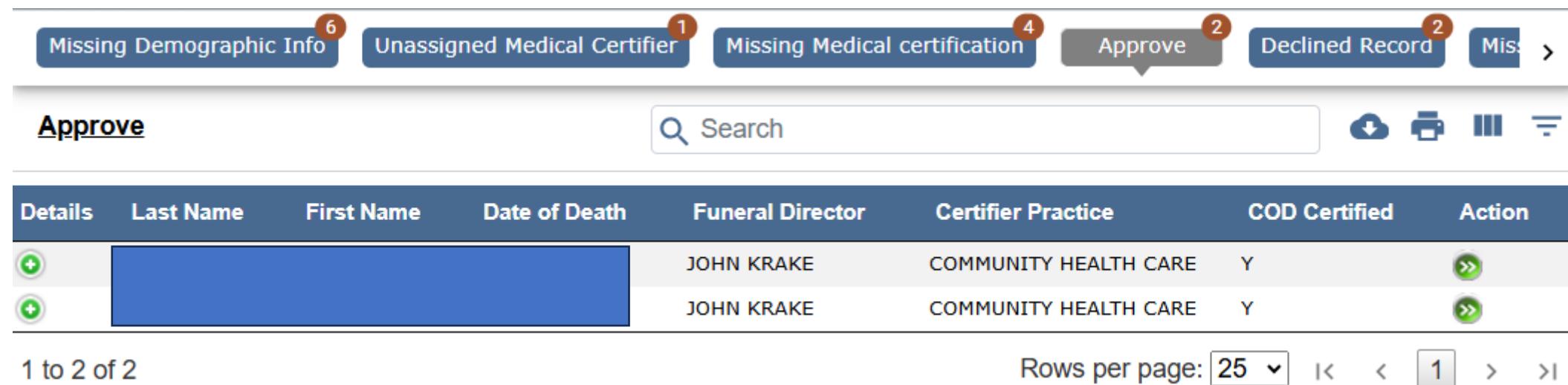
Reminder: Approved records are ready for State review.



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Ready for Approval

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



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

1 to 2 of 2

Rows per page: 25

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.



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Tab 10 or Declined Queue: Record Review and Filing

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



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Finding and Printing Records

View, Update, and Print



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# 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



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# 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

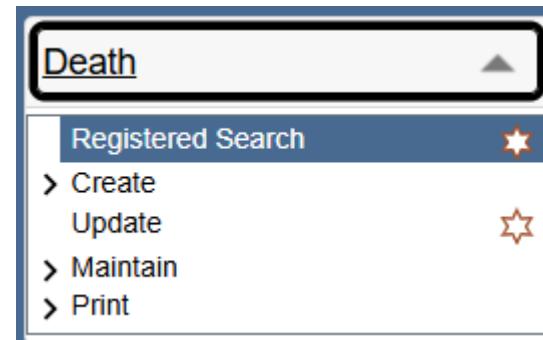
- Click the name of the form (e.g., Certificate Copy) you want to print from the Print submenu.
- Use the Search page to find the record you want to print on the form.
- Generate the document.



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# 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



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# 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"/>	



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Canceling Records



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# About Canceling Records

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



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# How to Cancel Unfiled Records

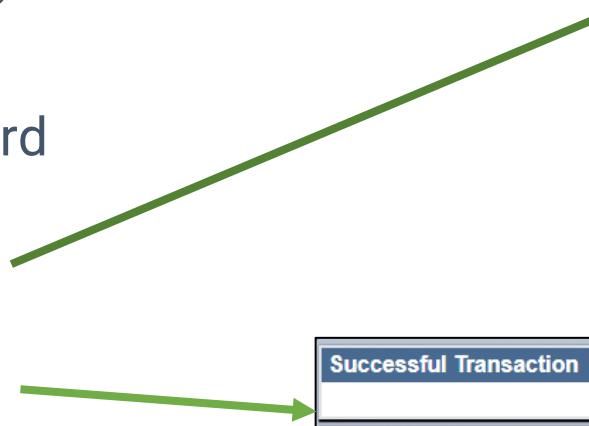
1. In the Menu panel navigate to (i.e., click) Death → Maintain → Cancel.
2. Use the Search Criteria page to find the record you want to Cancel, view details.
3. Click Continue on the Record Details.
4. Enter your reason for cancelling and click Finish.
5. Click Main Menu or Repeat Task.



Reason  
Reason for voiding or canceling record  
0 / 256

VRVcloud Data  
System Date 11/26/2024

Finish Cancel



Successful Transaction  
Your transaction has been saved successfully.

Main Menu Repeat Task

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



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Amending Registered Records



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# 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.



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# 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.



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# 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 type="radio"/>	
<a href="#">Print</a>	
<a href="#">Main Menu</a>	<a href="#">Repeat Task</a>



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Questions?



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES