eVital: Electronic Death Registration Module for Funeral Home Users

New York City Department of Health and Mental Hygiene

Division of Epidemiology Bureau of Vital Statistics



Table of Contents

1.	Elec	tronic Death Case Registration for Funeral Home Users3						
	1.1	Purp	pose	3				
	1.2	Sco	pe	3				
	1.3	Clai	m a New Death Case	3				
	1.4	Pers	sonal Information1	0				
	1.4.	1	Decedent (Funeral Home Users)1	0				
	1.4.	2	Resident Address1	3				
	1.4.	3	Family Members1	4				
1.4.4 Informant		Informant1	8					
	1.4.	5	Disposition2	2				
	1.4.	6	Decedent Attributes2	7				
	1.5	Oth	er Links (Funeral Home Users)3	0				
	1.5.	1	Order Certified Copies3	0				
1.5.2 Relinquish Case		Relinquish Case3	1					
	1.5.	3	Cremation Clearance	2				
	1.5.	4	Case Status History (Funeral Home Users)	3				



1. Electronic Death Case Registration for Funeral Home Users

1.1 Purpose

The eVital system allows funeral home users to electronically submit death registrations with the **New York City Department of Health and Mental Hygiene's Bureau of Vital Statistics** (BVS).

1.2 Scope

This user manual provides step-by-step instructions for completing the web forms required to claim a new **Death Case**.

1.3 Claim a New Death Case

Note: You must have an authorized Funeral Home Role to access this section in eVital.

- 1. At the **Dashboard**, click the **menu icon** \equiv .
- 2. In the All Categories menu, highlight and select Life Event.

	Death FH Director Logout
	Millspaugh Funeral Directors
Drafarrad Out	
Preierred Quel	Jes
All Queues	
Messages	
Amendments	
From	Message
System	Your amendment Birth Straight Amendment is suspended.
System	Your amendment Administrative is rejected.
System	Your amendment Personal is rejected.
	Preferred Quee All Queues Messages Amendments System System System

Figure 1.3-1

3. Under Life Events, select Death.



		NYC			Welcome 3 🔅 😚 Death FH Director Logout
		Health			Millspaugh Funeral Directors
≡		Life Events		Droforrod Ou	
	<	Back		Plelelleu Qu	eues
		Death	>	All Queues	
		STOP	>		
		ITOP	>	Messages	
				Amendments	
				From	Message
				System	Your amendment Birth Straight Amendment is suspended.
				System	Your amendment Administrative is rejected.

Figure 1.3-2

4. Next, highlight and select **Claim New Case**.

NYC		Welcome 😮 🌸 🏠 Death FH Director Logout
Health		Millspaugh Funeral Directors
< Back	Droforrod Ou	
Locate Case	Fieleneu Qu	eues
Claim New Case	All Queues	
	Messages Amendments	
	From	Message
	System	Your amendment Birth Straight Amendment is suspended.
	System	Your amendment Administrative is rejected.

Figure 1.3-3

- 5. The Search New Case web form opens. Type the First Name, Last Name, Date of Death, Sex, Date of Birth and SSN into the corresponding fields. *Note:* Only Last Name, Sex and Date of Death are required.
- 6. Click Search.



10/5/2017

NYC eVital Manual

Bureau of Vital Statistics eVital	Health	Welcome 2 2 2 4 Death FH Director Logout Millspeugh Funeral Directors
Search Death Case		-
First Name	Last Name*	
John	Doe	
Date of Death*	Sex*	
09/01/2016	Male	* ~
Date of Birth	SSN	
06/21/1977	***.***.7777	
	Contact Us Terms Privacy Policy ©2016 NYC eVital. NYC Health. All rights reserved. Version 0.17.72.2	Clear Search

Figure 1.3-4

 If the system locates one or more cases that match your criteria, these appear in the Search Results. If this occurs, continue to Step 8. If the system does not find a case, continue to Step 7a. *Note:* You can also filter your case search by entering the Case ID into the Filter field.

	Bureau of Vital Statistics eVital	Health	VVelCome 2 2 2 Death FH Director Logout Millipsugh Funeral Directors
≡	Search Death Case		+
			Clear Search
	Search Results		
	Show 20 r entries		Filter: 572
	Case ID Decedent's Name Date of Death Sex 572 Doe, John Sep-01-2016 Male	Place of Death Date of Birth Medical Facility Name	Funeral Home Name Status Unregistered Q. Preview Claim Case
	Showing 1 to 1 of 1 entries (filtered from 2 total entries)		Previous 1 Next
	Total Number of Records 2		
		Contact He Tarms Drivacy Policy	
		©2016 NYC eVital. NYC Health. All rights reserved. Version 0.17.72.2	

Figure 1.3-5

a. If the system does not find a case that matches the information you entered, a notice appears stating that there are no matching cases. If you need to edit the search information, click the **expand icon** • on the **Search Death Case** banner to reopen the case information.



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Bureau of Vital Statistics eVital	Health	Welcome 2 2 2 C Death FH Director Logout Millspaugh Funeral Directors
Search Death Case		Clear Search
Search Results	There are no cases that match the criteria you have entered.	
	Contact Us Terms Privacy Policy ©2016 NYC eVital. NYC Health. All rights reserved. Version 0.17.73.1	

Figure 1.3-6

- 8. Click **Preview** to view the **Case Information**. When you are finished, click **Dismiss** to return to **Search Results**.
- 9. To claim the case, click Claim Case.

Bureau of Vital Statistics eVital	NYC	VVEICOME 3
	Health	Millspaugh Funeral Directors
Search Death Case		+
		Clear Search
Search Results		
Show 20 + entries		Filter: 572
Case ID 🔺 Decedent's Name 🕴 Date of Death 👘 Se	x Place of Death Date of Birth Medical Facility Name Funeral Home Name	Status
572 Doe, John Sep-01-2016 Male	Bronx St. Vincent's Staten Island Hospital	Unregistered Q Preview Claim Case
Showing 1 to 1 of 1 entries (filtered from 2 total entries)		Previous 1 Next
Total Number of Records 2		
	Contact Us Terms Privacy Policy ©2016 NYC eVital. NYC Health. All rights reserved. Version 0.17.72.2	

Figure 1.3-7

10. A notice appears that tells you this is an unclaimed case. To claim the case, click **OK.** To return to the search results click **Cancel**.



Bureau of Vital Statistics eVital	The Case you have selected is an un-owned case. Press OK to become the owner of this case or Cancel to return to the list. Please note that the Disposition Fee is non refundable	Welcome C 🔅 🏠 Death FH Director Logout Millspaugh Funeral Directors
Search Death Case	Cancel	+
		Clear Search
Search Results		
Show 20 • entries		Filter:
Case ID 🍐 Decedent's Name 👘 Date of Death 👘	Sex 🕴 Place of Death 🕴 Date of Birth 🕴 Medical Facility Name 🕴 Funeral Home Name	Status
572 Doe, John Sep-01-2016	Male Bronx St. Vincent's Staten Island Hospital	Unregistered Q Preview Claim Case
580 Doe, John Sep-01-2016	Male Bural Desk Unit Office of Vital Records	Unregistered Q Preview O Claim Case
		Previous 1 Next
Total Number of Records 2		
	©2016 NYC eVital. NYC Health. All rights reserved. Version 0.17.73.1	

Figure 1.3-8

- 11. The **Payment Services** web form appears. To pay the fee, select the **Payment Method** from the dropdown list. Then click **Add Payment**. To cancel, go to step 11a.
 - a. To cancel, click Close Payment. Figure 4.1-9.

Bureau of Vital Statistics eVital				Health		VVEICOME Death FH Director Millspaugh Funeral	Cogout	
=	Payment Services Service Type Disposition Permit Select Payment Method Credit/Debit Card Add Payment	Quantity	Amount 40.00	Waived × ~ Contact Us D16 NYC eVital, NYC Heal	Payment Summary Order Sub Total VC Fees Shipping and Handling Fee Total Waive Order Total Total Payment Total Refund Total Adjustment Total Balance	 ⊕ ⊕ ⊕ ⊕ ⊕ = 	\$40.00 \$0.00 \$0.00 \$40.00 \$0.00 \$0.00 \$0.00 \$40.00	• Payment

12. Enter your **Payment Information**. When you are done, click **Continue**. *Note:* To cancel and return to the previous page, click **Previous Page**.



Agency Amount Shipping Amount Socurity Fee \$40.0 0.00 Socurity Fee \$12.00 Ital Amount \$11.20 Ital Amount \$12.10 Ital Amount Ital Amount Ital Ital Amount Ital Amount Ital Ital Athene Ital Amount Ital Ital	Health		NYC OVR - Burial Desk	
Billing Address Payment Information Address Type • Ormetic (US and Puerto Rico) • Payment Type * Ormetic (US and Puerto Rico) • Credit Card * International (including Canada, Mexico) • Credit Card Cardholder List Name* Fuereal Cardholder List Name* Fuereal Billing Address Line1* 222 Grand Street Billing Address Line2 • New York Billing Address Line2 • New York Billing State* NY E-mail* Greetor@email.com Confirm E-mail* Greetor@email.com Phone Number* (888) 123-1234		Agency Amount Shipping Amount Security Fee Total Amount	\$40.00 \$.00 \$1.20 \$41.20	
	Billing Address Address Type	Mesico) Funeral Director 11586 222 Grand Street New York NY director@email.com director@email.com (888) 123-1234	Parsent Information Parsent Type © Crâdt Card Dara Card Card Card Card Card Card Card C	

Figure 1.3-10

- A payment authorization page will appear. To complete the payment, place a check in the payment authorization box. Then click the **Pay Now** button. Continue to Step 14. If you wish to edit your credit card information, continue to Step 13a.
 - a. Click the **Previous Page** button to edit your card information.

Health	j D	NYC OVR - Burial Des
	Agency Amount Shipping Amount Security Fee Total Amount	\$40.00 \$.00 \$1.20 \$41.20
Billing Address Cardholder First Name Gardholder Last Name Billing Address Line 2 Billing Address Line 2 Billing Address Line 2 Billing Caty Billing State Billing Courty E-mail Phone Number	Funeral Director 11586 222 Grand Street New York NY United States of America director@email.com (888) 1231234	Payment Information Credit Card Card Number Expiration Date 09/ 2019 Payment Authorization Total Amount \$41.20 Image: By checking this box, I am authorizing the payment of the bill amount plus the LexisNexis Service Fee.
	Previous Page	Pay Now

14. After you have authorized the payment, the **Payment Services** screen reopens, with a confirmation that your payment has been processed. Click the **Close Payment** button.



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	Bureau of Vital Sta	atistics eVital				Health				Welco Death FH	Me Director paugh Funor	 Regout Logout al Directors
=	Payment Services Service Type Disposition Per Select Payme Select one Add Paym	nt Method	Quantity 1	Amount 40.00	Walved	Payment Summary Order Sub Total VC Fees Shipping and Han Total Waive Order Total Total Payment Total Adjustment Total Adjustment Total Balance	dling Fee		Ð Ð Ð Ð	\$40.00 \$1.20 \$0.00 \$0.00 \$41.20 \$41.20 \$0.00 \$0.00 \$0.00 \$0.00		_
	Payment Deca	Payment Date 10/3/2016 12:00:00 AM	Payment Method Credit/Debit Card	Business Unit Millspaugh Funeral Dir	User rectors FH Dire Contact Us 2016 NYC eVital. NYC Heal	Check #/MO # ctor, Death	Last 4 Account# 2542	Auth Code TestOK	Trans Code 20000979	Status Approved	Amount 41.20 Clo	Action ose Payment

Figure 1.3-12

15. You will be directed to the **Decedent** web form. Continue to Section 4.2.1, **Decedent**. Section 1.4.1: **Decedent Personal Information**.



1.4 Personal Information

Note: You must be assigned a **Funeral Home Role** to access this section in eVital.

1.4.1 Decedent (Funeral Home Users)

1. The **Decedent** web form under the **Death Registration - Personal Information** menu opens. The **Final Disposition**, **Medical Record Number**, **First Name**, **Middle Name**, **Last Name** and **Sex** fields will populate.

Death Registration	Case ID: 572 Na	ame: John Robert Doe	Event Date: 09/01/	2016				
Personal Information	Case Status:	OCME Referral Pending	ME Review Required	Medical Valid	Personal Pending	Fact Of Death Valid	Uncertified	Pronounced
Decedent	ouor oranio.	Unsigned Unregistered	SSN Unverified	Thearear Fana	reformant entantig	ruot of bount fund	oncertined	Tronounoed
Resident Address	Information Status:	onoighta	Contonned					
Family Members								
Informant	Decedent							
Disposition	Will medical institution be		altian?					
Decedent Attributes	Will medical institution be	e responsible for final dispo	osition?					
Other Links	No			~				
Order Certified Copies	Decedent Medical							
Relinquish Case	Infant Identifier			Me	dical Record Numbe			
Documentary Evidence	intancidentiner			IVIC		•		
Cremation Clearance				× 3	300			
Case Status History	First Name		Middle Name			Other Middle		
	John		Robert			James		
	Last Name*			Su	ffix			
	Doe							~
	Sex*							
	Male			~				
	Aliases							
								Add

Figure 1.4-1

 In the SSN Available field, select Available, Unknown or None. If you selected SSN Available, enter the social security number (SSN) in the SSN field. Note: If previously completed, these fields will automatically populate.

Decedent				
Will medical institution be responsible for final disposition?				
No	~			
Decedent Medical				
Infant Identifier		Medical Record Number		
	~	300		
First Name	Middle Name		Other Middle	
John	Robert		James	
Last Name*		Suffix		
Doe				~
Sex*				
Male	~			
Aliases				
				dd
				uu
SSN Available		SSN*		
Available	× v	***-**-7777		
		Unverified (0) @ Refresh		
Date of Birth Known				
Select one	~			

Figure 1.4-2

3. Click inside the **Date of Birth Known** field to open the dropdown list. Select **Known** or **Unknown**. If you selected **Known**, complete Step 3a. If you selected **Unknown**,



continue to Step 4.

a. Click the **calendar icon** in the **Date of Birth** field. Use the **Calendar** control to select the date or type the date into the field. Type the age into the **Age** field.

First Name	Middle Name		Other Middle
John	Robert		James
Last Name*		Suffix	
Doe			~
Sex*			
Male	~		
Aliases			
			Add
			_
SSN Available		SSN*	
Available	ж ~	***-**-7777	
		Unverified (0)	sfresh
Date of Birth Known			
Known	× ~]		
Date of Birth*		Age*	
06/19/1932	É	84	
06/19/1932	<u> </u>	84	

Figure 1.4-3

4. Type the **City** or **Town** and **State** into the corresponding fields. Select from the **Country** field dropdown list. Select from the **Ever in the Armed Forces?** field dropdown list.

		Add
SSN Available		SSN#
Available	« ~	***.**-7777
		Unverified (0) Refresh
Date of Birth Known		
Known	« ~	
Date of Birth*		Age*
06/19/1932	<u> </u>	84
Decedent Birth Place		
City or Town		State*
Bronx		New York
Country*		
United States *	< ~	
Ever in US Armed Forces ?*		
Yes	¢ ~	

Figure 1.4-4

- 5. Click **Save**. If all fields contain valid information, you will receive a **No Validation Error** notice.
- 6. If all fields contain valid information, a **green dot** appears next to **Decedent** in the **Personal Information** menu, and you may continue to Section 1.4.2, **Resident Address**.



10/5/2017

NYC eVital Manual

Death Registration Case ID: 572	Name: John Robert Doe Event D	Date: 09/01/2016		
Personal Information				
O Decedent	atus: OCME Referral Pending ME Review	w Required Medical Pending Personal Pend	Iding Fact Of Death Valid Uncertified Pronounced	Unsigned Unregistered
Resident Address Information St	atue:			
Family Members				
Informant Decedent				
Disposition	tion he companyible for final disperition?			
Decedent Attributes	tion be responsible for final disposition?			
Other Links		×		
Order Certified Copies Decedent Medi	cal			
Relinquish Case Infant Identifier		Medi	ical Record Number	
Documentary Evidence				
Cremation Clearance		~ 30	,u	
Case Status History First Name		Middle Name	Other Middle	
John		Robert	James	
Last Name*		Suffi	îx	
Doe				~
Sex*				
Male		~		
Aliases				
				Add
SSN Available		SSN	*	
Available		X v ***	*_**-7777	

Figure 1.4-5



1.4.2 Resident Address

Resident Address

1. In the Death Registration - Personal Information menu, click Resident Address.

Persolal Information Concent Parside Machines Farming Marchaise Order Links Order Contring Copies Relicquing Contring Copies Concentor	Death Registration	Case ID: 572 Nam	ne: John Robert Doe	Event Date: 09/	01/2016								
Case Status: Code Status: Code Reverse Required Medical Pending Pendi	Personal Information												
Readert Address Family Members Information Status: Disposition Disposition Other Links Other Links Ocedent Medical Mill medical institution be responsible for final disposition? No Decedent Medical Information Clearance Case Status History Male Status History Allages Status History Status History Male Status History Allages Status History Status History Allages	Decedent	Case Status:	DCME Referral Pending	ME Review Requir	ed Medical Pending	Person	al Pending I	Fact Of Death Vali	d Uncertified	Pronounced	Unsigned	Unregistered	
Informat	Resident Address	Information Status:	SSN Unvermed										
	Family Members												
Objection Objection Order Latis Unit for final disposition? No Order Caffied Copies Reinquish Case Occumentary Evidence Occumentary Evidence Occumentary Evidence First Name Middle Name Other Middle Other Middle Saffix Lati Name* Saffix Allases SSN Available No	Informant	Decedent											
Obsection Attributes Other Certified Copies Relinquish Case Documentary Evidence Ocenation Clearance Case Status History Ifrat Name* Ush Name* Suffix Doe Sex* Male Aliases SSN Available SSN* Image: Sint Available SSN*	Disposition	Will medical institution be r	espensible for final disp	osition?									
Order Certified Copies Order Certified Copies Belinquish Case Documentary Evidence © Comation Clearance Case Status History Midle Name* Obe Saft Doc Saft Male SSN Available SSN Available SSN* No SSN* Internation SSN* Internation	 Decedent Attributes 	win medical institution be in	esponsible for final disp	USIGUT:									
Order Certified Copies Relinquish Case Documentary Evidence © Cremation Clearance Case Status History First Name John Robert John Robert John Robert James Saff x Saff x Saff x Safe X Male SSN Available	Other Links	No				× I							
Relinquish Case Documentary Evidence © Cremation Clearance Case Status History Mide Name Other Middle John Robert John Robert John Balence Status History Mide Name Ober Middle John Robert John Summary Evidence Summary Evidence Summary Evidence Summary Evidence Summary Evidence Robert <td>Order Certified Copies</td> <td>Decedent Medical</td> <td></td>	Order Certified Copies	Decedent Medical											
Documentary Evidence Case Status History Internation Clearance Case Status History John Robert John Doe Sex* Male Aliases SSN Available SSN Available SSN Available SSN Available SSN Available SSN Available SSN Available SSN Available SSN Available SSN Available SSN Available SSN Available SSN Available SSN Available SSN Available SSN Available SSN Available	Relinquish Case	Infant Identifier					Medical Rec	ord Number					
Cremation Clearance Souther Middle Name Other Middle Case Status History First Name Middle Name James John Robert James Lest Name* Suffix Doe Sex* Male Sint Aliases Sint SSN Available Sint*	Documentary Evidence						200						
Case Status History First Name Midle Name Other Midle John Robert James Last Name* Suffix Image: Comparison of the second of the sec	 Cremation Clearance 					Ť.	300						
John Robert James Last Name* Suffix Doe Sex* Male SSX Available SSN Avai	Case Status History	First Name		N	liddle Name				Other Mid	dle			
Lest Name* Doe Doe Sex* Male Aliases SSN Available SSN		John			Robert				James				
Doe Sex* Male Aliases SSN Available SSN Available SSN Available Result Available SSN		Last Name*					Suffix						
Sex* Male Aliases Aliases SSN Available SSN Available SSN * Hexeffed (0) P Belach		Doe											~
Male Aliases Associated and a solution of the		Sex*											
Aliases Add SSN Available SSN Available Available Revented Revente		Male				~							
Alddets Add SSN Available SSN Available X V Hexe(find (0)) R Belanch		Alianaa											
Add SSN Available SSN* Available R-face b		Alidses											
SSN Available SSN* Available R death Instantional (m) R death													Add
SSN Available SSN* Available Reference SSN*													
Available Reference Refere		SSN Available					SSN*						
Housefloid (7)		Available			×	~	***.**.777	7					
							Hoverify	ord (0)	freeh				

Figure 1.4-6

2. The Resident Address web form opens.

Bureau of Vital Statistics eVital			NYC				Death FH Dire	ector	Logout
			Health				Millspaug	gh Funeral Direct	ors
Death Registration	Case ID: 572 N	l ame: John Robert Doe	Event Date: 09/01/	2016					
Personal Information	Case Status:	OCME Referral Pending	ME Review Required	Medical Pending	Personal Pending	Fact Of Death Valio	d Uncertified	Pronounced	
 Decedent 		Unsigned Unregistered	SSN Unverified						
Resident Address	Information Status:								
 Family Members 									_
Informant	Resident Address								
Disposition									
 Decedent Attributes 	Resident Address								
Other Links	Street Number and Name	e, Rural Route (No P.O. Box, e	tc)*	Apart	ment, Suite, Building	, Floor, etc			
Order Certified Copies									
Relinquish Case	City or Town			State					
Documentary Evidence									
Cremation Clearance									
Case Status History	Zip Code*		Country			Inside City Limits	*		
			United States		× ~	Select one			~
							Unverified	Verify Add	ess

- 3. Type the decedent's **Resident Address** into the corresponding fields. Click in the **Inside City Limits** field. Select **Yes**, **No** or **Unknown** from the dropdown list. *Note:* This field indicates if residence address is within New York City limits.
- 4. Click Verify Address.



NYC eVital Manual

Bureau of Vital Statistics eVital			Health				Welcome Death FH Directo Millspaugh Fo	2 🏟 🏫 or Logout uneral Directors
Death Registration	Case ID: 572 N	lame: John Robert Doe	Event Date: 09/01	2016				
Personal Information								
Decedent	Case Status:	OCME Referral Pending	ME Review Required	Medical Per	nding Personal Pending	Fact Of Death Va	lid Uncertified Pri	onounced
Resident Address	Information Status	Unsigned Unregistered	SSN Unvernied					
Family Members	mornation status.							
Informant	Resident Address							
Disposition								
 Decedent Attributes 	Resident Address							
Other Links	Street Number and Name	e, Rural Route (No P.O. Box,	etc)*		Apartment, Suite, Building	g, Floor, etc		
Order Certified Copies	436 East 149th Street				Apt. 12			
Relinquish Case	City or Town				State			
Documentary Evidence								
Cremation Clearance	Bronx				New York			
Case Status History	Zip Code*		Country			Inside City Limi	ts*	
	10455		United States		* ~	Yes		ж 🗸
							Unverified	Verify Address

Figure 1.4-8

- 5. Click **Save**. If all fields contain valid information, you will receive a **No Validation Error** notice.
- 6. If all fields contain valid information, a **green dot** appears next to **Resident Address** in the **Personal Information** menu. You may continue to Section 1.4.3 **Family Members**.

Bureau of Vital Statistics eVital			Health				Welcom Death FH Dire	ector Log	out
Death Registration	Case ID: 572 N	ame: John Robert Doe	Event Date: 09/01/	2016			Matapad	yn Palleral Directors	1
Personal Information Decedent Resident Address Family Members	Case Status:	OCME Referral Pending Unsigned Unregistered	ME Review Required SSN Unverified	Medical Pen	iding Personal Pending	Fact Of Death Va	alid Uncertified	Pronounced	
Informant	Resident Address								1
Disposition									1
Decedent Attributes	Resident Address								
Other Links	Street Number and Name	, Rural Route (No P.O. Box,	etc)*		Apartment, Suite, Buildin	g, Floor, etc			
Order Certified Copies	436 East 149th Street				Apt. 12				
Relinquish Case	City or Town				State				
Documentary Evidence	City of Town				State				
Cremation Clearance	Bronx				New York				
Case Status History	Zip Code*		Country			Inside City Lim	its*		
	10455		United States		× ×	Yes		* ~	
						(Unverified	Verify Address	

Figure 1.4-9

1.4.3 Family Members

Family Members

1. In the **Death Registration - Personal Information** menu, click **Family Members**.



10/5/2017

NYC eVital Manual

Bureau of Vital Statistics eVital			Health				Welcome Death FH Director Millspaugh Fur	? * * * Logout heral Directors
Death Registration	Case ID: 572 N	lame: John Robert Doe	Event Date: 09/01/	2016				
Personal Information								
Decedent	Case Status:	OCME Reterral Pending	ME Review Required	Medical Pendi	ing Personal Pending	Fact Of Death	Valid Uncertified Pro	hounced
Resident Address	Information Status:	Unsigned Unregistered	SSIN ONVERTINED					
Family Members								
Informant	Resident Address							
Disposition								
Decedent Attributes	Resident Address							
Other Links	Street Number and Name	e, Rural Route (No P.O. Box,	etc)*	A	partment, Suite, Building	, Floor, etc		
Order Certified Copies	436 East 149th Street				Apt. 12			
Relinquish Case	City or Town			ST	tate			
Documentary Evidence	Promy				Now York			
Cremation Clearance	Bronx				New YORK			
Case Status History	Zip Code*		Country			Inside City L	imits*	
	10455		United States		* ~	Yes		× ×
							Unverified	Verify Address

Figure 1.4-10

2. The **Family Members** web form opens.

eath Registration	Case ID: 572 Name: John Robert Doe Event Date: 09/0	/2016
ersonal Information	Des Debes OOUT Defeed Desiles DAT Device Desiles	Multi-Deaths Descend Bester Development Multi-Descended Descence of Disclored Descenteed
Decedent	Case Status: OCME Referral Pending ME Review Required	Medical Pending Personal Pending Fact of Death Valid Uncertified Pronounced Unsigned Unregistered
Resident Address	Information Status:	
) Family Members		
Informant	Family Members	
Disposition	Marital Statue	
Decedent Attributes	mantal Status	
ther Links	Select one	
Order Certified Copies	Father/Parent Name	
Relinquish Case	Is Father Informant ?	
Documentary Evidence		
Cremation Clearance	First*	Middle
Case Status History		
	Last"	Suffix
		Select one
	Mother/Parent Name (Prior to First Marriage)	
	First*	Middle
	Last	Sumx
		Colort one

- 3. Click inside the **Marital Status** field and select the answer from the dropdown list. If the **Father/Parent** reported the decedent, check the box marked **Is Father Informant**.
- 4. Then type the **Father/Parent's First**, **Middle** and **Last Name** into the corresponding fields.
- 5. Select the **Suffix**, if applicable. *Note:* This field is not required.



Death Registration	Case ID: 572 Name: John Robert Doe Event Date: 09/01/2016
Personal Information Decedent Resident Address Family Members	Case Status: OCME Referral Pending ME Review Required Medical Pending Personal Pending Fact Of Death Valid Uncertified Pronounced Unsigned Unregistered SSN Unverified Information Status:
Informant Dispessition	Family Members
Disposition Decedent Attributes	Marital Status*
Other Links	Widowed × V
Order Certified Copies	Father/Parent Name
Relinquish Case	Is Father Informant 2
Documentary Evidence	
 Cremation Clearance 	First* Middle
Case Status History	John Robert
	Last* Suffix
	Doe I × v
	Mother/Parent Name (Prior to First Marriage) Is Mother Informant ? First* Middle

Figure 1.4-12

- 6. If the **Mother/Parent** reported the decedent, check the box marked **Is Mother Informant**. Then type the **Mother/Parent's First**, **Middle** and **Last Names** into the corresponding fields.
- 7. Click in the **Suffix** field. Select the **Suffix** from the dropdown list. *Note:* This field is not required and may remain blank.

Personal Information											
Decedent	Case Status:	OCME Referral Pending	ME Review Required	Medical Pending	Personal Pending	Fact Of Death Valid	Uncertified	Pronounced	Unsigned	Unregistered	
Resident Address	Information Status	SSN Unvernied									
Family Members	information Status.										
Informant	Family Members										
 Disposition 	Manital Statust										
 Decedent Attributes 	Maritai Status*										
Other Links	Widowed			×	~						
Order Certified Copies	Father/Parent Name										
Relinquish Case	Is Eather Informant ?										
Documentary Evidence											
Cremation Clearance	First*				Middle						
Case Status History	John				Robert						
	Last*				Suffix						
	Doe				1						× ~
	Mother/Parent Nam	e (Prior to First Marria	age)								
	First*				Middle						
	Maria				Louisa						
	Last				Suffix						
	Jones				Select o	ne					~

Figure 1.4-13

- 8. Click Save.
- 9. If all fields contain valid information, you will receive a **No Validation Error** notice.



10.If all fields contain valid information, a **green dot** appears next to **Family Members** in the **Personal Information** menu. You may continue to Section 1.4.4, **Informant**.

Death Registration	Case ID: 572 Na	me: John Robert Doe	Event Date: 09/01/	/2016						
Personal Information	0		ME Device Deviced	Adaption Department	D		(the second sec	Process of Library		-
 Decedent 	Case Status:	SSN Unverified	ME Review Required	Medical Pending	Personal	Pending Fact Of Death Valid	Uncertified	Pronounced Unsi	gned Unregistere	d
Resident Address	Information Status:	oortonrenned								
Family Members										
Informant	Family Members									
Disposition	Marital Status*									
Decedent Attributes	and an and a second									
Other Links	widowed				<u> </u>					
Order Certified Copies	Father/Parent Name									
Relinquish Case	Is Father Informant ?									
Documentary Evidence										
Cremation Clearance	First*					Middle				
Case Status History	John					Robert				
					_					
	Last*				_	Suffix				
	Doe					1				* ~
	Mother/Parent Name	e (Prior to First Marria	age)							
	First*					Middle				
	Maria					Louisa				
	Last				-	Suffix				
	Jones					Select one				~

Figure 1.4-14



1.4.4 Informant

Informant

1. In the **Death Registration - Personal Information** menu, click **Informant**.

Death Registration	Case ID: 572 N	ame: John Robert Doe	Event Date: 09/01/	2016						
Personal Information	0		ME Dealers Decaderal	Madical Decidera	Descend Described	East Of Deast Valid			. Hereiner d	(Here eletered)
Decedent	Case Status:	OCME Referral Pending	ME Review Required	Medical Pending	Personal Pending	Fact Of Death Valid	Uncertified	Pronounced	Unsigned	Unregistered
Resident Address	Information Status:	SSN Unvernied								
) Family Members	information status.									
Informant	Family Members									
Disposition	Marital Statust									
Decedent Attributes	Marital Status"									
her Links	Widowed			×	×					
Order Certified Copies	- Father/Parent Name									
Relinquish Case	Is Father Informant ?									
Documentary Evidence										
Cremation Clearance	First*				Middle					
Case Status History	laba				Robert					
	John				Kobert					
	Last*				Suffix					
	Doe				1					1
	Mother/Parent Name	e (Prior to First Marr	iage)							
	First*				Middle					
	Maria				Louisa					
	Last				Suffix					

Figure 1.4-15

2. The Informant web form opens.

Death Registration	Case ID: 572 N	ame: John Robert Doe	Event Date: 09/01	/2016								
Personal Information						10.00	En la Rennin Maria					
Decedent	Case Status:	OCME Referral Pending	ME Review Required	Medical Pending	Person	al Pending	Fact Of Death Valid	Uncertified	Pronounced	Unsigned	Unregistered	
Resident Address	Information Status:	SSN Unverned										
Family Members	information status.											
Informant	Informant											
Disposition												
Decedent Attributes	Informant Name											
Other Links	First*					Middle						
Order Certified Copies												
Relinquish Case	Lact					Suffix						
Documentary Evidence	Lust					Guillix						
Cremation Clearance						Select on	ie					
Case Status History	Relationship to Decedent											
	Select one				~							
	Address											
	Street Number and Name	, Rural Route (No P.O. Box	, etc)			Apartment	t, Suite, Building, Floo	r, etc				
	City or Town					State						
	Zip Code					Country						
						Select on	ne					~
										Unverified	9 Verify	Address

- 3. Type the **Informant's First**, **Middle** and **Last Names** into the corresponding fields. Select the **Suffix**, if applicable.
- 4. Click inside the **Relationship to Decedent** field. Select an answer from the dropdown list.



Middle
Roberta
Suffix
Select one V
1
Apartment, Suite, Building, Floor, etc
State
Country
Select one V
Unverified Verify Address

- 5. Type the **Informant Address** in the corresponding fields. Then click inside the **Country** field. Select the **Country** from the dropdown list.
- 6. Click **Verify Address** to confirm the address details and provide additional or different information as prompted.

Informant Name	
First*	Middle
Johanna	Roberta
Last	Suffix
Doe	Select one V
Relationship to Decedent	
Daughter × v	
Address	
Address Street Number and Name, Rural Route (No P.O. Box, etc)	Apartment, Suite, Building, Floor, etc
Address Street Number and Name, Rural Route (No P.O. Box, etc) 1 Central Park West	Apartment, Suite, Building, Floor, etc Apt. 10
Address Street Number and Name, Rural Route (No P.O. Box, etc) 1 Central Park West City or Town	Apartment, Suite, Building, Floor, etc Apt. 10 State
Address Street Number and Name, Rural Route (No P.O. Box, etc) 1 Central Park West City or Town New York	Apartment, Suite, Building, Floor, etc Apt. 10 State New York
Address Street Number and Name, Rural Route (No P.O. Box, etc) 1 Central Park West City or Town New York Zip Code	Apartment, Suite, Building, Floor, etc Apt. 10 State New York Country
Address Street Number and Name, Rural Route (No P.O. Box, etc) 1 Central Park West City or Town New York Zip Code 10023	Apartment, Suite, Building, Floor, etc Apt. 10 State New York Country United States × v

- 7. Type the **First, Middle** and **Last Names**, and **Suffix** of the **Individual Authorizing Disposition**. If the name is the same as the **Informant**, check **Same as Informant**. The **Name** and **Address** fields will then populate.
- 8. Select from the dropdown the relationship of the **Individual Authorizing Disposition**.



Individual Authorizing Disposition	
✓ Same as Informant	
Authorizer Name	
First*	Middle
Johanna	Roberta
Last*	Suffix
Doe	Select one V
Palationship to Decedent	
Daughter	
Authorizor Address	
Authorizer Address	An external Online Delition Floor at
1 Central Park West	Apt. 10
City or Town	State
New York	New York
Zip Code	Country
10023	United States v
	Unverified Verify Address

9. Type the **Authorizer Address** into the corresponding fields. If **Same as Informant** is checked, these fields will automatically populate.

Individual Authorizing Disposition	
✓ Same as Informant	
Authorizer Name	
First*	Middle
Johanna	Roberta
Last*	Suffix
Doe	Select one V
Relationship to Decedent	
Daughter ~	
Authorizer Address	
Street Number and Name, Rural Route (No P.O. Box, etc)	Apartment, Suite, Building, Floor, etc
1 Central Park West	Apt. 10
City or Town	State
New York	New York
Zip Code	Country
10023	United States ~
	Unverified Verify Address

Figure 1.4-20

10. Type the **Phone** and **Email** for the **Authorizer** into the corresponding fields.



First*	Middle
Johanna	Roberta
Last*	Suffix
Doe	Select one V
Relationship to Decedent Daughter V	
Authorizer Address	
Street Number and Name, Rural Route (No P.O. Box, etc)	Apartment, Suite, Building, Floor, etc
1 Central Park West	Apt. 10
City or Town	State
New York	New York
Zip Code	Country
10023	United States v
	Unverified Verify Address
Phone	Email
(555) 123-1234	authorizer@email.com

- 11. Click **Save**. If all fields contain valid information, you will receive a **No Validation Error** notice.
- 12. If all fields contain valid information, a **green dot** appears next to **Family Members** in the **Personal Information** menu. You may continue to Section 1.4.5, **Disposition**.

Death Registration	Case ID: 572 Na	ame: John Robert Doe Event Date: 09/01/2016		
Personal Information	Case Status:	OCME Referral Pending ME Review Required Medical Pending 1	Parson	al Panding East of Death Valid I Incertified Pronounced Hastaned Haranistared
 Decedent 	Case Status.	SSN Unverified	ersona	arrenning Factor beau value oncertined Fronounced Onsigned Onegistered
Resident Address	Information Status:	outonenica		
Family Members				
Informant	Informant			
Disposition				
Decedent Attributes	Informant Name			
ther Links	First*			Middle
Order Certified Copies	Johanna			Roberta
Relinquish Case	Last			Suffix
Documentary Evidence	Doe			Calastone
Cremation Clearance	Doe			Select one
Case Status History	Relationship to Decedent			
	Daughter	* *		
	Address			
	Street Number and Name	, Rural Route (No P.O. Box, etc)		Apartment, Suite, Building, Floor, etc
	1 Central Park W			Apt. 10
	City or Town			State
	New York			NY
	Zip Code			Country
	10023-7703			United States * ~
				Unverified Verify Address

Figure 1.4-22



1.4.5 Disposition

Disposition

1. In the Death Registration - Personal Information menu, click Disposition.

Case Status: OCME Deformal Dending ME Deview Dequired Medical I	Panding Deregnal Panding Fact Of Panth Valid Uncertified Pronounced
Unsigned Upredictored SCNU Unverified	Pending Personal Pending Pact of Death Valid Officertified Pronounced
Information Statue:	
information status.	
iformant	
nformant Name	
irst*	Middle
Johanna	Roberta
aet	Suffix
Doe	Select one
elationship to Decedent	
Daughter × V	
ddress	
treet Number and Name, Rural Route (No P.O. Box, etc)	Apartment, Suite, Building, Floor, etc
1 Central Park W	Apt. 10
ity or Town	State
New York	NY
ip Code	Country
10023-7703	United States × V
	Case Status: OCME Referral Pending ME Review Required Medical Unsigned Unregistered SSN Unverified Information Status: formant formant Name rst* Johanna st Doe lationship to Decedent Daughter Automation Status: Image: Status information Status info

Figure 1.4-23

2. The **Disposition** web form opens.

Death Registration	Case ID: 572 Name: John Robert Doe Event Date: 09/01/2016	
Personal Information		
Decedent	Case Status: OCME Referral Pending ME Review Required Medical Valid Personal Pending Fact Of Death Valid Uncertified Pronounced	
 Resident Address 	Information Statum	
 Family Members 	information Status.	
Informant	Disposition	
Disposition		
 Decedent Attributes 	Method of Disposition	
Other Links	Select one V	
Relinquish Case	- Diago of Diagonitian	
Documentary Evidence	Place of Disposition	
Messages	Place of Disposition	
Cremation Clearance	Q Place of Disposition Look up	
Case Status History	City or Town State Country	
	Select one	~
	Funeral Director	
	License Number	
	O Director Look up	
	First Middle	
	Last Suffix	
	Select one	v .

Figure 1.4-24

3. Click inside the **Method of Disposition** field. Select the **Method of Disposition** from the dropdown list. Continue to Step 4, unless one of the following occurred. If you selected **Anatomical Donation** or **Interim**, then continue to Step 3a. If you selected **Other**, continue to Step 3b.



- a. For Anatomical Donation, complete the Interim Disposition Date, Interim at and Specify Interim fields which appear below the Date field.
- b. If you selected **Other**, complete the **Specify** field.
- 4. Type the **Date of Disposition** into the corresponding field or click the **calendar icon**

Disposition		
Method of Disposition		
Entombment	x ~	
Date of Disposition		
09/06/2016	<u> </u>	
Place of Disposition		
Place of Disposition		
		Q Place of Disposition Look up
City or Town	State	Country
		Select one V
Funeral Director		
License Number		
		Q Director Look up
First		Middle

5. Type the **Place of Disposition** into the corresponding field, or use the **Place of Disposition Lookup** control to find the location. Complete the **Place of Disposition Address** fields.

Disposition			
Method of Disposition			
Entombment		* ~	
Date of Disposition			
09/06/2016		*	
Place of Disposition			
Place of Disposition			
Woodlawn Cemetery			Q Place of Disposition Look up
City or Town	State		Country
Bronx	New York		United States × ~
5 I.S. 1			
Funeral Director			
License Number			
			Q Director Look up
First			Middle

Figure 1.4-26

6. Type the **Funeral Director License Number** into the corresponding field. You can also search for the number by using the **License Lookup** button.



7. Type the **Funeral Director's First**, **Middle** and **Last Names**, and **Suffix** into the corresponding fields.

Place of Disposition			
Woodlawn Cemetery		Q Place of Disposition Look up	
City or Town	State	Country	
Bronx	New York	United States	× ×
Funeral Director			
License Number			
LNC123456789		Q Director Look up	
First		Middle	
		Mortimer	
Donald		Worthing	
Donald Last		Suffix	
Donald Last Donaldson		Suffix IV	* ~
Donald Last Donaldson		Suffix IV	* ~
Donald Last Donaldson Funeral Home		Suffix IV	* ~
Donald Last Donaldson Funeral Home Name		Suffix IV Business Registration Number	* ~
Donald Last Donaldson Funeral Home Name		Suffix IV Business Registration Number	* ~

Figure 1.4-27

8. Type the **Funeral Home Name**, **Business Registration Number** and **Address** into the corresponding fields. Then click **Verify Address**.

First		Middle	
Donald		Mortimer	
Last		Suffix	
Donaldson		IV	* ~
Funeral Home			
Name		Business Registration Number	
Brony River Funeral Home		LIC123456	
Address Street Number and Name, Rural Route (No P.O. Box, etc)		Apartment, Suite, Building, Floor, etc	
Address Street Number and Name, Rural Route (No P.O. Box, etc) 222 Bank Street] [Apartment, Suite, Building, Floor, etc	
Address Street Number and Name, Rural Route (No P.O. Box, etc) 222 Bank Street City or Town		Apartment, Suite, Building, Floor, etc State	
Address Street Number and Name, Rural Route (No P.O. Box, etc) 222 Bank Street City or Town Bronx		Apartment, Suite, Building, Floor, etc State New York	
Address Street Number and Name, Rural Route (No P.O. Box, etc) 222 Bank Street City or Town Bronx Zip Code		Apartment, Suite, Building, Floor, etc State New York Country	
Address Street Number and Name, Rural Route (No P.O. Box, etc) 222 Bank Street City or Town Bronx Zip Code 10465		Apartment, Suite, Building, Floor, etc State New York Country United States	× ~

- If another funeral director is working on the record, check the box marked Trade Call. If Trade Call is checked, complete the Information to be Printed on Death Certificate fields outlined in Steps 9a-d. If Trade Call is not checked, continue to Step 10.
 - a. If this is a **Trade** Call, type the **Funeral Director's License Number** and **First**, **Middle** and **Last Names** to be printed on the certificate.



✓ Is Trade Call	
Information To Be Printed on Death Certificate	
Funeral Director	
License Number	
LNC987654321	
Director Name	
First	Middle
Douglas	John
Last	Suffix
Michaels	II
Funeral Home	
Name	Business Registration Number

b. Type the **Funeral Home Name** and **Address** (to be printed on the certificate) into the corresponding fields.

Last	Suffix
Michaels	II
Funeral Home	
Name	Business Registration Number
Memorial Funeral Services	LIC654321
Address	
Street Number and Name, Rural Route (No P.O. Box, etc)	Apartment, Suite, Building, Floor, etc
1000 Baychester Avenue	
City or Town	State
Bronx	New York
Zip Code	Country
10475	Select one V
	Unverified Verify Address

Figure 1.4-30

- c. Click Verify Address.
- d. If the case is no longer a **Trade Call**, check **This is no longer a Trade Call Case**. If this does not apply, leave the box unchecked.
- 10. Click the **calendar icon** in the **Date Signed** field. Use the **Calendar** control to select the date, or type the date into the field.



- 11. Click **Save**. If all fields contain valid information, you will receive a **No Validation Error** notice.
- 12. If all fields contain valid information, a **green dot** appears next to **Disposition** in the **Personal Information** menu. You may continue to Section 1.4.6, **Decedent Attributes**.

Death Registration	Case ID: 572 Name: John Robert Doe Event Date: 09/01/2016	
Personal Information	Case Status: OCME Deferred Danding INE Devise Dervised Medical Danding Decemped Danding Fact Of Death Valid I Decertified Dronoun	and
 Decedent 	Case status: OUME Reterrar Pending ME Review Required Medical Pending Personal Pending Pact Of Death Valid Uncertified Pronoun	ced
 Resident Address 	Information Status:	
 Family Members 		
Informant	Disposition	
Disposition		
Decedent Attributes	Method of Disposition	
Other Links	Entombment * V	
Order Certified Copies	Date of Disposition	
Relinquish Case	09/06/2016	
Documentary Evidence		
Cremation Clearance	Place of Disposition	
Case Status History	Place of Disposition	
	Woodlawn Cemetery Q Place of Disposition Look up	
	City or Town State Country	
	Bronx New York United States	× ~
	Funeral Director	
	License Number	
	LNC123456789 Q Director Look up	
	First Middle	
	Donald Mortimer	

Figure 1.4-31



1.4.6 Decedent Attributes

Decedent Attributes

1. In the Death Registration - Personal Information menu, click Decedent Attributes.

Death Registration	Case ID: 572 Name: Jo	hn Robert Doe Event Date: 09/01/201	5
Personal Information	0	Defend Deadlers 1 MC Dealers Deaviered 1 M	
Decedent	Case Status: OCME	Referral Pending ME Review Required Me	dical Pending Personal Pending Fact of Death Valid Uncertified Pronounced
Resident Address	Information Status:	onregistered SSN onventied	
Family Members	information status.		
Informant	Disposition		
Disposition			
Decedent Attributes	Method of Disposition		
Other Links	Entombment	×	×
Order Certified Copies	Date of Disposition		
Relinquish Case	09/06/2016		
Documentary Evidence			
Cremation Clearance	Place of Disposition		
Case Status History	Place of Disposition		
	Woodlawn Cemetery		Q Place of Disposition Look up
	City or Town	State	Country
	Bronx	New York	United States × V
	Funeral Director		
	License Number		
	1 NC122456700		O Director Look up
	LNC123456789		C Director Look op
	First		Middle
	Donald		Mortimer

Figure 1.4-32

2. The **Decedent Attributes** web form opens.

Death Registration	Case ID: 572 Name: John Robert Doe Event Date: 09/01	/2016
Personal Information		
 Decedent 	Case Status: OCME Referral Pending ME Review Required	Medical Pending Personal Pending Fact Of Death Valid Uncertified Pronounced
 Resident Address 	Unsigned Unregistered SSN Unverified	
Family Members	information status.	
 Informant 	Decedent Attributes	
 Disposition 		
Decedent Attributes		
Other Links	Occupation	Decedent Industry*
Order Certified Center		
Polingwish Cano	Decedent Education*	
Documentary Evidence	Select one	✓
Case Status History	A	
	Ancestry	
	Ancestry*	
	 Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.) Non-Hisp Unknown 	panic (Italian, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.)
	Race	
	White	Vietnamese
	Black or African American	Other Asian
	American Indian or Alaskan Native, specify tribe	Native Hawaiian
	Asian Indian	Guamanian or Chamorro
	Chinese	Samoan
	Filipino	Other Pacific Islander

- 3. Type the **Decedent's** former **Occupation** and **Industry** into the corresponding fields. Then click inside the field marked **Decedent Education**.
- 4. Select the corresponding **Decedent's Education** from the dropdown list.



Decedent Attributes	
Occupation	Decedent Industry*
Salesperson	Automobiles
Decedent Education*	
High school graduate or GED completed * ~	
Ancestry	
Ancestry*	
🔾 Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.) 🔷 Non-Hispanic (Italia	an, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.)
O Unknown	
Race	
White	Uietnamese
Black or African American	Other Asian
American Indian or Alaskan Native, specify tribe	Native Hawaiian
Asian Indian	Guamanian or Chamorro
Chinese	Samoan
Filipino	Other Pacific Islander

5. Select the **Decedent's Ancestry** by marking the appropriate answer. Then, click inside the **Origin** field and type to search the list of origins and select one from the dropdown list.

Decedent Education*	
High school graduate or GED completed	* ~
Ancestry	
Ancestry*	
 Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.) Unknown 	Non-Hispanic (Italian, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.)
Origin	
American	* ~
Race	
White	Vietnamese
Black or African American	Other Asian
American Indian or Alaskan Native, specify tribe	Native Hawaiian
Asian Indian	Guamanian or Chamorro
Chinese	Samoan
Filipino	Other Pacific Islander
Japanese	Other
Corean	Unknown

Figure 1.4-35

6. Select the **Decedent's Race** by marking the appropriate answer(s).



NYC eVital Manual

Decedent Education* Itigh school graduate or GED completed Itigh school graduate or GED completed Ancestry* Atcestry* Itigs anic (Mexican, Puerto Rican, Cuban, Dominican, etc.) Non-Hispanic (Italian, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.) Unknown Origin Race Vietnamese Black or African American Black or African American American Indian or Alaskan Native, specify tribe Anarian or Chamorro Chinese Samoan Chinese Samoan Flipino Flipino Itipino Maneican Indian or Alaskan Native, specify tribe Marier Can Indian or Alaskan Native, specify tribe			
High school graduate or GED completed Ancestry* Ancestry* Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.) Non-Hispanic (Italian, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.) Unknown Origin Race Vietnamese Black or African American Other Asian American Indian or Alaskan Native, specify tribe Atain Indian Guamanian or Chamorro Chinese Filipino Other Pacific Islander Japanese Other Korean	Decedent Education*		
Ancestry Ancestry Itispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.) In Known Origin Race Vietnamese Black or African American American American Indian or Alaskan Native, specify tribe American Saian Indian Saian I	High school graduate or GED completed	* ~	
Ancestry* Ancestry* Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.) Non-Hispanic (Italian, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.) Unknown Origin American Vietnamese Vietnamese Vietnamese Other Asian Other Asian Chinese Guamanian or Chamorro Filipino Other Pacific Islander Other Pacific Islander Other Asian Other Asian Other Asian Other Asian Other Asian Other Pacific Islander Other Asian Other As			
Ancestry* Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.) Non-Hispanic (Italian, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.) Unknown Orgin Race Muite Hispanic Vietnamese Vietnamese Vietnamese Kaian American Indian or Alaskan Native, specify tribe American Indian or Alaskan Native, specify tribe American Indian American Indian American Am	Ancestry		
 Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.) Non-Hispanic (Italian, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.) Unknown Origin American * • Race White Vietnamese Black or African American Other Asian American Indian or Alaskan Native, specify tribe Native Hawaiian Asian Indian Guamanian or Chamoroo Filipino Other Pacific Islander	Ancestry*		
Origin American * * Race * White • Black or African American • Other Asian • American Indian or Alaskan Native, specify tribe • Asian Indian • Chinese • Chinese • Filipino • Other Pacific Islander • Japanese • Korean	Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.) Nor Unknown	n-Hispanic (Italian, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.)	
American * * Race Vietnamese Ø White Other Asian Black or African American Other Asian American Indian or Alaskan Native, specify tribe Native Hawaiian Asian Indian Guamanian or Chamorro Chinese Samoan Filipino Other Pacific Islander Japanese Other Korean Unknown	Origin		
Race Image: White Vietnamese Image: Black or African American Other Asian Image: Black or African American Other Asian Image: American Indian or Alaskan Native, specify tribe Native Hawaiian Image: American Indian Guamanian or Chamorro Image: Asian Indian Guamanian or Chamorro Image: Chinese Samoan Image: Filipino Other Pacific Islander Image: Japanese Other Image: Korean Unknown	American	×	~
	Race White Black or African American American Indian or Alaskan Native, specify tribe Asian Indian Chinese Filipino Japanese Korean	 Vietnamese Other Asian Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander Other Unknown 	

Figure 1.4-36

- 7. Click **Save**. If all fields contain valid information, you will receive a **No Validation Error** notice.
- 8. If all fields contain valid information, a **green dot** appears next to **Decedent Attributes** in the menu. You may continue to the next web page.

Death Registration	Case ID: 572 Name: John Robert Doe Event Date: 09/01/2016
Personal Information	Case Status: OCME Referral Pending ME Review Required Medical Pending Personal Valid with Exceptions Fact Of Death Valid Uncertified
Decedent	Pronounced Unsigned Unregistered SSN Unverified
Resident Address	Information Status:
Family Members	
Informant	Decedent Attributes
Disposition	
 Decedent Attributes 	Description
Other Links	Uccupation Decedent Industry*
	Sales Automobiles
Order Certified Copies	Decedent Education*
Relinquish Case	Lish sheet an dusts as OTD samplated
Documentary Evidence	High school graduate of GED completed
 Cremation Clearance 	
Case Status History	Ancestry
	Ancestry
	 Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.) Non-Hispanic (Italian, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.) Unknown
	Origin*
	American * V
	Race White Vietnamese Black or African American American Indian or Alaskan Native, specify tribe Native Hawaiian



1.5 Other Links (Funeral Home Users)

1.5.1 Order Certified Copies

1. Under Other Links in the Death Registration menu, click Order Certified Copies.

Death Registration	Case ID: 572 Name: John Robert Doe	Event Date: 09/01/2016	
Personal Information Decedent	Case Status: OCME Referral Pend	ng ME Review Required Medical Pending Personal	Valid with Exceptions Fact Of Death Valid Uncertified
Resident Address Family Members	Pronounced Unsig	ned Unregistered SSN Unverified	
Informant	Decedent		
Disposition			
 Decedent Attributes 	Will medical institution be responsible for final	disposition?	
Other Links	No	~	
Order Certified Copies	Decedent Medical		
Relinquish Case	Infant Identifier	Medical Record	Number
Documentary Evidence		~ 300	
Cremation Clearance	First Name	Middle Name	Other Middle
Case Status History	- I		
	John	Robert	James
	Last Name*	Suffix	
	Doe		×
	Sex*		
	Male	~	
	Aliases		Add

Figure 1.5-1

2. The **Order Certified Copies** list opens. Click the order number to view a completed order.

Bureau of Vital Statistics eVital			NYC		Welcome Death FH Director	? 🌣 🏠 Logout
		Health			Millspaugh Funeral Directors	
Death Registration	Case ID: 572 N	lame: John Robert Doe	Event Date: 09/01/2016			
Personal Information	Case Status	OCME Referral Dending	AE Paviaw Paguirad Madical Danding	Personal Valid with Exceptions	Eact Of Death Valid Uncertified	
 Decedent 	Case Status.	Pronounced Unsigned	Upregistered SSN Upverified	Personal valid with Exceptions	Fact of Death valid Oncertified	
 Resident Address 		Fronounced Unsigned	onregistered 33N onvernied			
 Family Members 	Order List					
Informant						_
 Disposition 	Order Number	Services	Order Status	Date	Processed By	
Decedent Attributes	EVT20161011324	Disposition Permit	Event Matched	10/2/2016 9:21:23 AM	Death FH Director	
Other Links	TMP20161011325	Disposition Permit	Payment Pending	10/2/2016 9:30:05 AM	Death FH Director	
Order Certified Copies	EVT20161011328	Disposition Permit	Order Pending Registration	10/3/2016 9:17:39 AM	Death FH Director	
Relinquish Case						
Documentary Evidence						
Cremation Clearance						
Case Status History						
		Contact	Us Terms Privacy Policy			
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Figure 1.5-2

3. The **Place Order** form opens. Review the **Shipping Address** and **Order Details**. If you wish to place the order, click **Payment.**



Death Registration	Case ID: 572 Name: John Robert Doe Event Date: 09/01/2016	
Personal Information	Case Statue: OCME Deferral Danding ME Deview Denvired Medical Danding Decompl Valid with Expertisions East Of Death Valid Uncertified	
 Decedent 	Case datas. Come referan e rating me review nequited metaling e isonar valid wild Exceptions ratio of beath valid orice times.	
 Resident Address 	Protouncea Onagried Onegraterea Gov Onveniera	
 Family Members 	Place Order	
Informant		_
 Disposition 		
 Decedent Attributes 	Order #: EV120161011324 Order Source: eVital Order Create Date: 10/02/2016 Order Status: Payment Pending	
Other Links		
Order Certified Copies	Applicant Information	
Relinquish Case	Name: Death FH Director	
Documentary Evidence	Address: 22 Bank . Walden New York 11586, United States	
Cremation Clearance		
Case Status History		
	✓ Is Shipping Information the same as Applicant Information? Delivery Method Pick Up	
	Services	
	Service Name Quantity Edit	
	Disposition Permit 1	
	O Payme	nt
	• Fayne	

4. The **Process Payment** web form opens. Click in the field marked **Select Form of Payment**. Select from the dropdown list. Then click **Add Payment**.

Death Registration	Case ID: 572 Name: John Robert Doe Event Date: 09/01/2016
Personal Information	Case Status: OCME Referral Pending ME Review Required Medical Pending Personal Valid with Exceptions Fact Of Death Valid Uncertified
 Decedent 	Pronounced Unsigned Unregistered SSN linverified
 Resident Address 	Information Status:
 Family Members 	
Informant	Process Payment
 Disposition 	
 Decedent Attributes 	- Services Payment Summary
	Service Type Quantity Amount Waived Order Sub Total \$40.00
Other Links	Disposition Permit 1 40.00 VC Fees 😌 \$0.00
Order Certified Copies	Shipping and Handling Fee
Relinguish Case	Total Waive 👄 \$0.00
Documentary Evidence	- Order Total = \$40.00
Cremation Clearance	Total Payment 🗢 \$0.00
Case Status History	Total Retuind S 30.00
Case Status History	
	Select Payment Method
	Select one V
	Add Payment
	Back to Orde

Figure 1.5-4

5. After you have clicked **Add Payment**, the **Billing Address** and **Payment Information** form opens.

1.5.2 Relinquish Case

1. Under Other Links in the Death Registration menu, click Relinquish Case.



Bureau of Vital Statistics eVital			Health		Welcome ?
Death Registration	Case ID: 572 Na	me: John Robert Doe	Event Date: 09/01/2016		
Personal Information Decedent Resident Address	Case Status:	OCME Referral Pending M Pronounced Unsigned U	E Review Required Medical Pending F Inregistered SSN Unverified	Personal Valid with Exceptions	Fact Of Death Valid Uncertified
Family Members	Order List				
	Order Number	Services	Order Status	Date	Processed By
Decedent Attributes	EVT20161011324	Disposition Permit	Event Matched	10/2/2016 9:21:23 AM	Death FH Director
Other Links	TMP20161011325	Disposition Permit	Payment Pending	10/2/2016 9:30:05 AM	Death FH Director
Order Certified Copies Relinquish Case Documentary Evidence Crementary Evidence	EVT20161011328	Disposition Permit	Order Pending Registration	10/3/2016 9:17:39 AM	Death FH Director
Case Status History					
		Contact l ©2016 NYC eVital. NYC H	Js Terms Privacy Policy ealth. All rights reserved. Version 0.17.76.1		

Figure 1.5-5

- 2. The **Relinquish Death Case** web form opens, as shown in Figure 1.5-6. Click in the field marked **Relinquish Reason** to open the dropdown. Select the reason from the list.
- 3. If Other, then type any additional reason into the **Relinquish Reason Other** space. Then click **Relinquish**.

Bureau of Vital Statistics eVital	Health	VVelcome 🦿 🗭 🏫 Death FH Director Logout Millspaugh Funeral Directors
Death Registration	Case ID: 572 Name: John Robert Doe Event Date: 09/01/2016	
Personal Information		
 Decedent 	Case Status: OCME Referral Pending ME Review Required Medical Pending Personal Valid with Exce	eptions Fact Of Death Valid Uncertified
 Resident Address 	Pronounced Unsigned Unregistered SSN Unverified	
Family Members	Palinguich Death	
 Informant 		
 Disposition 	Relinquish Reason	
 Decedent Attributes 	Relinquish Reason 1 × V	
Other Links	Relinquish reason other	
Order Certified Copies	Relinquish due to error.	
Relinquish Case		
Documentary Evidence		
 Cremation Clearance 		
Case Status History		
	Reli	nguish
	Contact Us Terms Privacy Policy	

Figure 1.5-6

1.5.3 Cremation Clearance

1. Under Other Links in the Death Registration menu, click Cremation Clearance.



10/5/2017

NYC eVital Manual

Bureau of Vital Statistics eVital	Health	Welcome 🔹 🏟 🏠 Death FH Director Logout Millspaugh Funeral Directors
Death Registration	Case ID: 572 Name: John Robert Doe Event Date: 09/01/2016	
Personal Information		
 Decedent 	Case Status: OCME Reterral Pending ME Review Required Medical Pending Personal Valid with Exceptions	Fact Of Death Valid Uncertified
 Resident Address 	Pronounced onsigned onlegistered Salvonvermed	
 Family Members 	Documentary Evidence	
 Informant 		
 Disposition 	No Documentary Evidence currently attached to this case.	
 Decedent Attributes 		
Other Links		
Order Certified Copies		
Relinquish Case		
Documentary Evidence		
Cremation Clearance		
Case Status History		
	Contact Us Terms Privacy Policy	
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Figure 1.5-7

2. The Cremation Clearance web form opens. Complete the form as required.

Death Registration	Case ID: 572 Name: John Ro	bert Doe Event Date: 09/01/2016		
Personal Information	Case Status: OCME Refer	rral Pending ME Review Required Medical	Pending Personal Valid with Exceptions	Fact Of Death Valid Uncertified
 Decedent 	Propounced	Unsigned Unregistered SSN Unverified		
 Resident Address 	Information Status:	onaigned onregistered sold onvernied		
 Family Members 				
 Informant 	Cremation Clearance			
Disposition				
 Decedent Attributes 	Individual Authorizing Disposition	on		
Other Links	First*		Middle	
Order Certified Copies	Johanna		Roberta	
Relinquish Case	Last*		Suffix	
Documentary Evidence	Des		Pulsation .	
Cremation Clearance	Doe		Select one	~
Case Status History	Relationship to Decedent			
	Daughter	* ~		
	Authorizing Individual Address			
	Street Number and Name, Rural Route	(No P.O. Box, etc)	Apartment, Suite, Building, Floor, etc	
	1 Central Park West		Apt. 10	
	City or Town	County	State	
	New York		New Yo	ork
	Country		Zip Code	
	United States	× ~	10023	
	Phone Number			

Figure 1.5-8

1.5.4 Case Status History (Funeral Home Users)

1. Under Other Links in the Death Registration menu, click Case Status History.



Death Registration	Case ID: 572 Name: John R	obert Doe Event Date: 09/01/2016		
Personal Information				
 Decedent 	Case Status: OCME Refe	erral Pending ME Review Required Medical	Pending Personal Valid with E	exceptions Fact Of Death Valid Uncertified
 Resident Address 	Information Status:	a onsigned onregistered 55N onvenned		
 Family Members 	information status.			
 Informant 	Cremation Clearance			
 Disposition 				
 Decedent Attributes 	Individual Authorizing Disposit	ion		
Other Links	First*		Middle	
Order Certified Copies	Johanna		Roberta	
Relinquish Case	Last*		Suffix	
Documentary Evidence	Des		O alast and	
Cremation Clearance	Doe		Select one	
Case Status History	Relationship to Decedent			
	Daughter	ж 🗸		
	Authorizing Individual Address Street Number and Name, Rural Route	e (No P.O. Box, etc)	Apartment, Suite, Building, F	'loor, etc
	1 Central Park West		Apt. 10	
	City or Town	County		State
	New York			New York
	Country		Zip Code	
	United States	ж ∨	10023	
	Phone Number			

- 2. The **Case Status History** opens. You can check on the status of a case by **Status Name**, **Status Date**, <u>Status Set By</u>, **Comment** and **Reject Reason**.
- 3. Use the **arrow icon** to change the order of the results from ascending to descending.

Death Registration	Case ID: 572 Name: Jo	hn Robert Doe Event Date: 09/0	1/2016		
Personal Information	Once Otation CODM	Deferred Dending AFC Devices Denviced	Laterian Dending Decemplation	th Europetians	anth Malid _ Uncertified
 Decedent 	Case Status: OCME	Referral Pending ME Review Required	Medical Pending Personal Valid wi	th Exceptions Fact of D	eath Valid Uncertified
 Resident Address 		unced onsigned onregistered os	onvenied		
 Family Members 	View Case History				
Informant					
Disposition	Show 20 r entries			Filter:	
Decedent Attributes	Status Date	Status Name	Status set by	Comment	Reject Reason
Other Links	10/3/2016 10:30:32 AM	Medical Rending	EH Director Death		
Order Certified Copies	10/0/2010 10:00:02 AM	medical Fending	TT Director, Death		
Relinquish Case	10/4/2016 12:26:26 PM	Personal Valid with Exceptions	FH Director, Death		
Documentary Evidence	9/30/2016 2:04:39 PM	ME Review Required	Med Facility Certifier, Death		
 Cremation Clearance 	9/30/2016 2:04:39 PM	OCME Referral Pending	Med Facility Certifier, Death		
Case Status History	9/30/2016 1:19:13 PM	Override Duplicate	Med Facility Certifier, Death		
	9/29/2016 3:28:10 PM	Pronounced	Med Facility Certifier, Death		
	9/27/2016 5:22:38 PM	Fact Of Death Pending	Med Facility Data Entry, Death		
	9/27/2016 10:17:24 PM	Fact Of Death Valid	Med Facility Data Entry, Death		
	9/27/2016 5:22:38 PM	Medical Pending	Med Facility Data Entry, Death		
	9/28/2016 5:52:12 PM	Medical Valid	Med Facility Data Entry, Death		
	9/27/2016 5:22:38 PM	Personal Pending	Med Facility Data Entry, Death		
	9/27/2016 5:22:38 PM	Potential Duplicate	Med Facility Data Entry, Death		
	9/27/2016 10:17:24 PM	Pronouncement Required	Med Facility Data Entry, Death		
	9/27/2016 5:22:38 PM	SSN Unverified	Med Facility Data Entry, Death		

Figure 1.5-10

4. You can also use the **Filter** function by typing the case information into the **Filter** field.

