

VERS (Vital Event Registration System) Training

Medical Certifiers

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. Medical Certifier 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 physician/HIM in the system.



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@sph.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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Medical Certifier 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

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	

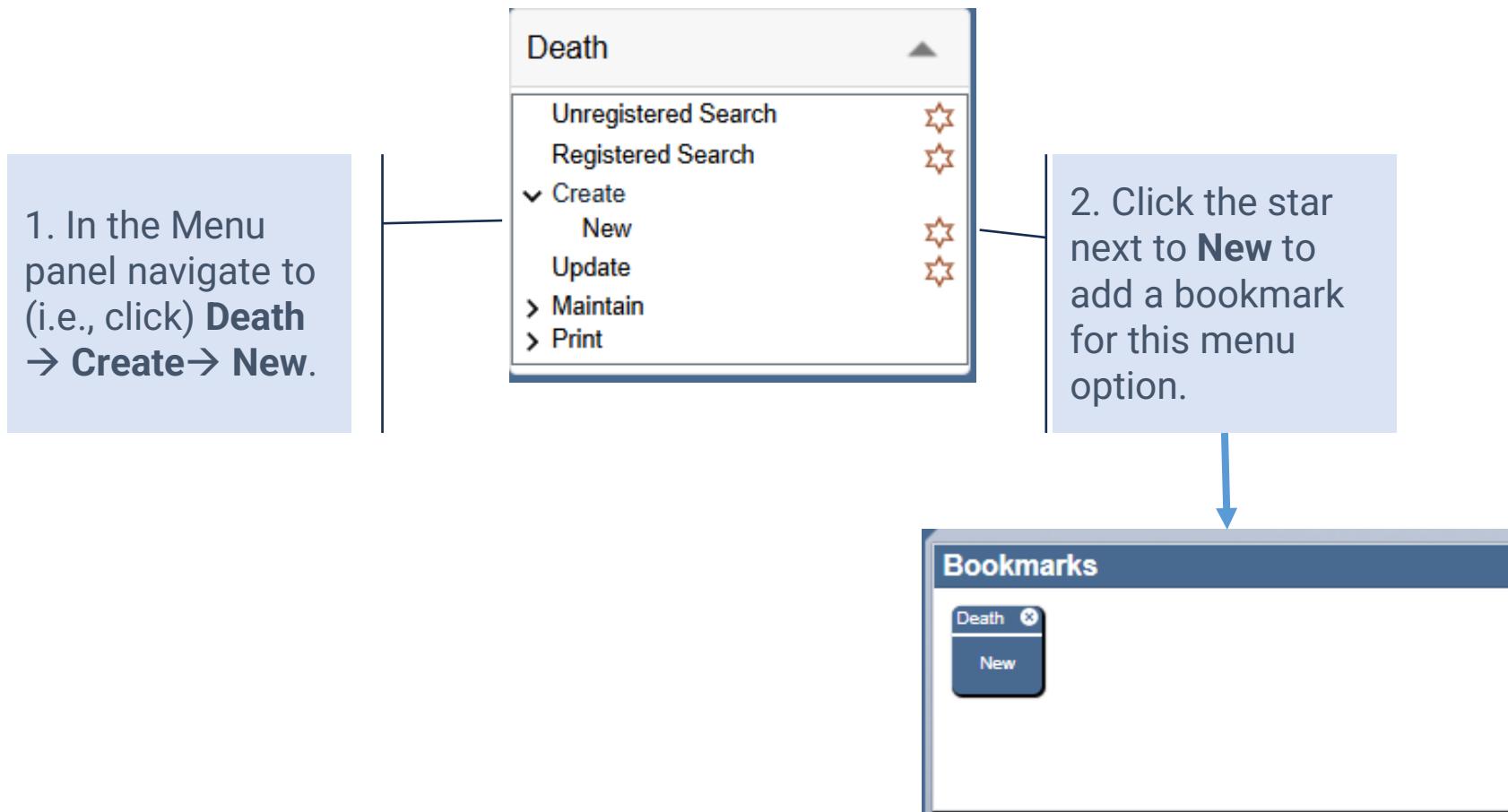
1 to 6 of 6

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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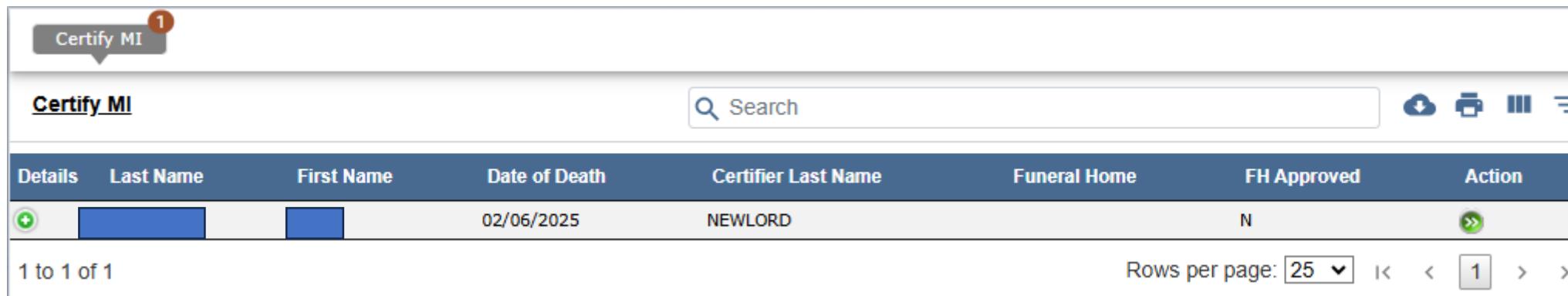
Entering Cause and Manner of Death Information & Record Flow



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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
			02/06/2025	NEWLORD		N	

1 to 1 of 1 Rows per page: 25

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



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



Tab 6 Sections – Left side

45. Person Completing Cause of Death (i.e. Certifier)	
Certifier designation	Medical Examiner/Coroner
Physicians	Select
ME/coroners	Select
ME case number	<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 and address and email information is populated when you select a Coroner.
 - The ME case number is optional.
- Information in the certifier's address section is automatically set based on you 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

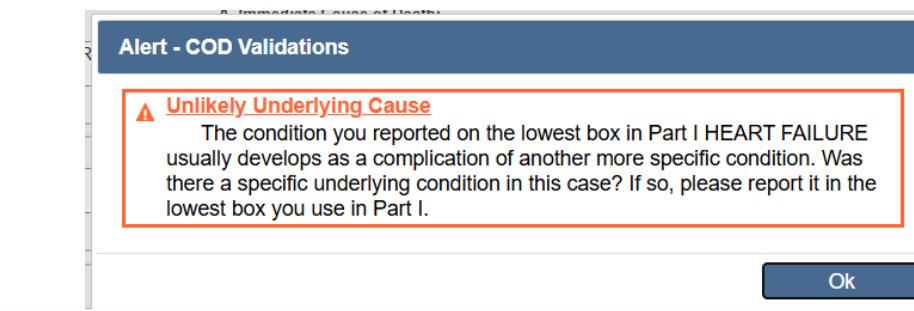
31. ME/Coroner Contacted?

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 8 Sections

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

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

33-34. Autopsy Was an autopsy performed? <input type="button" value="Select"/> Were autopsy findings available to complete the cause of death? <input type="button" value="Select"/>	36. Pregnant at the Time of Death? <input checked="" 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"/> I confirm the option selected above is based on the best available information at this time.	37. Manner of Death Manner of death <input type="button" value="Select"/>
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Tab 9 Sections – Left side

38. Injury - Date
Date of injury (mm/dd/yyyy) <input type="text" value="10/01/2024"/>
Modifier <input type="text" value="ACTUAL"/>
39. Injury - Time
Time of injury <input type="text"/>
Time indicator <input type="text" value="Military"/>
Time modifier <input type="text" value="Select"/>
40. Injury - Place
Place of injury (e.g. decedent's home, construction site, restaurant, wooded area) <input type="text"/>
41. Injury - Work
Injury at work? <input type="text" 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.



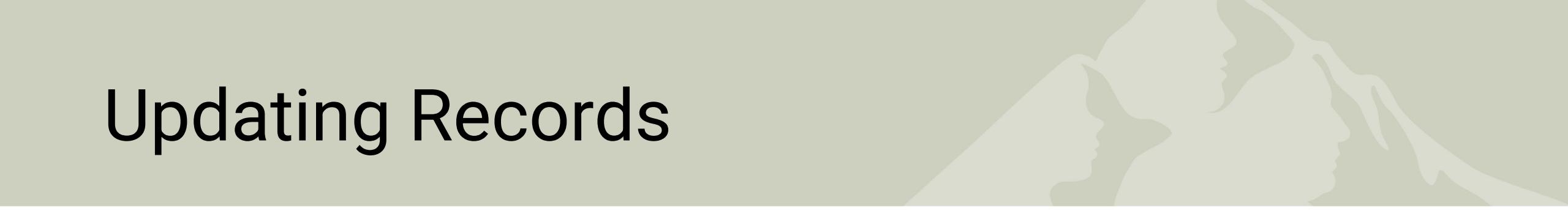
If you do not want to print any listed document, do *not* press the Print button.

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



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Updating Records



Missing Demographic Info ² Missing Medical Info ³ Declined Record ¹

Missing Medical Info Search Cloud Print Print Print

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 (Tab 2)



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Case Assignment Page - Left Side

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

Assign/Transfer to Funeral Home

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

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

Assigned facility:
Type/select facility's name or city

Assigned certifier:
Type/select certifier's name or facility

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



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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: 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 Select



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Certify and Approve Record



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Warning Page

If you see this page when you click Finish, it means that the record is still incomplete. If you see the ATTN: MEDICAL CERTIFIER section, the medical information is not complete and, therefore, not ready to be certified.

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:

Informant's relationship to decedent
Field Group Description: Select the relationship of the informant to the decedent. If the relationship is not listed, select Other and enter the specifics.

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

Pronouncement Information - Date, time, time indicator
Field Group Description: Date pronounced, time and time indicator are required.

Save (as Pending)

When you no longer see the ATTN: MEDICAL CERTIFIER section, will see the Successful Transaction page with additional options when you click Save (as Pending).



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Successful Transaction Page: Other Options (Certify)

When the medical portion of a record is complete and you go to the Successful Transaction page, you will see a ready to certify button or a certify now button in the Other Options section based on your user role.

Ready to Certify Button (data entry role)

Successful Transaction
Your transaction has been saved successfully.

Record Details
Decedent's First Name [Redacted]
Decedent's Last Name [Redacted]
Date of death 01/06/2025
Record ID 11981774

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:

READY TO CERTIFY 

Return to Record

Main Menu Repeat Task

Press to Certify Button (certifying physician role)

Successful Transaction
Your transaction has been saved successfully.

Record Details
Decedent's First Name [Redacted]
Decedent's Last Name [Redacted]
Date of death 01/06/2025
Record ID 11981774

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:

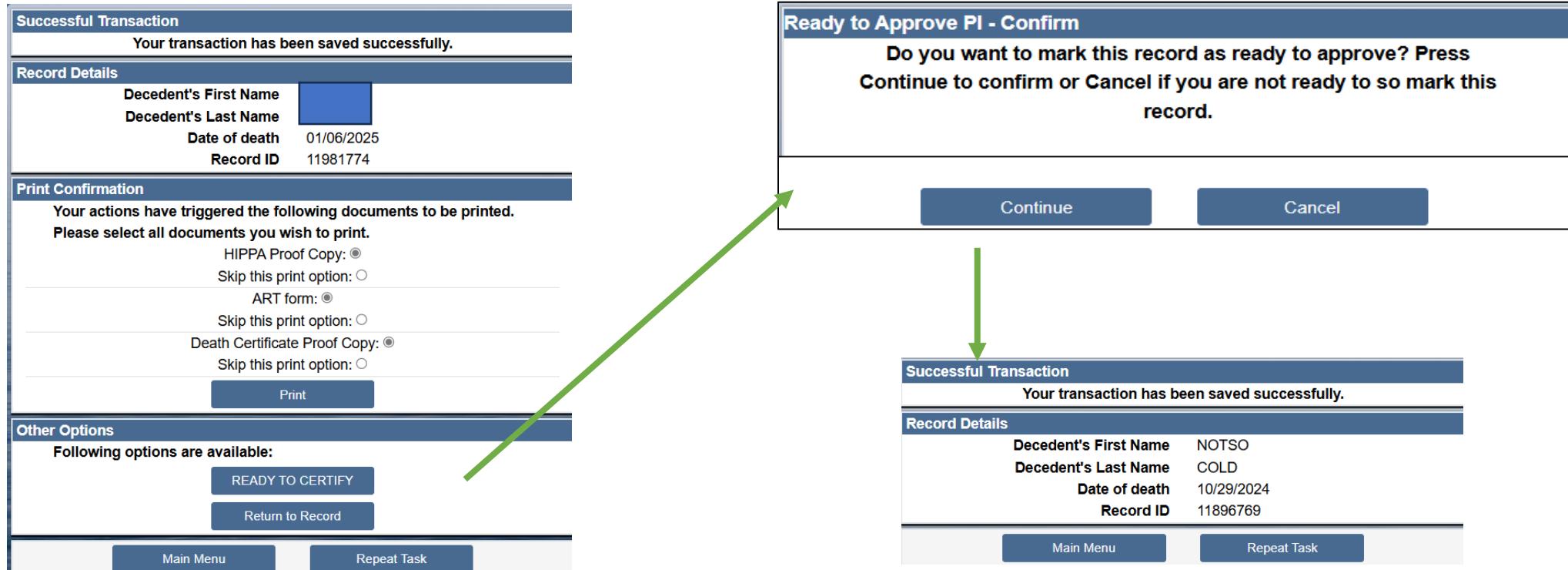
PRESS TO CERTIFY 

Return to Record

Main Menu Repeat Task



Certification Workflow (Data Entry Staff)



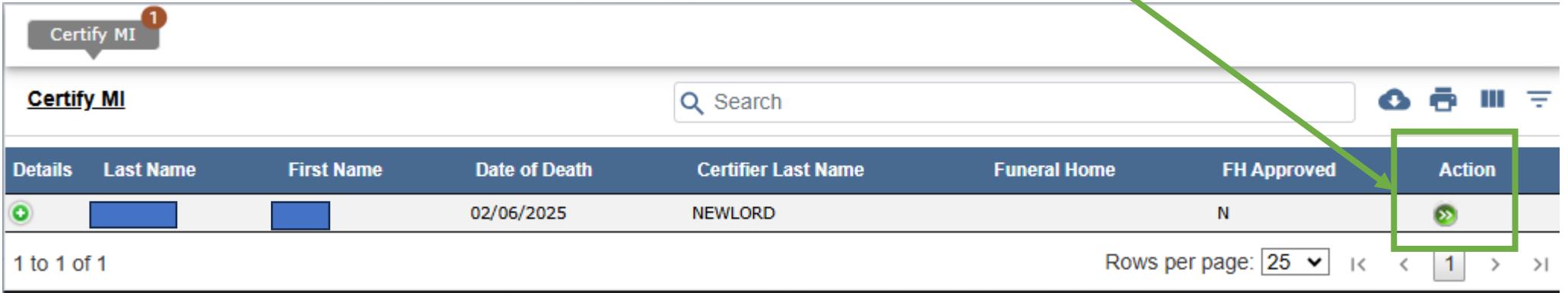
Note: Records ready to certify are added to the certifying physician's Certify MI queue.



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Physician's Certify MI Queue

Records ready for certification are shown on the Certify MI queue. Certifying physicians can begin the certification workflow from this queue by clicking the double arrow for a record in the Action column to open the record.

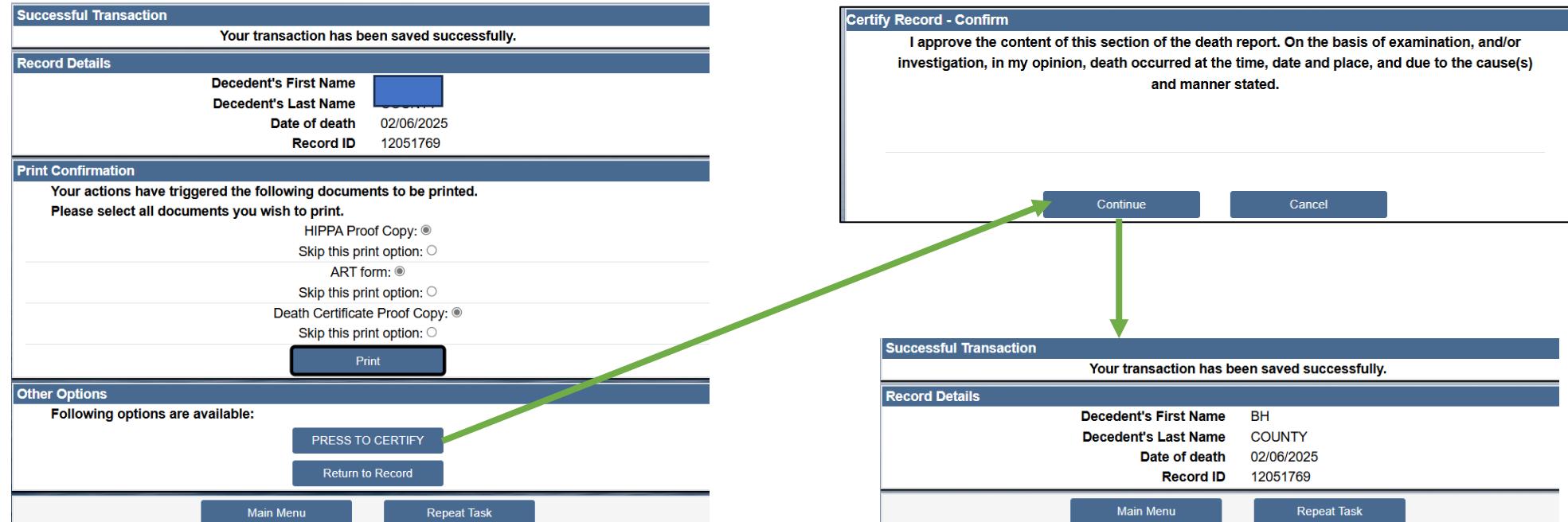


Details	Last Name	First Name	Date of Death	Certifier Last Name	Funeral Home	FH Approved	Action
			02/06/2025	NEWLORD		N	

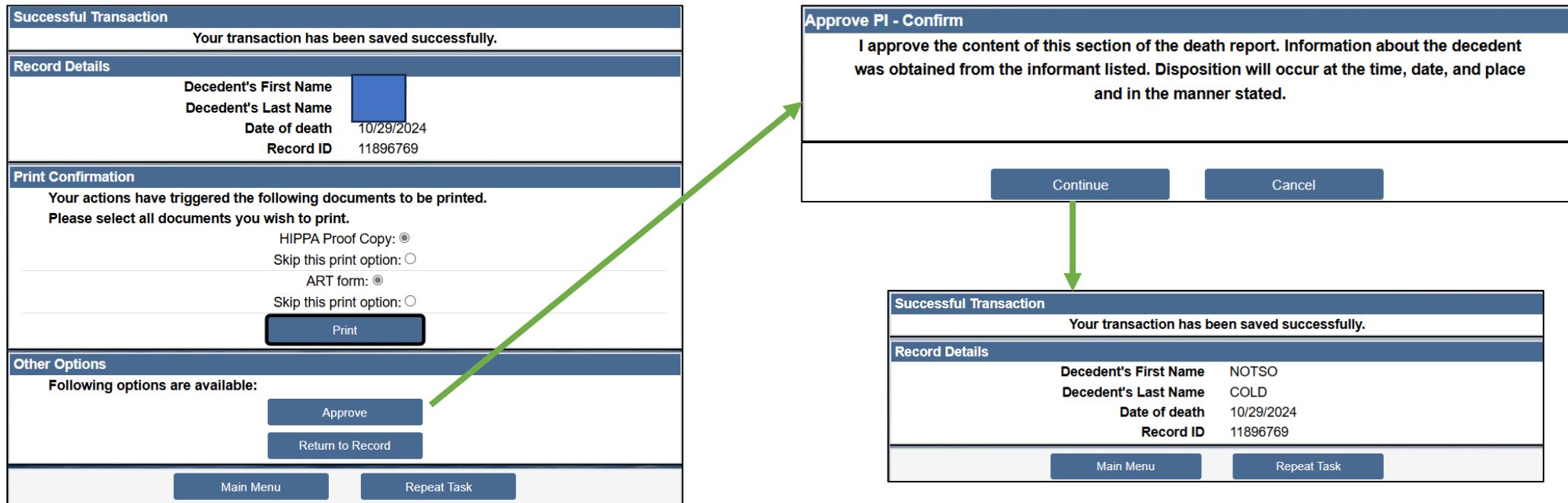
Review the record and click the Finish button at the bottom of any page and click Save (as Pending) on the Warning page. If the medical information is complete, you will see the certify button on the Successful Transaction page.



Certification Workflow (Certifying Physician)



Approval Workflow (Certifying Physician)



Reminder: Approved records are sent to Funeral Home and to State for review.



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State Record Review



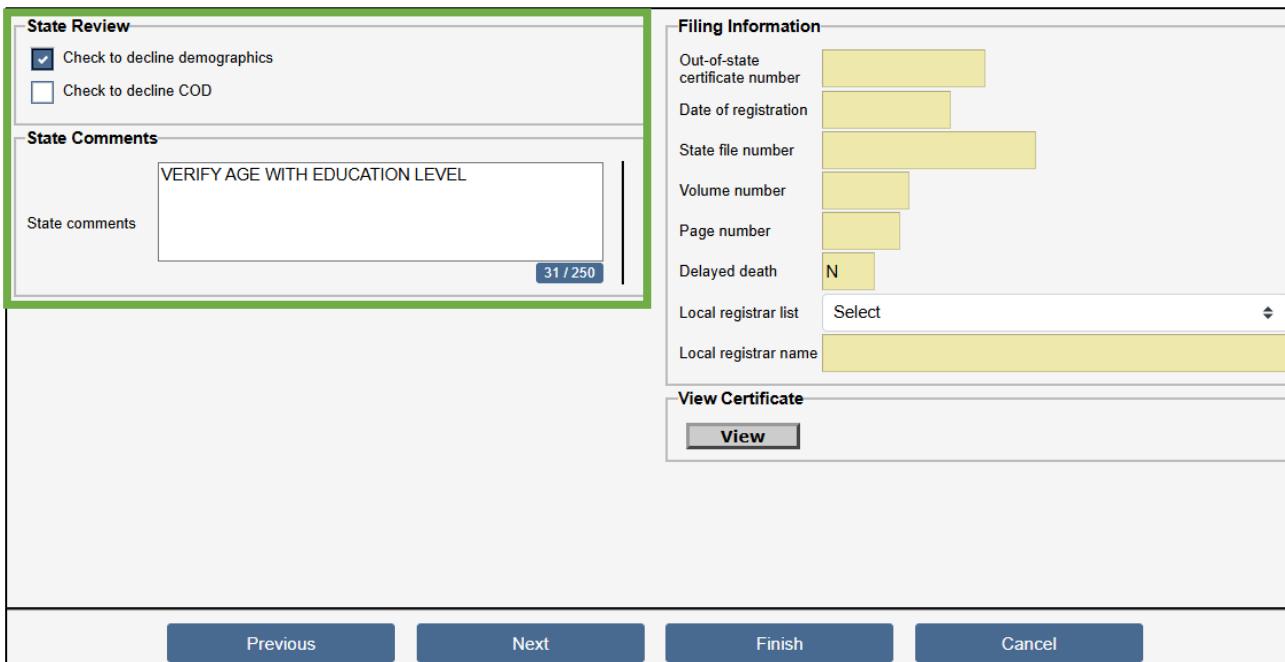
Once the record is sent to the State by the funeral home, the State reviews the record. The state can send back the record for corrections before it is filed allowing for less online amendments.



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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 death record. On the left, the 'State Review' tab is active, displaying two checkboxes: 'Check to decline demographics' (checked) and 'Check to decline COD' (unchecked). Below these are 'State Comments' and a text area containing 'VERIFY AGE WITH EDUCATION LEVEL'. A character limit of '31 / 250' is shown. On the right, the 'Filing Information' tab is active, showing fields for Out-of-state certificate number, Date of registration, State file number, Volume number, Page number, Delayed death (set to 'N'), Local registrar list (set to 'Select'), and Local registrar name. A 'View Certificate' button is also present. At the bottom are buttons for 'Previous', 'Next', 'Finish', and 'Cancel'.

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

Working with Declined Cause Records

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

Declined Cause 1

Declined Cause

Search



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

1 to 1 of 1

Rows per page: 25 1



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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

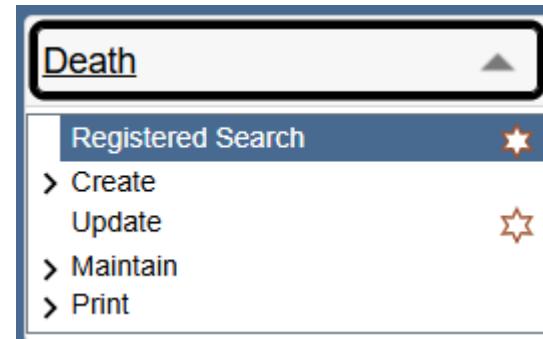
- Click the name of the form (e.g., Certificate Copy) you want to print from the Print submenu.
- Use the Search page to find the record you want to print on the form.
- Generate the document.



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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



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"/>	



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	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](#)

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 2

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



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Questions